Knowledge and Practice of Safe Motherhood among Sherpa Women

A thesis

submitted to Health and Population Education Department in

Partial Fulfillment of the Requirements of Master Degree in Population Education

Submitted by

Bandana Rai

Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

2021

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Declaration

I hereby, declare that to the best my knowledge, this thesis is mu original work. No part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. The subject matter presented in this thesis report is the result of my own work. Whatever data and information I have presented and included in the study except for those cited in references.

Date: November, 2021 …………………

Bandana Rai

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Recommendation

The research work entitled **Knowledge and Practice of Safe Motherhood among Sherpa Women** is prepared by **Bandana Rai** under my supervision, as a part of the requirement to complete Master of Education. To the best of my knowledge, the study is original and carries useful information on knowledge and practice of safe motherhood among Sherpa women in Solukhumbu district. I forward this to the thesis committee with recommendation.

Date: 20-11-2021

……………….……......……………………

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Approval Sheet

This dissertation work entitled **Knowledge and Practice of Safe Motherhood among Sherpa Women** submitted by **Bandana Rai** in partial fulfillment of the requirement of the degree of Maser Degree in Population education has been approved.

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November, 2021 Bandana Rai

Abstract

The knowledge and practice of safe motherhood among Sherpa women is a representative philosophy of reality. The main focus of this study is to find out the knowledge and practice of Sherpa women in antenatal care, to identify the knowledge of maternity care and to analyze the knowledge and practice of maternity care in Sherpa women.

This study excelled in quantitative descriptive types. According to the 2068 census, the total population of this municipality is 8989. This study area belongs to Khumbu Pasang Lhamu village municipality of Solukhumbu district. There are only married women in the age group of 15 to 49 years in Lhamu village municipality ward no. 5 have been selected. A total of 150 married women were selected as respondents for the study. Questionnaires were the main tool for data collection.

Based on the research, it has been concluded that the knowledge and practice of safe motherhood in Sherpa women is satisfactory. The vaccination of mother and child was satisfactory. It has been found that the pregnant woman was taken to the health post saying that she was pregnant for a long time. This may be the solution to the problem that women face during childbirth. Most women have seen their baby's navel cut satisfactorily at home or elsewhere. Most pregnant mothers breastfeed their newborn for only two years. Parents were found to have fed the most popular food for weaning. It has been found that most of the women are involved in hotel business. Most women had problems with vomiting, constipation, and vaginal bleeding. After delivery, most respondents participated in vaccination and vitamin days.

If a woman gives birth to a normal child, the normal house opens. Most women have been found to use temporary contraceptives. Women in the age group of 20 to 24 years were found to have gone to the maternity hospital. It helps in birth control. The overall practice of those responsible for safe motherhood was adequate and needed to be improved through public awareness and access to health care. Also, culture plays an important role in this regard. Therefore, changing economic listing and unscientific cultural practices is necessary to promote safe motherhood behavior. This community should be supported in safe motherhood, prenatal and postnatal care services. Fearing the Himalayan district, it would have been better to run a safe delivery program for women in this place.

Abbreviations

ANC	: Antenatal care
BCG	: Bacilli Chalmette Guerin
CBS	: Central Bureau of Statistics
DC	: Delivery Care
FP	: Family planning
MMR	: Newborn Mortality Rate
MOH	: Ministry of Health
INGO	: International Non-Government Organization
NDHS	: National Demographic and Health Survey
NGO	: Non- Government Organization
PNC	: Postnatal Care
UNICEF	: United Nations Population Found
WHO	: World Health Organization
SARRC	: South Asian Association for Regional Co-operation
T.T	: Tetanus Toxoid
T.V	: Television

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Chapter: I Introduction

Background of the Study

Safe motherhood is one of the major components of reproductive health. Safe motherhood means safe pregnancy, prenatal, natal and postnatal care of mother and baby. The main objective of safe motherhood program is to reduce maternal mortality (MMR), which is considered as a main indicator to identify the health status of the nation. History of safe motherhood is not very long in Nepal. In the 1950's, family planning and maternal and child health program had been started by the non-governmental organization. Then in 1960, the government also started some programmer. After the conference held in Kenya about safe motherhood, Nepal government has decided to implement safe motherhood program in 1993. (Journal of public Health. vol.17)

Safe motherhood has been an issue of growing importance in Nepal over the past decade. Following the conference in Nairobi, HMG/N formulated the National Health policy in 1991, which identified safe motherhood as a priority program and institutionalized SM as a primary health care. Similarly the establishment of safe motherhood plan of action (1994- 97) demonstrated steps towards improving maternal health status in Nepal. In 1998, HMG/ MOH published the reproductive while an overwhelming multitude of constraints was evident, additional research was sought after to better understand the causes of maternal mortality. The family health division (FHD) of the Department of health services (DOHS) therefore initiated the maternal mortality and morbidity study (MMMS) in 1996.

This study gave a better understanding of the causes of maternal deaths to be 71 % by indirect causes and abortion) and 29% by indirect causes and fortuitous with 90% of the deliveries occurring at home, most of the deaths occur in the community 79% and only 21% in the health institution. Similarly since antenatal coverage is low and since most deliveries occur outside a health institution and only 10 % of the deliveries are attended by a trained personnel most death take place during the post partum period (62) similarly, the needs assessment done in 2000 (UNICEF) showed an overwhelming unmet need for basic essential obstetric care services (www.mohp.gov.np).

According to WHO reproductive health is a state of complete physical, mental and social well be and not merely the abuse of disease or infirmity reproductive health addresses the reproductive processes function and system at all stage of life. Reproductive health, therefore implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (htt://www.who.into/topic.).

Safe motherhood means creating the circumstance within which a woman is able to choose whether she becomes. Pregnant and she does, ensuring that she receives care for presentation and treatment of pregnancy complication, that she has access to emergency obstetric care and care after birth to prevent death or disability for complication of pregnancy and child birth (MOH, 1998).

Mother is the foundation of life. More than 50% of world population is covered by female Population. Though the half percent of world is covered by women their condition is still pathetic in the field of health sector and other as well. It was identified in the last half of the 20th century in (1975-85) was declared as women decade. In 1987, in Nairobi the capital city of Kenya, safe motherhood convention was held, to make up the weakness about the maternal health was found diplomatic solution (Karki, 2060)

The developing countries were facing the different problem of maternal and child health inducing Nepal. Maternal morbidity and mortality can be prevented if people especially mother group were aware of safe motherhood programmed. Though Nepal in improving in this sector as maternal mortality rate is reduces to 281, which is huge success to reduce maternal mortality, safe motherhood is one of them. (NDHS report, New Era and Macro International INC, 2012)

Every day, almost, 1000 women die in pregnancy or child birth. Every ninety seconds the loss of a mother shatter of a family and threatens the well-being of surviving children. For every women who dies, 20 or more experience serious complication. A Nepali Women has 1 in 32chance of dying because of pregnancy or child birth related problems. In comparison, the woman in developed country has only 1 in 10000 of dying. First pregnancy and child birth are more dangerous in Nepal. Estimates of the materials mortality ratio range from 5/5 to more than 1000 maternal deaths per 100000 living births, even the lower figure of Nepal 20 times higher than

that of the developed countries. Second Nepali women are exposed T high ricks in an average of least 5.5 times in contrast to less than to time for women of developed countries.

Nepal is multiethnic, multilingual, multiracial and multicultural country. There are Brahman, Sherpa, Tamang, chhetri, magar, gurung, newar, damai, kami, dash, badi, tharu, rai, limbu etc.

Each of them has own social value, culture and religious beliefs. So, health practice same different each community, considering the importance of same motherhood.

Statement of the Problem

A maternal health care problem is one of the burning issues in Nepal. Maternal health care practice is an important component which aims to save the mother life and improve the health status of women. Nepal is a country with lower life expectancy of female than male. Various types of private and government health agencies have started to launch the programs for improving the health status of mothers but satisfactory result have not been achieved. According to statistical year Book of Nepal (2009), the access to health services as a whole in Nepal include the following. There were 94 hospital, 5 health center, 699 health post, 3104 sub health post, 3190 village health worker and 63326 sudini voluntary (CBS, 2009).

Nepal government has initiated the safe motherhood programmed since 1997 and has made significance progress in terms of development of policies and doctors as well as expands in the role of services provides such as staff nurses and ANMS in life saving.

The situation of Nepal among SAARC countries in case of maternal and child mortality is very poor. The Nepal Demographic and health survey (2006) showed a remarkable decline in maternal mortality rate (MMR) from 539 deaths for the periods of 1989-1995, 281 death per 100000 live birth for the period (NDHS, New Era and macro international Inc. 2007).

Globally, millions of women die during pregnancy and childbirth due to preventable cause. In Nepal, although significant improvements have been made in the availability of routine antenatal care (ANC), the need for effective initiatives still persists. Using the 2011 Nepal Demographic and Health survey date, we examine the

relationship between ecological and socioeconomic variations on the effect of ANC services between there distinct ecological zones in Nepal. We make a case for the consideration of socio ecological niches in designing effective policies and programs to achieve positive maternal health outcomes. Most importantly, we demonstrate how socio cultural perspective can be one alternative for examining the cultural and contextual effects on women's health, contributing to the methodological literate on women's health. Since geography and culture are components of human ecology and form the lager socio ecological system we highlight the importance of these contextual effects on women' health in general, and the conditions under which women from diverse backgrounds may experience similar health issues. (Health Care for Women InternationalV.37, 2016-Issue4)

Postnatal care is uncommon in Nepal, and where it is available the quality is often poor. Adequate utilization of postnatal care can help reduce mortality and morbidity among mothers and their babies. Therefore, our study assessed the utilization of postnatal care at a rural community level.

Objectives of the Study

The main objective of study was to fine out the knowledge and behavior of safe motherhood programmed of Sherpa women community. The specific objectives are as follows:

1. To find out the knowledge and practice of Sherpa women on antenatal care.
2. To identify the knowledge and practice of delivery care.
3. To analyze the knowledge and practice of postnatal care in Sherpa women.

Significance of the Study

The study deals with the safe motherhood and it's determining factors as knowledge and behavior of safe motherhood program me. Many researches unanimously agree that Nepal is facing the problem of high maternal mortality and morbidity especially in rural as well as backward communities.

The study aims at finding antenatal, natal and postnatal care services seeking behavior and available health services for lactating mothers and children. Safe motherhood is one of the essential parts for the improvement of the mother and child health. This significance of this study has been stated as follows.

- The study would be important source of information for concerned ground of people, individual and agencies as NGOs, INGOs, policy marker and health planner.
- The result would be helpful in guiding educators and specialist to improve health status and behaviors of women in the area of safe motherhood.
- The study would be helpful researchers to conduct research on the health status of women.
- Finding derived from this research would be useful for carrying out research in Sherpa women.
- The study would be helpful for target Population to develop awareness programmer towards their prenatal care and its complication.
- The study would be useful for teacher and students to carry out studies in other area.

