

**CHILD FEEDING PRACTICES OF MOTHERS IN THARU
COMMUNITY OF NAWALPARASI DISTRICT**

BY

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A THESIS

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LETTER OF RECOMMENDATION

This is to certify that Hari Prasad Devkota has prepared this thesis entitled "**Child Feeding Practices of Mothers in Tharu Community of Nawalparasi District**" under my guidance and supervision. I recommend this thesis for acceptance.

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ABSTRACT

The main objective of this study was to find out child feeding practices of mothers in Tharu community of Nawalparasi district.

Among the 186 Tharu families in the Bhagara Village, of Tamsariya, 100 families were taken for the study. The sampling procedure was the purposive and random selection. Therefore all the respondents in this study were mothers having below 60 years. The respondent mothers were interviewed in their own house by using interview schedule.

Analysis of data reveals that the total population of female is less than that of male. An over whelming percentage of women respondents were found engaging in agriculture occupation. Most of the respondents had 3 to 15 Katthas of land. Majority of the respondents (82%) feed colostrums to their baby and (46%) percent of the respondent were breast fed their children up to 24 months. About 67% of the respondents were fed their child less than 6 times per day and 33% mothers fed their children more than 6 times per day. Nearly half of the mothers initiated weaning to the child at age 5 to 6 months. The knowledge of immunization was found satisfactory and the treatment practices of kwashiorkor and marasmus, also found satisfactory. Most of the respondents used "Jeevanjal" during diarrhea.

Thus the finding of this study showed that many practices of feeding young children and child care practices was so poor, due to the lack of awareness, poverty and illiteracy. So better feeding practices of Tharu mothers on be expected by their better education of health. The feeding practices and child care practices of Tharu mothers indicated and urgent need of such study to be conducted broadly and frequently in rural area of Nepal to assist the existing situation of child feeding and their care practice programme, health education and personal hygiene in rural area.

ABBREVIATIONS

ARI	-	Acute Respiratory Infection
DPT	-	Diphtherias Pertusis Tetanus
FP	-	Family Planning
KAP	-	Knowledge Attitude and Practice
MCH	-	Maternal and Child Health
MOH	-	Ministry of Health
ORS	-	Oral Rehydration Solution
ORT	-	Oral Rehydration Therapy
PEM	-	Protein Energy Malnutrition
VDC	-	Village Development Committee
WDI	-	World Development Indicator
WFP	-	World Food Programme
WHO	-	World Health Organization

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CHAPTER - I

INTRODUCTION

1.1. Background of the Study

Nepal is a country with a miraculous blend of people of different ethnic affiliation distributed in the different ecological regions. Among the different ethnic groups the Tharu are not one but several of the indigenous tribal peoples scattered all along the south foothills of the Himalayas in Nepal and neighboring parts India (Rajaure, 1982).

Most of the people should have a minimum facility for healthy living. Every people either any ethnic group or age has also right to be a healthy in his/her life, because health is the variable property of human, so it is also one on the fundamental rights of every person.

Feeding practices of different people shows the status of nutrition. Nutrition is the basic component of health, without which human health goes down from bad to worse and which ultimately leads person to death. Nutrients are substance found in food that must be supplied to the body for the proper growth and development.

Nutrition is a must and it should be supplied to our body regularly. The basic source of nutrition which are needed for our body can be obtained only through balanced diet. Balanced