Delimitation of the Study

This study was attempted to find out knowledge and behavior of Sherpa and women on safe motherhood of Khumbu Pasang Lhamu Rural Municipality. Thus delimitation of the study is as follows:

- This study was delimited with in Khumbu Pasang Lhamu Rural Municipality ward no. 5 Solukhumbu district.
- The respondents of the study was delimited on the married Sherpa and women of reproductive age (15-49) years.
- This study was based on the present knowledge and practice of safe motherhood among the women (15-49) years.
- The study was covered major components of the safe motherhood such as ante –natal, delivery and post-natal.

Operation Definition of Key Terms

Antenatal Care: Before birth during or relating to pregnancy.

Pregnancy: The condition or period of being pregnant

Caring: Showing the women extra care at adequate nutrition rest and antenatal care.

Sherpa: A member of a Himalayan people living on the borders of Nepal and Tibet, renowned for their skill in mountaineering.

Safe Motherhood Health Service: It is personal and community service for treatment of diseases, prevention and illness and promotion of safe motherhood.

Knowledge: Knowledge is a mental capacity to understand situation around fact and figures an also analyze something.

Practice: The actual application or use of an idea, belief, or method as opposed to theories about such application or use.

Postnatal: of relating to characteristic of or denoting the period after childbirth.

Chapter: II Review of Related Literature and Conceptual Framework

Literate view is a part of the research. This part is a mainly concerned with view of some reverent studies regarding safe motherhood behavior, previously done in any place of the countries no any similar kind of research was found in the area of incentive scheme in save motherhood. Reviewing the Literature is continues process. It begins before a research problem is finalized and continues until the report is finished. Some of the literatures related to this study are below.

Theoretical Literature

The international conference on Population and Development (Cairo, 1994), The fourth World Conference on Women (Beijing, 1995) and safe Motherhood technical consultant (Colombo, 1997) have planned to focus on the attainment of the international community in the need for acceleration action to achieve the world summit of children (New York, 1990) with the goal of the reducing maternal mortality in content of human right, urging the governments to use their political and legal rights. The overall goal of safe motherhood program is to reduce neonatal mortality and morbidity during pregnancy and child birth. (Cairo 1994)

Nepal Demographic and health Survey (NDHS, 2016) Report shows that, the total fertility rate 2.6 median age is 17.5 percent and median age at first birth is 20.2 percent for women age 25-49 years. Use of any mordent method by the currently married women having age 15-49 years in 43 percent. Similarly, antenatal care from a skilled provider is 58 percent, birth assisted by skilled provider is 58 percent, birth assisted by skilled provider is 36 percent, birth delivered in a health facility in 35 percent, say 87 percent of children having age 12-23 month has fully vaccinated. The report also shows that 46 infant mortality in per 1000 and 54 under five mortality in per thousand both the above between birth and first birth day. (NDHS 2016)

UNICEF (2019) reported that nearly a quarter of all maternal death take place during pregnancy. Most of the women in developing countries (65 percent) make at list on prenatal care visit over one third of women never receive any prenatal care. The reports show that every year 40 percent of all adult deliveries take place without the assistance of a skilled birth attendant and professional assistance. Similarly less than 30 percent of women receive such care postnatal care. In very poor regions and

country as few as 5 percent of women receive such care compared with about 97 percent of women in developed country.

The world summit for children in 1990 reported that child survival in closely linked to disease from pregnancy. It is necessary to increase man's involvement without detracting resource from exiting programmed for the timing, spacing in number of births and to the reproductive health of mothers. Early late, number us and closely spaced pregnancies are major contributors to high infant and child mortality and morbidity rates, especially where health care facilities are scare (ICPD, 1994).

Hall et al. (1996) focused on the discrimination made over women in turns of reproduction health disproportionate burden of reproductive health, which cannot be explain by Biological differences alone. A gender analysis looks at socially constructed different determine differential exposure to risk, access to benefit technology and health care, right and responsibilities and control over their leaves. The sexual attitudes perception and behavior of men protection from sexually transmitted disease from pregnancy are grade important for women reproductive health.

Reproductive health includes safe motherhood and a human right, undermined by laws empowering effective action to increase women's opportunities to gain access to quality service. Families, local community, government and the international community have major roles to play in enabling that access and protecting women's health through improved nutrition and the prevention of unwanted pregnancy.

Empirical Literature

Khanal,(2017) This study entitled "Safe motherhood Practices among Dalit Community in Chapakot Municipality of Syangja District". The knowledge and practice level of safe motherhood were not good in Dalit community because of the low socio- economic and cultural factors in Dalits. There were 69.4 percent women who visited ANC for check-up and percent used sterilized table, 19 percent of women who PNC women visited after delivery. Vaccines like BCG, OPV, and Hepatitis B were more accessed by literate women. Participation in different agencies and institutions of women increased knowledge and utilization of safe motherhood. Improved living standard indicated better level of knowledge and use of safe motherhood and family planning.

Sharma,(2016) conducted a research "Knowledge attitude and proactive of safe motherhood in Dalit and Non-Dalit communities of Tulsipur, Dang District " found that most of the Dalit respondents (62.90) percent, did not hear about safe motherhood but non Dalit responds only (18.57) did not her about safe motherhood about (37.10) percent of the responded visit P.H.C. for the safe motherhood service and only (7.37) percent travelled to Kathmandu valley for the same purpose.

Bhadari,(2015) conducted a study "Knowledge, attitude and practices of save motherhood in Tharu community of Kailali District.''It was also found many that the knowledge, education occupation have a strong effect on proactive of safe motherhood.

Maharjan (2014) in her study knowledge attitude and practice of safe motherhood in Newar community in Dharmasthali CDC Kathmandu. State that 24.8 percent mothers did not receive Iran tablets during their pregnancy period and but 69.9 percent mother received Iran tablets age additional food. Among all 565 percent and Neewari cultural installment 20 percent of the totally respondents.

Khatiwada (2013) found in his study entitled "Knowledge attitude and Practice of safe motherhood of sunuwar and community of Mangalbare VDC Ilam.''That 60 percent of Sunuwar and 70 percent of Dalit respondents having nuclear family with better educational attainment, about 67.7 percent Sunuwar and 70 percent of Dalit respondents had taken additional nutritious food in postnatal period.

Pudasaini (2016) This study entitled" Safe motherhood Practices and Health Status of Magar Women in Gamnangtar VDC of Okhaldhunga District.'' Has been carried out by using primary data collected through field survey during August 2014. Date and information was collected on married women who had under five years children. Majority of the respondents (51.1) were married at early age. About 79 percent were engaged in agriculture. Nearly half of the respondents were illiterate. Most of the respondents were excluded from the basic facilities. Only 46.7 percent had access to the health facilities. Most of the women were familiar with safe motherhood services. Their utilization is not satisfactory. The study indicates that the utilization of antenatal service is satisfactory but the proportion has decreased in safe delivery service where as for postnatal care is the least one.

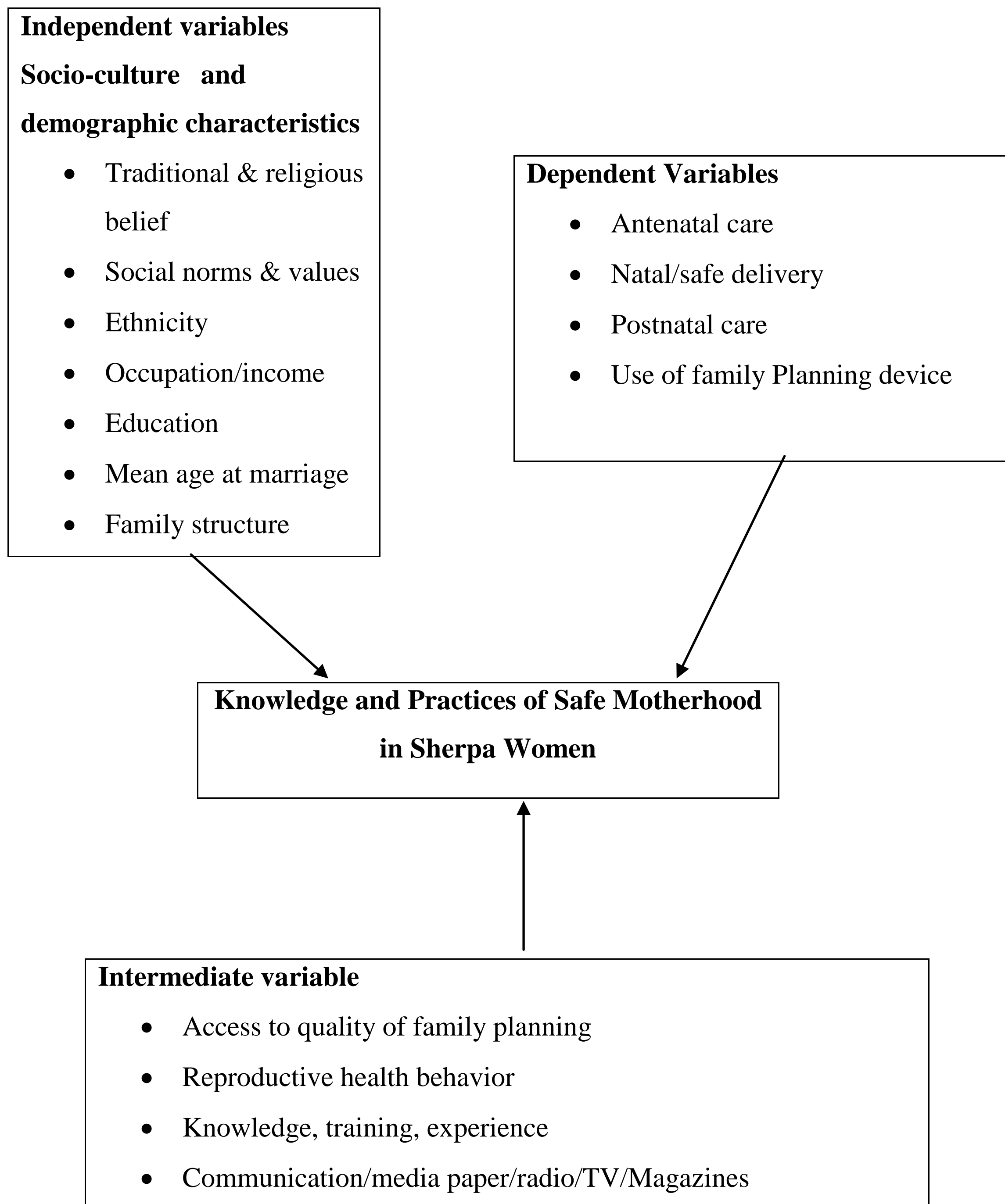
Implication of Review for the Study

Literature review is the most important part to conduct any research study. The researcher has to study some related book documents, articles, journals, thesis review the literature related to the study.

Literature review help the researcher to select the own interested topic or research subject and related area. It also helpful about the selection of background, of background identify problem and objective of the study it helps the researcher to find out research methods and understand socio-economic cultural and cast ethical condition. It can help for citation and to selection and sampling procedure for the study. It helps in designing table, chart and graph and gives deep knowledge about the study. Literature review also to know about the knowledge, practice and care of safe motherhood in Sherpa women community in the study area. It is also helpful for the researcher to know about the current trends situation of the knowledge safe motherhood. The review of literature helps in interpretation and analysis of data and conclusion of the study. The final aids the researcher to make own research different than other research.

Conceptual Framework of the Study.

Conceptual framework has been developed on the basic of review of related literature. There can be considered too many factors safe motherhood with reference to knowledge and behavior health status. The reach has to study much literature work. The conceptual framework is important part of research work. Therefore, the researchers have to organize the conceptual framework on the basic of research objective and review of literature. The conceptual framework is a road map of research work for researcher conceptual framework is a slightly guided for research works for research work because conceptual framework is of the sketches of research work but not order to research work. Generally, in the conceptual framework, the researcher clear that the research variables of the research subject and they can show in enter relationship of research variables. Therefore, the conceptual framework best on the basis knowledge and identification on any researcher most be developed a conceptual framework based on the literature review and objectives of the study. The conceptual framework is as follows:


Independent variables
Socio-culture and demographic characteristics
Traditional & religious belief
Social norms & values
Ethnicity
Occupation/income
Education
Mean age at marriage
Family structure
Dependent Variables
Antenatal care
Natal/safe delivery
Postnatal care
Use of family Planning device
Knowledge and Practices of Safe Motherhood in Sherpa Women
Intermediate variable
Access to quality of family planning
Reproductive health behavior
Knowledge, training, experience
Communication/media paper/radio/TV/Magazines

Chapter- III Methods and Procedures of the Study

Methodology is important to achieve the study. For to achieve objectives of the story, different research mythology have been attempts. The required for data for the study collect for the respondent. Relation for the topic knowledge and practice of the safe motherhood in Sherpa women in the Khumbu Pasang Lhamu Rural Municipality, some research methods are prepare and planning was stated. To get necessary information formal and informal producer used. The details of the research mythology are giving in the following sub heading.

Research Design

The study was based on descriptive design as well as in quantitative nature. A field survey has been conducted to obtain basic data and information. The data required for this study were collected from the basic sources on which it is based Interview schedule. This study provides knowledge and practice of safe motherhood among Sherpa women in Solukhumbu district.

Population of the Study

According to the 2068 census, the total population of this municipality is 8989. This study was based on Khumbu Pasang Lhamu village municipality ward no. 5 of Solukhumbu district. A married woman of reproductive age of Sherpa has been selected. According to the 2011 census of Khumbu Pasang Lhamu Village Municipality Ward No. 5 (2011), there were 409 households. The total population of the area is 1650 out of which 700 were women. Only married women in the age group of 15 to 49 years having at least one child were the population of the study.

Sampling procedure and Sample Size

The total female population of the study area was 700. Out of 700 female only 661 female were aged of the 15 to 49 years in the study area. Similarly, only 453 married women had at least one child. Finally the researcher has selected 33 percent of samples by using simple random sampling techniques under lottery method. In this case the sample size was 150.

Research Tools

The interview schedule was the main tool of this study. It was designed to get the required information according to the research objective. Both open ended and

closed ended questions were developed in interview schedule. The secondary data was collected from the census report, village records, journal, research report, text books etc.

Validation of Tools

Pre-tasting is required to verify the validity of the materials used in any survey. Therefore, pre-test technique was applied to make validity of the tools used in this study. Pre-testing was done on 9 women in the age group of 15-49 years in Khumbu Pasang lhamu rural municipality word no.4 and then the tool was submitted to the subject expert for further improvement. The tool was finalized based on pre-test results and feedback from the supervisor**.**

Data Collection Procedure

During the study, a request letter was received from the Department of Health and Population Education. The study community was then visited and the study objectives were discussed with community leaders and respondents and they were requested for assistance. It was mentioned that the role of the researcher is important in collecting necessary data. After that, statistical data has been collected through interviews.

Data Aanalysis and Interpretations Procedure

To analyze the data, statistics and tabulation were presented. Data were analyzed using sampling statistical methods such as frequency and percentage. The collected data was analyzed in detail. The data was collected through various methods and techniques and the data was subdivided into sub-headings. The data was analyzed and interpreted consistently with the help of tables, diagrams, line graphs, etc.

Ethical Consideration

The participants were not vulnerable to any risk during the study. The research tools were made convenient as to the social culture and values. The informed consent was taken verbally. In the study time, the respondents were not forced for data collection and answering. The respondents name and other personal things were confidential in this research. The data collected was not be used in other area.

Chapter – IV Analysis and interpretation of Results

It is imperative to interpret and present the data obtained from any study research. The data obtained should be properly interpreted and analyzed. Appropriate and analyzed. Appropriate presentation and arrival of study.

This study area is to compare the knowledge and practice of safe motherhood in the words Khumbu Pasang Lhamu Rural municipality. Sherpa community number 5 of Solukhumbu district. The study relates to a woman who has a married first child between the ages of 15-49. Who has studied the knowledge and practices of prenatal care, pregnancy, and maternity care in safe motherhood for married children? The data of the present study is divided into headings and titles and is described in simple and understandable language through tables, diagrams, and diagrams.

General Information

Age structure of the respondents. The main role in the birth of a child is to play the main role. This study was conducted to reliable information of the female respondents of Sherpa community aged (15-49) years having at least on child. The age structure of the respondents were found as following table.

Table 1

Age Compassion

Age group	No of Respondents	Percent
15-19	10	6.66
20-24	23	15.33
25-29	31	20.66
30-34	24	16
35-39	41	27.33
40-44	16	10.66
45-49	5	3.33
Total	150	100

Total 1 shows that 6.66 percent of the respondents were at the age of 15-19, 15.33 percent were at the age of 20-24, 20.66 percent were the age of 25-29, 16

percent were the age of 30-34, 27.33 percent were the age of 35-39, 10.66 percent were the age of 40-44 and were found at the age group 45-49 years. Data revealed that is chance of frequent pregnancies and short duration birth spacing that in crease the number of children.

According to the census of 2068 bc, the total number of women in Solukhumbu district was 54686. Details of women in the age group of 15-49 years. Women in 15-19 age group 12.18 percent, 20-24 age group 8.84 percent, 25-29 age group 7.20 percent, 30-34 age group 5.79 percent, 35-39 age group 5.42 Percentage age group, 5.52 percent of 40-44 age group and 4.90 percent of 45-49 age group are women. (Source: Census 2068)

Age at marriage in groups. The age of marriage is usually 18 years, but there are differences between high and low. Although the same can be said in many places, the age of marriage is the age of majority or the age of first marriage of consent.

Table 2

Age at Marriage in Groups

Age at marriage	No. of respondents	Percent
15-19	87	58
20-24	54	36
25-29	6	4
30+above	3	2
Total	150	100

Table two shows, it was found that 58 percent of the respondents who got married in the age group of 15-19 years were the respondents similarly it was found that 36 percent of the respondents married in the age group of 25-29 years. Similarly, 2 percent of the respondents who got married at the age of more than 30 years were found.

According to the civil code of Nepal 2074, the age of a boy and girl should be 20 years with the permission of the guardian. Similarly, both the boy and girl must have reached the age of 18 years without the permission of the guardian (Mulukiain Nepal 2074).

The legal age of marriage in Nepal is 20. Globally, a girl who marries 18 years ago is considered a child bride. However, 40 percent of girls under the age of 18 get married in Nepal, which has made the country the worst example in Asia.(https://www.nepaltimes.com)

Percentage of men and women aged 15-49 who got married for the first time according to certain age and average age. Marriage according to current age, Nepal DHS 2016. Marriage of women in rural areas is 17.4 per cent in 20-49 years, 17.2 per cent in group of 25-49 years, 18.2 percent in mountain according to geographical area and 19.5 percent in Province No.1.(NDHS,2016)

In the table above 40 percent of the respondents were in the first pregnancy the age group of 15-19 years. The highest respondents were in the age group of 20-24 years. 48 percent, 8 percent in the age group of 25-29 years and 4 percent in the age group of 30 years and above.

Religion of respondents. Nepal is a country of religious diversity in Nepal. Buddhism has become the second largest religion. According to the 2011 census in Nepal. The number of Budhist religion 9.0 percent Solukhumbu district is the main settlement of the Sherpa community.

Religion to be followed depends upon individual interest even it can be influenced by family society and friends as well as other section of culture. Religion also determines daily habits as well as the lifestyle of a person 100 percent of respondents are Buddhist. The main mantra of Buddhists is om mane peme om. They believe in the treatment by the lama in the monastery when they are a little sick.

Types of family. Family is strong community in Nepal families are divided into two types. A family of two children and parents a family of four is called a single family while a family of two or more children and parents with other member called a joint family. Respondents were asked about the types of the family.

Figure 1

Types of Family

The above figures show that the respondents were 59.33 per cent living in a group and 40.66 per cent living in a single family. Nepalese society is composing of multi-ethnic groups. So, there are many cultural and social practice in the country. As a result, household composition is also influenced, and some ethnic groups want to live in join family.

Educational status. Education is a great assent and it play very importance role in human life. Education changes, attitude, knowledge, practice and behavior. Education helps to develop the quality of life of only person, family, community and country.

Respondent's education level was measured as give in the table.

Table 3

Education Status

Education status	No of Respondents	Percent
Literacy	31	20.66
Illiterate	28	18.66
Level of Education		
Primary	60	40
Secondary	20	13.33
Higher	11	7.33
Total	150	100

Table 3 shows that educational status of the total respondents mother of the Sherpa women community. Higher proportions of the respondents were found primary 40 percent, and 20.66 percent were illiterate. Similarly literate women were found to be 18.66 percent and secondary level 13.33 percent and the lowest level of higher education was 7.33 percent.

National indicator of literacy shows that national literacy rate is 65.9 percent consisting male literacy 75.1 and female 57.4 percent (CBS, 2011).

Occupation status. Profession is a basis of survival of personality occupation is the determinant factor of life style of family and individuals. Occupation is very importance for the human life that is related in any fields. Which gives the successful life without occupation people cannot meet the increasing requires of the family, personal, society and country. Occupation also effects the human health protection which again affects their marital life, physical and spiritual health condition respondents were asked about their occupation, which is shown on the given figure.

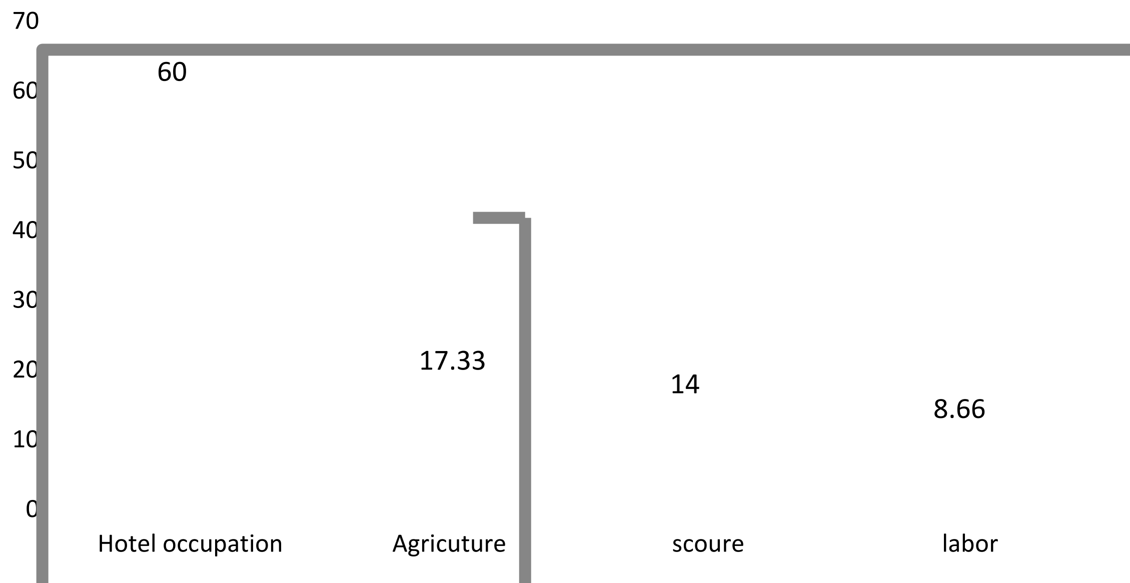


Figure 2

Occupation Status

Figure 2 shows that in this area higher proportion of respondents were hotel Occupation were 60 percent, similarly 17.33 percent were involved in agriculture and animal husbandry and women were found to be 14 percent service sector and 8.66 percent in labor.

The world's highest peak mountain Everest and many other mountains are located in this area. This place is beautiful nature of Nepal. Every year tourists from different countries of the world come there to visit. So everyone here is involved in the hotel business.

Knowledge and practice ANC

Knowledge about safe motherhood is one of the major aspects as maternal health. Antenatal care is the routine health control of presumed healthy pregnant women without systems (screening), in order to diagnose disease or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery.

Table 4

Knowledge about ANC

Knowledge of ANC	No of Respondents	Percent
Knowledge about ANC	109	72.66
No. Knowledge about ANC	41	27.33
Total	150	100

Table 4 show that 72.66 percent respondents Knowledge about ANC. Similarly 27.33 percent respondent did not knowledge about ANC.

Good ANC thinks the women and her family with the formal health system increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle.

Table 5

ANC Practice

ANC practice	No of Respondents	Percent
Knowledge about ANC practice	96	88.07
Knowledge about ANC No practice	13	11.92
Total	109	100

Table 5 show that 88.07 percent Respondents knowledge about ANC practice and 11.92 percent Respondents knowledge about no practice. Because of far hospital and geographical complexity bad weather. So, people are unable to practice ANC.

Source of knowledge and practice antenatal care. Now various technologies have made the world a better place we can easily listen to the news and events that have taken place in the country and abroad. Different media radio, T.V.

and health worker and other means are plying vital role in spreading the information to different arts in the country.

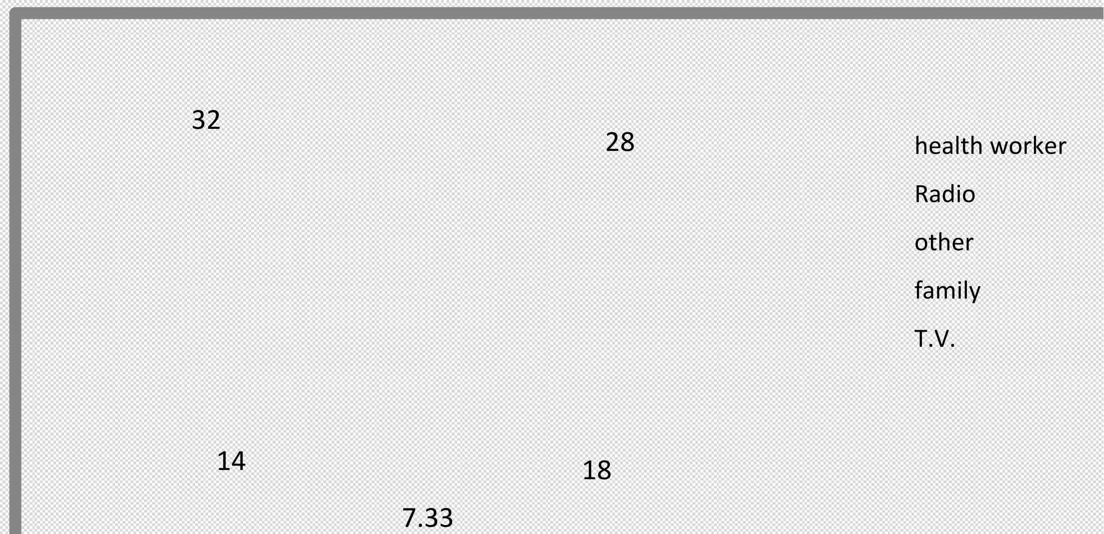


Figure 3

Source of Knowledge and Practice

Looking at the figure above it was found that the respondents got information about ANC through various means. Respondents found that the sources of information were 32 percent from health workers similarly 28 percent through T.V. 18 percent through family 14 percent through Radio and 7.33 through other media were found to be the lowest.

Antenatal check- up during pregnancy every pregnant women need to have ate last four antenatal check-ups. It should be emphasized that this is only a minimum requirement and that more visits may be necessary, depending on the women's condition and needs.

Table 6

Antenatal Checkup During Pregnancy

ANC checkup during pregnancy	No. of respondents	Percent
Yes	141	94
No	9	6
Total	150	100

Table 6 show that 94 percent visited health facility for ANC checkup. The women 6 percent have never visited to ANC checkup.

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behaviors**.**

Age at first pregnancy in groups. Pregnancy is the first stage of a woman's life. A woman's first trimester of pregnancy begins on the first day of her last menstrual period and lasts until the end of 12 weeks. Pregnancy lasts up to 42 weeks. During this time the child develops a physical and mental condition.

Table 7

Age at First Pregnancy in Groups

Age at first pregnancy	No. of respondents	Percent
15-19	60	40
20-24	72	48
25-29	12	8
30 + above	6	4
Total	150	100

In the table above 40 percent of the respondents were in the first pregnancy the age groups of 15-19 years. The highest respondents were in the age group of 20-24 years. 48 percent, 8 percent in the age group of 25-29 years and 4 percent in the age group of 30 years and above.

Fist time knowing pregnancy. Women should know that they are pregnancy soon. After getting pregnancy in this way, different types of symptoms appear in women. Fear of pregnancy can be detected naturally. Women can be found out by going to heath facility and getting tested. Then women can be alert to eating, exercise, risk.

Table 8

Fist time Knowing Pregnancy

Fist time knowing pregnancy	N. of respondents	Percent
Stop menstruation	75	50
Urine test	50	33.33
Video x-ray	16	10.66
Other	9	6
Total	150	100

Looking at the above figures, it was found that the fear of menopause was 50 percent when women first became aware of the fear of pregnancy. The urine test was found to be 33.33 percent, 10.66 percent by video x-ray and 6 percent of the respondents found out through other means. At present, there are many ways to know the fear of pregnancy.

Knowledge of nutrition among the respondent. It is essential to eat nutrition's food during pregnancy eating nutrition food is good for the health of both mother and baby. But looking at the situation in our country many mothers do not want to eat nutrition food during pregnancy poverty geographical deprivation, illiteracy and scarcity have not been able to supply nutrients.

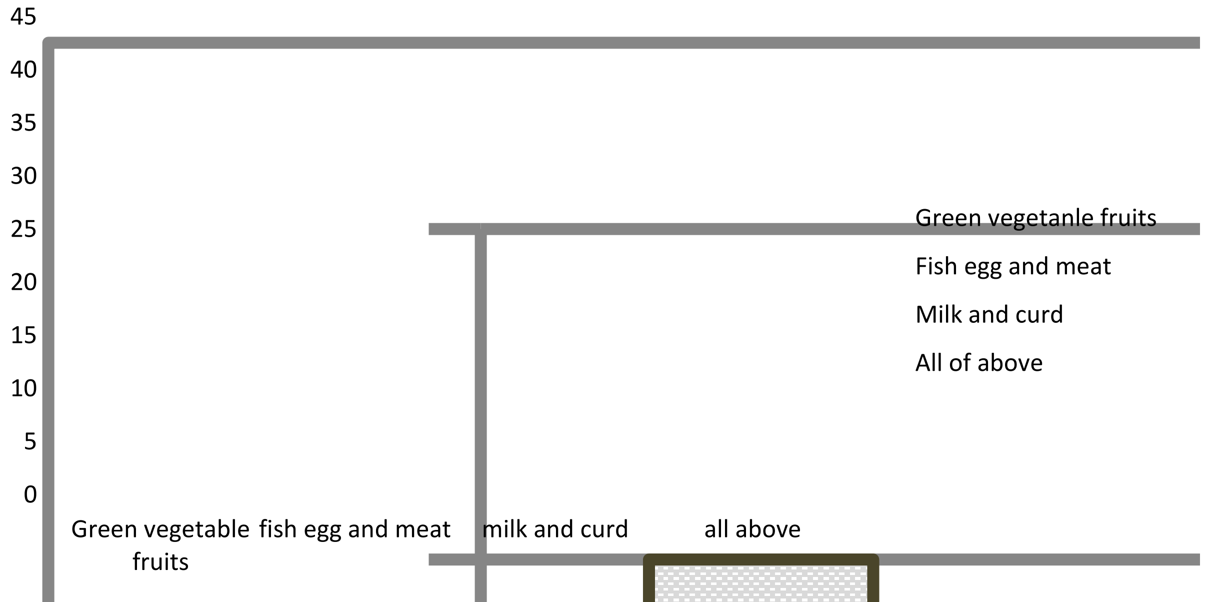


Figure 4

Knowledge of nutrition among the respondents

As it is presented in the figure we see that all of the women conceived that they were conscious of nutrition diet during the period. They had take any of the neutrinos food.

The figure of shows total respondent 40 percent women had consumed green vegetable in their diet. Similarly 26.66 percent of women had consumed milk and curd and 13.33 percent had consumed of them.

The geographical remoteness of the region is influenced by the climate and religious beliefs so food grains vegetable frouits fish meat, milk, crud almost eve one is forced to supply in expensive shipping from outside.

Therefore pregnant women here con not easily get the nutritious food they need to take during pregnancy.

Practice about vaccination in ANC. In pregnancy period, vaccine (tetanus injection) is given to the pregnant mother in antenatal period. Two or three are given for the first time in the first antenatal visit and the second is given in pregnancy not less than six weeks after first time and third time at the last phase up pregnancy. This data were collected to fine out the practice about vaccination perception on vaccination among mother of Sherpa community was given.

Table 9

Practice of TT Vaccine.

Vaccination should be required	No of respondents	Percent
Yes	127	84.66
No	23	15.33
Total	150	100

Table 9 shows 84.66 percent of respondents practiced TT vaccination and 15.33 percent of respondents could not practice TT vaccination. Some respondents were found to be unaware of the TT vaccine. But the vaccine is essential for the health of both mother and baby.

Health checkup during pregnancy. Only a healthy pregnant woman can give birth to a healthy baby and a healthy child is the reach manpower of the future. Pregnant women should take special care during pregnancy one of the important aspects is to get a health check-up during pregnancy. A pregnant woman should go to a health facility at least 4 times from pregnancy to childbirth. The knowledge about conducting health checkup to women at the study site is shown in the figure below.

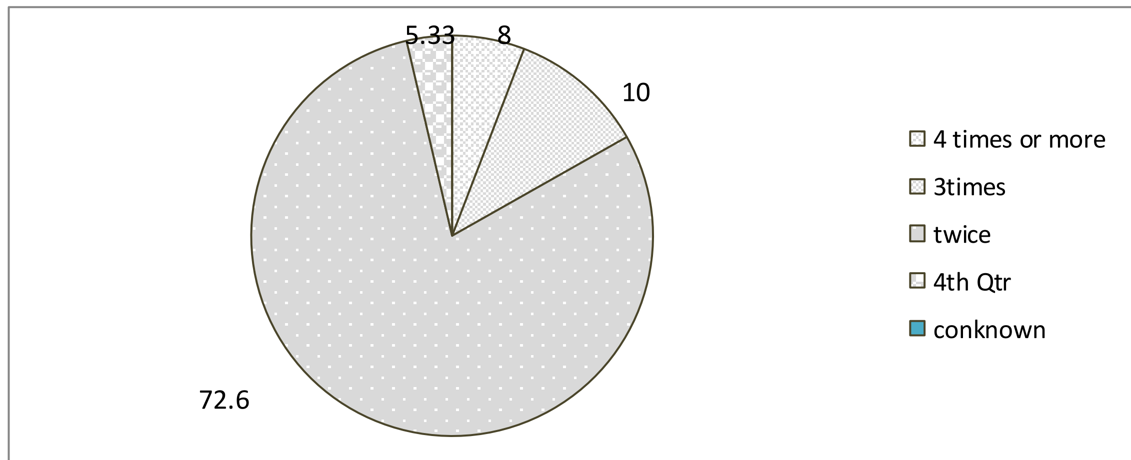


Figure 5

Health checkup during pregnancy

figure 5 shows that 4 times more 72.66 percent of respondents attended health checkup during pregnancy similarly 3 times checkup during pregnancy 10 percent two times checkup pregnancy. 8 percent of wince time visit 5.33 percent one time ANC visit and 3.33 percent were unknown health checkup during pregnancy.

Every pregnant women need to have ante last four antenatal check-ups. It should be emphasized that this is only a minimum requirement and that more visits may be necessary, depending on the women condition and need. Timing of the first visit – The first or registration of pregnant women for ANC should take place as soon as the pregnancy is suspected. Ideally, the first visit should take place within 12 weeks, and second visit- Between 14 and 26 weeks, Third visit- Between 28 and 34 weeks and last fourth visit- Between 36- weeks and term.

During these visits, following health check-up are done blood pressure, weight and fetal heart rate monitoring. Early detection and management of complication during pregnancy. Provision of tetanus toxoid and diphtheria (TD) immunization, iron-folic acid tablets and de-worming tablet to all pregnant women and malaria prophylaxis where necessary.

Delivery Care

Pregnancy is an important and complication condition for women. It is important for pregnant women to have regular health checkup and eat nutrition's food.

Delivery care is considered safe when it is attended by a skilled birth attendant to healthcare institution or home. Childbirth practices vary from place to place and are determined by the availability and accessibility of health services.

Place of delivery. It is the right of a pregnant woman to have a safe delivery. Need to deliver to a safe place. The health status of mother and child can be improved in the health facility.

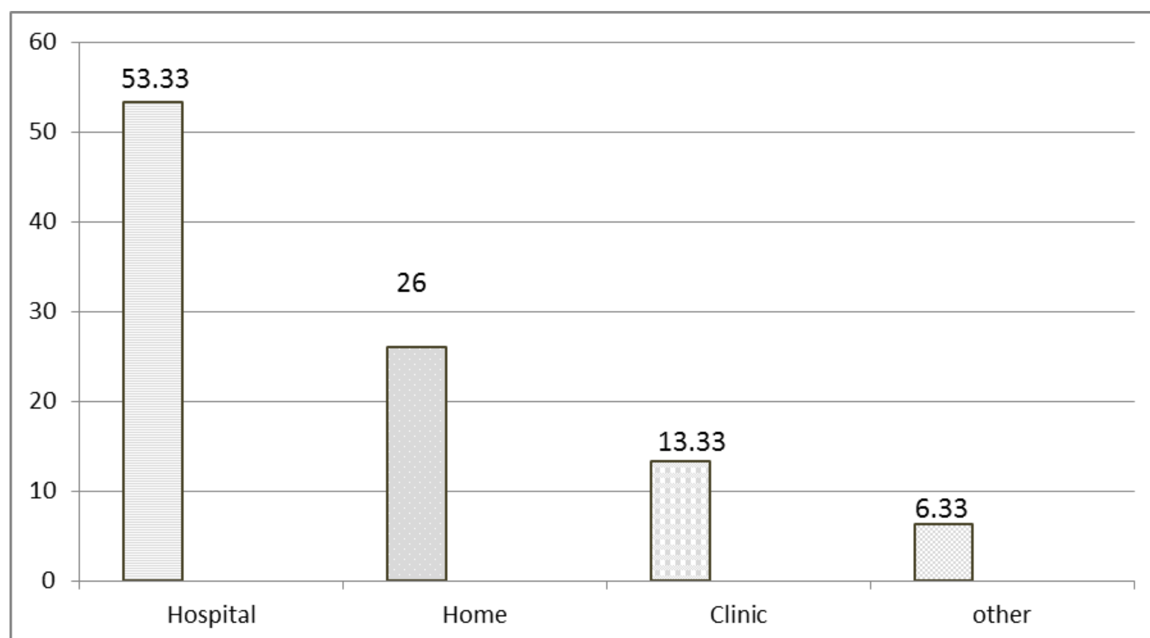


Figure 6

Place of delivery

The figure above shows that the number of respondents women who have go to the hospital for delivery have go to the hospital for delivery were the highest at 53.33 percent similarly, 26 percent of women were give at home, 13.33 percent in clinic and 6.33 percent in other place.

As Nepal is a country full of geographical diversity, most of the land is made up of mountains and hills where 24 more maternal deaths (11 to 13%) occur on the way to hospital. Technically these deaths are excluded from the health record. 25 Despite the high prevalence rate of home delivery (64.7%), only 5.7% of pregnant women in Nepal have used Clean Delivery Kit during home delivery. 26 (odd ratio / probability 0.52) to reduce infant mortality rate (57%), sepsis and other infections. 27 However, there has been a significant reduction in maternal mortality rate in Nepal,

despite a lack of access to skilled births, health care deliveries and emergency obstetric care. Expectation Every day about six women die due to pregnancy and related causes, only one third (35.3%) of women give birth in health facilities and only 36% of women seek skilled care at birth.

Reason behind not going to health institutes for delivery. Getting delivery in health organization or institutions for belter delivery is an essential to all pregnant women. It is also better to get delivery service from safe and under even trained health volunteers and well Environment. The respondents behind not going to health institution for delivery is presented in the table below.

Table 10

Reason Behind not Going to Health Institutes for Delivery

Reason behind not going to health institutes	No of respondents	Percent
Lack of money	13	33
traditional concept	10	26
lack of time	11	28
other	5	13
Total	39	100

In the table above 33 percent of respondents did not go to the health facility due to lack of money. Similarly 26 percent of respondents due to traditional perception, 28 percent due to lack of time and 13 percent due to other reasons were not found to be able to delivery health institutes.

If pregnant women do not go to the health service for delivery, there are times when complex problems appear. There are also incidents where the lives of mothers and children are in danger if the health facility in not maintained.

Person involvement in delivery. It is important to be with other people during delivery. In the context of Nepal, many women still give birth at home without having health workers at home. Women need to be assisted during childbirth by a variety of people who are helping pregnant women to build self-confidence, make the necessary clothes for mother and baby, and so on. It is important to know about the health condition of the mother and to take care of the health condition of the baby.

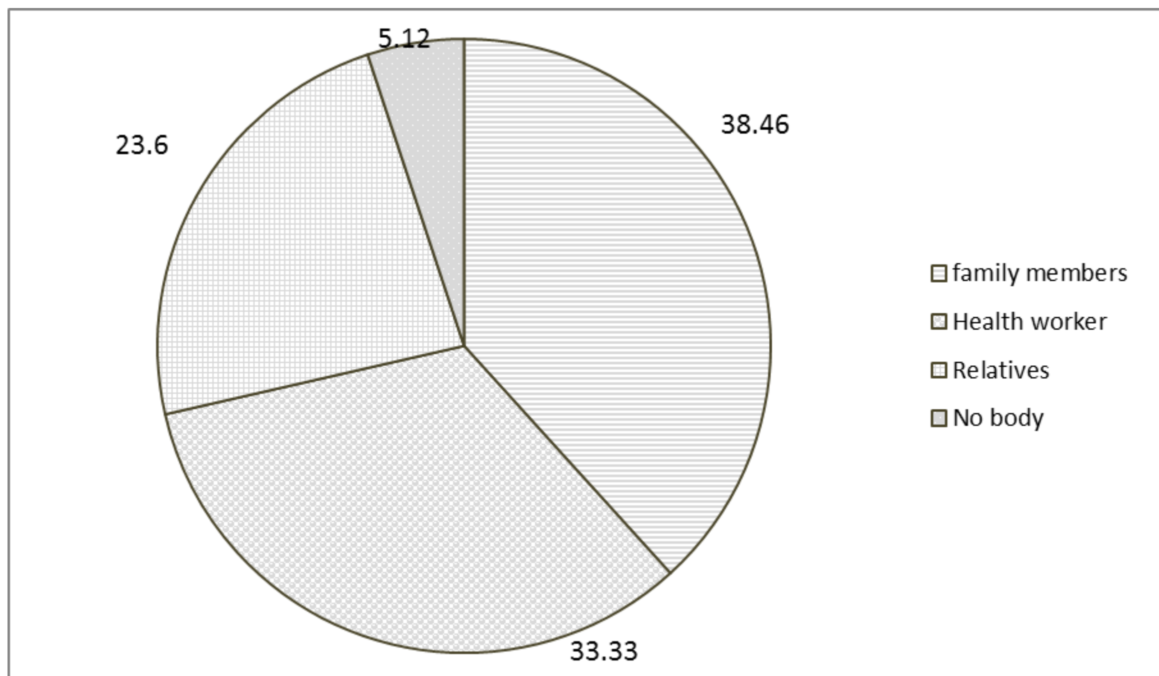


Figure 7

Person involvement in delivery

Looking at the figure above 38.46 percent of the family members were found to be supportive during the delivery 33.33 percent were supported by health worker, 23.06 percent were supported by relatives and 10.25 percent respondent were not helped by anyone.

The homeowners seem to be supportive of home delivery in the study area community. Due to the lack of health education, delivery by health workers is not practiced. Similarly, home delivery is also done due to socio-economic and geographical reasons.

Type of delivery. Pregnancy diet, exercise, care, etc. affect the delivery process or the process of childbirth. Although the birth process is normal, in some

cases the birth process is abnormal due to various problems. Even now women are dying due to abnormal delivery.

Table 11

The type of Obstetric Condition

Types Delivery	No. of respondents	Percent
Normal	70	46.66
Episiotomy	35	23.33
Use of Vacuum	30	20
Operation	15	10
Total	150	100

According to the table above, 46.66 percent of the respondents had the highest normal delivery. Similarly, 23.33 percent of episiotomy births, 20 percent of births were caused by vacuum use and 10 percent by operation.

There are more women who have a normal delivery due to the fear of having to work out because they have to work at home. Due to various reasons, the practice of performing obstetric surgery seems to be increasing.

Experienced of delivery complication. During pregnancy women face a variety of problems this problems are simple in nature and complex in nature. Some pregnant women experience complications that may include their health, the health of baby, or both otherwise the other could get many problem therefore all mother should have appropriate knowledge about the complications of delivery but in our society no any means of communication is available about the delivery for women.

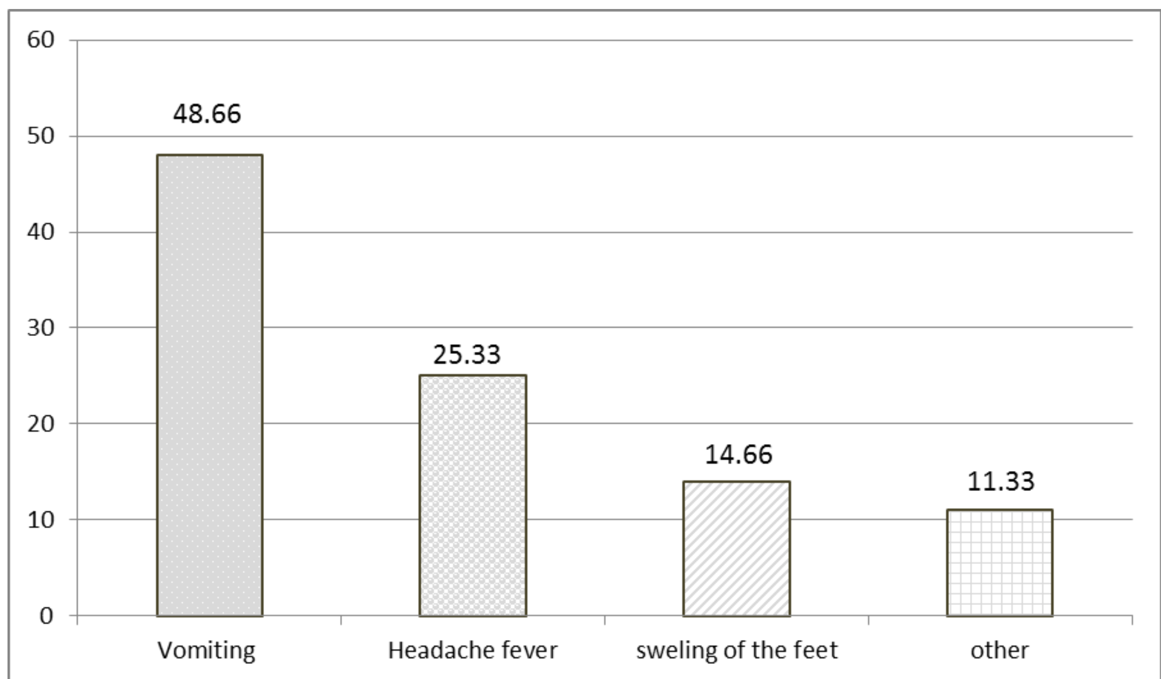


Figure 8

Experienced of delivery complication

Among all the respondents 48.66 percent complained that they were vomiting during delivery period. Similarly more than 25.33 percent respondents suffering from headache, 14.66 percent sculling of the feed and other complication 11.33 percent. Bleeding during pregnancy can cause constipation, loss of appetite, scaring, high and low blood pressure.

Instrument of curd cutting. People practiced different types of the instrument for card cutting. According to the traditions and the practices of the community people's in the remote area, people are using locally available instrument life. Billed boiled in water Billet us boiled in watter, domestic weapons.

Table 12

Instrument of Card Cutting

Instrument	No. of respondents	Percent
Billet boiled in wattar	22	56.41
Billet uncoiled in watter	12	23.07
Knife and domestic weapons	5	12.82
other	0	0
Total	39	100

Table 12 shows the respondents found that 56.41 percent of the home births used a baby novel lensed bled similarly, it was found that 23.07 percent of the people use ballet and 12 percent use knives and other house should items. It was found that most of the respondents had the knowledge and practice of cutting the navel of the child.

Postnatal Care

The postnatal period is an important stage in the life of mothers and newborns. Most maternal and infant deaths occur during this time. The principle objective of proving PNC is to make sure that life threatening postnatal complications is treated in time to save the mother and new born life PNC is also crucial for deterring and managing neonatal problems. Postnatal care in Nepal is historically Uncommon, and most mothers and newborns make their first postnatal contact with health services at the time of the baby's first immunization at 6 weeks post portum. The period following delivery represents a source of significant mortality for women and their babies.

Knowledge and practice of vaccination in children. Children under the age of one year should be given all essential immunization provided by the government that prevents the child from life threatening communicable disease as T.B Polio Tetanus, Measles, Diphtheria, pertussis and hepatitis B. This types of services are in Nepal, is all over the country and MeHW and VHW are posted in every municipality, and Rural municipality to provide vaccines to the children and the effectiveness of the expanded immunization program is on Nepal.

Table 13

Knowledge and Practice of Vaccinated Children

Knowledge about vaccinated	No. of Respondents	percent
Yes	110	73.33
No	40	26.66
Total	150	100

The table shows that 73.33 percent of respondent mothers supported the need for vaccination for their children. It was found that 66 percent did not know. It was also found that women did not know exactly which vaccine to give to their children. But after the baby was born, she was gradually vaccinated on the advice of a health worker. Due to which the child's immune system increases. At present most children are not deprived of immunizations.

First time of feeding colostrum practice. First milk colostrum of mother is very essential to the newborn baby because that gives to the baby appropriate nutrients, energy and it can protect from some infections disease affecting to child so it is known as immunization against many infections.

Respondents found that colostrum feeding was 69.33 percent for the first time and 20.66 percent for non-feeding colostrum.

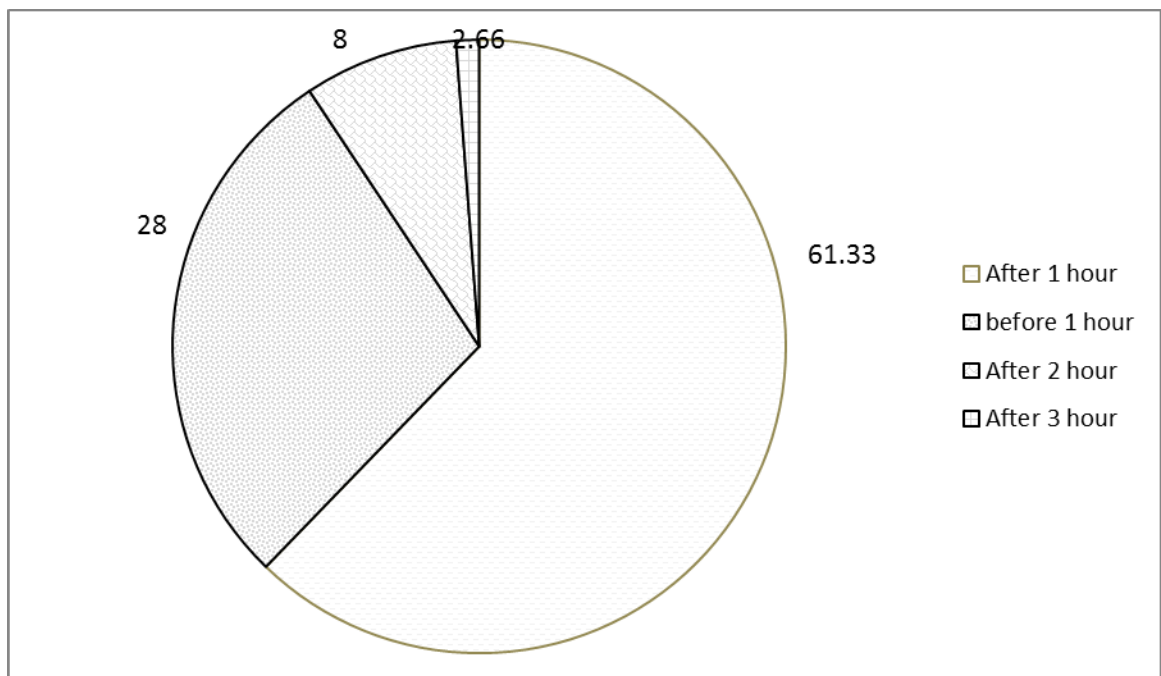


Figure 9

Practice of colostrum feeding

From the data given in the shows find that 79.33 percent women were engaged in colostrums practice where as 20.66 percent of Sherpa women lacked it. Similarly, with in first hour of the birth of the baby 28 percent women were involved in colostrums percent of women were involved in the practice. Similarly, the practice was done after two hour by 8 percent and after three hour was practice by 2.66 presented of Sherpa women.

Many respondents have found knowledge and practice about colostrums feeding in study area, late breast feeding many cause problems in child as well as mothers health the reason behind the let breast feeding as present by the respondents is lack of awareness.

Brest feeding period. Mother's milk is like nectar to the baby breast milk helps the baby to grow and develop its ability to fight disease. The baby should be given only breast milk for 6 months and then small amount of homemade supple monetary food. Normally, mother's milk should be fed to the baby for 2 years.

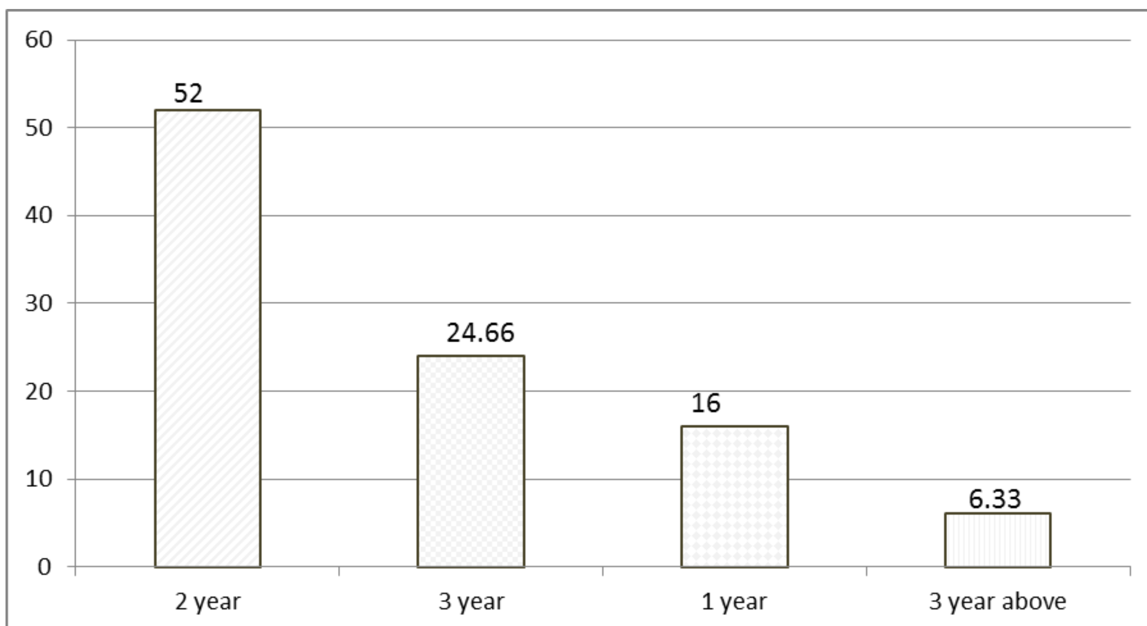


Figure 10

Breast feeding practice

Figure 10 shows that in the study area the number of respondents who breast fed for one year was found to be 16 percent similarly, the highest number of respondents who breast fed for two years was 52 percent while the number of respondents who breasted for 3 years were 24 percent 16 percent and at least 6.33 percent of respondents over 3 years of age were found to be breast feeding.

Practice of Family Planning

Family planning provides many benefits to mother's children, fathers and families. Enable maternal health after child birth. This protects against unwanted and unsafe abortion family planning controls the population which is the challenge for human life respondents were asked whether they use family planning one hold.

Table 14

Practice of Family Planning Method

Use of family planning	No. of respondents	Percent
No	41	27.33
Yes	109	72.66
Total	150	100

Table 14 shows that 26.33 percent respondents did not use any family planning method and 72.66 percent respondents ever used any family planning methods.

Family planning instrument. There are two types of contraceptive temporary and permanent. Temporary means are condom pills Depo-Provera while the permanent means are female and male sterilization. Temporary re source have been provided by community health units. Urban clinics, health posts, primary health centers, hospital posts, and non-governmental organizations, while permanent family planning services have been provided by some hospitals in regular and inaccessible settlements some couples respondents were asked which services methods you used as the method of family planning, their view was found as following.

Table 15

Types of Family Planning Method

Type of FP	No. of respondents	Percent
Condom	15	13.76
Pills	21	19.26
Copper T	29	26.60
Depo-Provera	34	31.19
other	10	9.17
Total	109	100

Table shows the respondent who used FP mother's only 31.19 percent respondents used Depo-Provera, 26.60 percent mothers used copper T, 19.26 percent

respondents used Pills, 13.76 percent used condom (her husband) 7.31 percent used copper T and other family planning used 9.17 percent.

Looking at the statistics of 2011 to use the method of family planning any methods 49.7 percent. Use of any modern method 43.2 percent, Female sterilization 15.2 percent, male sterilization 7.8 percent, mill 4.1 percent, condom 4.3, Norplant 1.2, injectable 9.2 percent, IUCD 1.3 percent and any traditional method 6. .5 percent was found to be used. (Source, MOHP 2012)

Types of family planning the rate of use of contraceptives by couple is increasing. It means they are still being pregnant and they will again give child birth. Couple can make the size of family as large and small family.

ANC Visited Age Groups

The antenatal visit according to age group is shown in the table below:

Table 16

ANC Visited Age Groups

Age groups	ANC visit				Total	Percent
	4 less then		4 more then			
	No. of	%	No. of	%		
15-19	6	42.85	54	39.70	60	40
20-24	4	28.57	68	50	72	48
25-29	2	14.28	10	7.33	12	8
30-34	1	7.14	3	2.20	4	2.66
35-49	1	7.14	1	0.73	2	1.33
Total	14	100	136	100	150	100

Looking at the table above, the antenatal visits of Sherpa women of different age groups are compared. Respondents found 6 persons in the age group of 15-19 years (42.85%) less than 4 times in the antenatal visit. Among the women who took antenatal visit of more than 4 times, 51 were found to be 39.70 percent. Respondents who visited less than 4 times during the antenatal visit were found to be in the age group of 30-49 years and those who visited more than 4 times during the antenatal period were found to be in the age group of 20-24 years.

Antenatal Visit in Case of Education and Occupation

In the case of education and profession, the antenatal visit is presented in the table below:

Table 17

Antenatal Visit in Case of Education and Occupation

Education	ANC visit				Total	Percent
	4 less then		4 more then			
	No .of	%	No. of	%		
Illiteracy	17	73.91	11	8.66	28	18.66
Literacy	6	26.08	116	91.33	122	81.33
Total	23	100	127	100	150	100
Occupation						
Hotel	9	16.66	81	64.8	90	60
Agriculture	6	24	20	16	26	17.33
Service	-	-	21	16.8	21	14
Labor	10	40	3	2.4	13	8.66
Total	25	100	125	100	150	100

According to the table above, the number of uneducated respondents in the antenatal visit was found to be less than 4 times 17 (73.91 percent) and the number of those who visited 4 times or more was found to be 11 (8.66 percent). Similarly, among the educated respondents, it was found that less than four times in the antenatal hospital visit was 6 (26.8 percent) and 116 people (91.33%) were in the

hospital four times or more. Therefore, it was found that educated women went to the hospital 4 times or more before delivery than uneducated women.

People's occupation also determines health. Looking at the table above, it was found that 10 (40%) of the women working in the hospital for prenatal health check-ups less than 4 times were women. Of the 4 or more prenatal visits, 81 were hotel respondents (64.8%) and all serving women were four times or more.

Summary of Findings

This research study is related to a main element of reproductive health and the situations of the related matter that is knowledge and practice of safe motherhood among Sherpa women community peoples living in the rural municipality 5 Solukhumbu district. All of married Sherpa women of the area were as the study population: Total respondents were 150 they were all married having.

It is in the age group of 15-49 years.

- 6.6 percent in the 15-19 age group, 15-33 percent of the 20-24 age group,20.66 percent of the 25-29 age group, 16 percent of the 30-34 age group, 27.33 percent of the 35-39 age group, 10.77 percent of the 40-44 age group and the age group of 45-49 years is 3.33 percent.
- All respondents were found to be Buddhists. 100 percent Budhist in Sherpa community.
- Buddhists make up. only 6.6 percent of the population in Nepal (Source Census 2068)
- Respondents were found to Have 40.77 percent group family and single family was found to be 59.33 percent.
- In the study area 20 percent of respondents were illiterate and 18.66 percent of the respondents were literate. Similarly, respondents were found to have 40 percent primary level 13.33 percent secondary level and 7.33 percent higher secondary level.
- In the study area, Respondents women were found to be 60 percent dependent on hotel business. 14 percent in the service sector, 17.33 percent in animal husbandry and agriculture, wages were found to be 8.66 percent.

- Respondents were found to have 72.66 percent knowledge of pregnancy and 27.33 percent unaware of their pregnancy status.
- 88.07 percent of the respondents were women with knowledge and practice of antenatal care, it was found that 11.92 percent of the respondents did not have knowledge and practice of antenatal care.
- About 32 percent of respondents heard about antenatal care through workers, 28 percent through TV, 18 percent through family, through radio 14 percent and through other means it was found to be 6.66 percent.
- 94 percent of antenatal checkups, it was found that 6 percent was not checked.
- It was found that pregnancy know 50 percent women first pregnancy. The urine test was found to be 33.33 percent, 10.66 percent by video x-ray and 6 percent of the respondents found out through other means.
- Respondents knowledge of nutrition was found to be 40 percent higher than that of green vegetables, yellow fruits and knowledge similarly, 26.66 percent of the respondents were afraid of knowledge about fish, meet and eggs, knowledge about milk and yogurt respondents 13.33 percent and the knowledge of all of the above was found to be percent of the respondents.
- Respondents reported that 84.66 percent of children practiced TT vaccination. Among the respondents 15.33 percent found that the child did not receive the TT vaccine.
- respondents accounted for 5.33 percent of health checkup performed once during pregnancy, 8 percent checked twice, respondents tested up to 3 times during pregnancy 10 percent, 63.33 percent of 4 times were found.
- In childbirth. Health workers 28.20 percent, cooperation with relatives 23.07 percent and other persons was found to be 10.25 percent.
- Among all the respondents 25.33 percent complained there were suffering from headache during their delivery period, similarly 48.66 vomiting, swelling of hands and feet 14.66 percent and other problems were found to be 11.33 percent.

- 81.33 percent of normal conditions in terms of delivery conditions, from operation 6.66 percent and vacuum support was found to be 12 percent.
- 56.41 percent use pure material to cut baby navel, the use of non-refined blades was 23.07 percent, household and other items were used by 12.82 percent.
- 46.66 percent of the respondents had the highest normal delivery. Similarly, 23.33 percent of episiotomy births, 20 percent of births were caused by vacuum use and 10 percent by operation.
- Respondents stated that 73.33 percent of the children were vaccinated and 26.66 percent of the children were unaware of the immunization.
- 79.33 percent breast feeding for the first time, 20.66 percent do not breast feed for the first time.
- 28 percent breastfeed less than 1 hour after birth, 61.33 percent breast feeding more than an hour after birth, 8 percent after 2 hours and 3 hours, it was found to be 2.66 percent.
- Respondents reported 16 percent of breast feeding for one year, the baby was found to be 52 percent breastfeed for 2 years, 24.66 percent of infants were breastfeed for 3 years and 6.33 percent for those over 3 years.
- Respondents found that 72.66 percent used contraceptives and 27.76 percent did not.
- Condom use 13.76 percent of family planning methods, 19.26 percent pills, Copper T 26.60 percent, Depo-Provera was found to be 31.19 percent and other means used 9.17 percent.
- Of the women who made more than four antenatal visits, 51 were in the age group of 20-24 years and 39.70 percent, while the respondents who made less than four antenatal visits were in the age group of 30-49 years.
- The number of uneducated respondents on antenatal visits was found to be 4 less than 4 times 17 (73.91 percent) and the number of 4 or more visits was 11 (8.66 percent) while educated respondents were found to be less than four times in antenatal visit (26.8). Percent and 116 people (91.33%) visited the
- hospital four times or more.

- Of the women who visited the hospital less than 4 times before delivery, 10 (40%) were women, and of the 4 times or more antenatal visits, 81 were hotel responders (64.8%).

Chapter: V Conclusion and Recommendations

Conclusions

Based on the research, it has been concluded that the knowledge and practice of safe motherhood in Sherpa women is satisfactory. It is seen that some women do not go for health check-up as soon as they find out about the fear of pregnancy. The vaccination of mother and child was satisfactory. Most of the midwives have been in health posts. They had taken the pregnant woman to the health post for a long-term delivery. Most expectant mothers would breastfeed their newborns for only two years. The common foods of parents were the most popular foods for weaning. Most of the husbands assisted in the transportation during the delivery. Most women use a purified blade to cut the baby's navel. Half of the women had problems with vaginal bleeding. Most of the respondents participated in the postpartum examination. Most of the women used contraceptives.

Most of the pregnant women have taken nutrients. Respondents' overall practice of safe motherhood was adequate and needed to be improved through public awareness and access to health care. Also, culture plays an important role in this regard. Therefore, economic cataloging and unscientific cultural practices need to be changed to promote safe motherhood behavior. To support this community in safe motherhood, prenatal, postnatal and postnatal services should be provided free of charge.

Recommendations

The overall practice of those responsible for safe motherhood was adequate and needed to be improved through public awareness and access to health care. Also, culture plays an important role in this regard. Therefore, changing economic listing and unscientific cultural practices is necessary to promote safe motherhood behavior. To assist this community in safe motherhood, free antenatal, postnatal and postnatal services should be provided.

General recommendations. The general recommendations of this researcher are as follows.

- In order to change and improve the negative perceptions and behaviors related to safe motherhood, it is necessary to organize awareness programs from individuals, families, organizations, media and related bodies.

- Many are still unaware of the importance of safe motherhood, so it is necessary to conduct various public awareness programs at government and private levels.
- It seems that the community should be encouraged to bring effective programs to deliver in safe places (health post hospitals)
- It is important to be aware of the need to eat plenty of nutrition food during pregnancy and maternity.
- The local community needs to be motivated to make the most of the locally available services.

Recommendations for National policy. The National policy recommendations are as follows.

- The state will include public awareness programs related to safe motherhood in the national policy.
- The ministry of health should expand safe maternity services to be local level.
- To create easy and simple means of transportations for international and external tourists for the promotion tourism in order to raise the living standard of the region.
- Conduct health education programs based on safe motherhood and health problems in the community and school from time to time.
- Relief of rescue program policy should be brought from the local level for women from economically weaker households.

Recommendation for Further Study. The recommendations of future study are as follows.

- Researcher who are interested to study about the safe motherhood practice in this area in the future are provided with following recommendations.
- To conduct research on the health related problems of women in the Himalayan district.
- On the basic cast, lowers cast could be good to find out the information on safe motherhood than different cast.
- Maternity health care center in remote Himalayan region should be facilitated.
- To study the effects of safe motherhood.

References

Adhikari,D.(2018). *Knowledge and practice of safe motherhood in Tharu women of Geruwa rural municipality Bardiya District*. An unpublished Thesis, Central Department of Health, Population Education T.U. Kirtipur.

Bhandari, K.(2015). *Knowledge, attitude and Practices of save Motherhood in Thru Community of Kailali District*. An unpublished thesis, HPE Department, T.U.

CBS. (2011).Population monograph of Nepal:CBS

Central Bureau of Statistics (CBS). (2011).*Nepal in Figures. Kathmandu*: Government of Nepal, National Planning Commission Secretariats.

Hall, et al. (1996). *Partners in health, means role in women reproductive health*: A paper presented at common wealth health ministry cope town South Africa.

Khanal, K.(2017). *Safe Motherhood Practices among Dalit community in Chapakot Municipality of Syanga District*. An unpublished Thesis, HPE Department, T.U.

Khanal, P. (2074). *Research methodology in education*. Kathmandu kirtipur: Sunlite publication.

Khatiwada (2013). *Knowledge attitude and practice of safe motherhood of Sunuwar community of MangalbareVDCIlam*. An unpublished thesis, HPE Department, T.U.

Khatri.B.B.(2070). *Research and statistics in population education*. Kirtipur Kathmandu: Kriti publication.

Maharjan, B. (2014). *Knowledge and practice of safe motherhood in Newar community in Dharmashali VDC of Khathmandu*. An unpublished thesis HPE Department T.U. Kirtipur.

Maharjan,S.(2013).*Human Sexuality and Reproductive health*. Sunlight Publication. Kirtipur Kathmandu.

Ministry of health Nepal. *New and International Inc. Nepal Demographic and health survey*: key findings 2001.Kathmandu,Nepal:Ministry of Health, New ERA, and macro International Inc.2001.

Ministry of Health, (1996). *National reproductive health survey*. Kathmandu: Department of Health services.

MoH,(1998). *Safe motherhood policy.Kathmandu: Department of Health services*. MoH.

Muluki dewani sahinghita,(2074),Nepal sarkar kanun, nyaya tatha samsadiya mamila mantralaya.

NDHS. (2011).*Nepal Demography and Health Survey*. Kathmandu: MOH New Era.

Panth, M. (2016). *Knowledge, Attitude and practice of safe motherhood in Dalit and non Dalit community of Sindhupalanchok District*. Kirtipur: An unpublished thesis, HPE Department, T.U.

Panthi, L. k.(2063). *Effectiveness of maternity incentive scheme in safe motherhood service.* An unpublished thesis submitted to HPPE Department, T.U.,Kirtipur. Thapa, N. (2075). *Population of Nepal*. Kathmandu bhotahiti: Student book store.

Pudasaini, G.P.(2016). *Safe motherhood Practices and Health status of Magar women in gamnangtar DVC of khaldhunga District*. An unpublished Thesis, Central Department of Health, Population Education T.UKirtipur.

Sharma, Adhikari, S. (2016). *Knowledge, attitude and practice of Safe motherhood in Tharu Community of tulsipur, Dang District*.An unpublished thesis, HPE Department, T.U. Kirtipur.

the right to safe motherhood and reproductive Health Act,(2075)

United Nations Fund for Population Activities,(2009). *The state of world population right to choose reproductive right and reproductive health*. New York:UNFPA.

http://www,npc.gov.np

https://www.nepaltimes.com

www.law.commission.gov.np

Knowledge and Practice of Safe Motherhood among Sherpa Women of Khumbu Pasang Hlamu Rural Municipality 5, Sholukhumbu District

District:

Word No:

Date:

Section A

Individual Information

1) Name of respondent:
2) Age composition:
3) Religions:
4) Types of Family:

a) Nuclear   b) Joint

5) Educational Studies

a) Literate   b) Illiterate

6) If Literate, Which educational Level have you achieved?

a) Primary   b) Lower Secondary

c) Secondary   d) Higher Secondary

7) What is your main Occupation?

a) Hotel Occupation   b) Agriculture

c) Service   d) Labor

Knowledge about Safe Motherhood

1) Which is the appropriate age group for marriage?

a) 15-19 years   b) 20-24 years

c) 25-29 years   d) 30 above

2) How long gap is needed between to children?

a) One year c) Two year

b) Three year d) Three year above

3) Have you heard about safe motherhood?

a) Yes b) No

4) If yes where did you listen from?

a) Radio b) T.V

c) Health worker d) Family e) Other

5) In your opinion, what is the meaning of safe mother?

a) Healthy baby c) Healthy mother

c) Safe delivery d) All of the above

6) Did you know about prenatal care?

a) Yes b) No

7) If yes where did you listen from?

a) Radio b) T.V

c) Health worker d) Family e) Other

8) Have you ever heard the methods or devices of contraception that a couple can use to delay or stop getting pregnancy?

a) No b) Yes

9) What method of family planning did you use?

a) Condom b) Pills

c) Copper t d) De-Provera

e) Other

Practice (behavior) on safe motherhood

1) What was your age when you got married?

a) 15-19 b) 20-24

c) 25-29 d) 30 above

2) How old were you when you get first pregnancy?

a) 15-19 b) 20-24

c) 25-29 d) 30 above

3) Did you eat nutritious food during pregnant period?

If not, why?

Yes b) No

4) What nutrients did you take during pregnancy?

a) Green vegetable frouits b) Fish egg and meat

c) Milk egg and curd d) all above

5) Where did you go to check up?

a) Hospital b) Health post

c) Clinic d) Other

6) How many times did you take antenatal checkup?

a) One time b) Two times

c) Three time d) More than three

7) How many times did you receive antenatal checkup during last pregnancy?

a) 4 times b) 3 times

c) 2 times d) 4 times more e) Unknown

8) When you were pregnant, did you get T.T. injection?

a) Yes b) No

9) If yes, how many times did you get this injections?

a) 1 times b) 2 times c) Unknown

10) During pregnancy did you get iron tables?

a)Yes b) No

11) What method of family planning did you use?

a) Condom b) Pills

c) Copper t d) De-Provera

e) Other

12) Where did you give birth to baby?

a) Hospital b) Clinic

c) Home d) Other

13) If home delivery, whose help did you get in delivery?

a) Health worker b) Family member

c) Relatives d) No body

14) Was the special safe delivery kit used?

a) Yes b) No

15) What was the device used to cut the navel?

a) Billet boiled in water b) Knife and domestic weapons

c) Billet uncoiled in watter d) other

16) What was your rest time after delivery?

a) 15 days | b) 25 days

c) 45 days | d) more than 45 days

17) How long after the birth of the child did you breastfeed?

a) 1 hour before | b) 1 hour after

c) After 2 hours | d) after 3 hours

18) Did you first breast feed your child?

……………………………………………..

19) How long do you breast feed your child?

a) 1 year | c) 2 years

c)3 years | d) 3 years above

20) What was your type of delivery like?

a) Normal | b) Use of vacuum

c) Operation | d) Episiotomy

21) How did you find out you were pregnant?

a) Urethane test | b) Video X ray

c) Stop menstruation | d) Other

22) What did you eat during delivery?

a) Hot water | b) Nutty goodie soup / meat soup

c) Milk juice | d) not eating anything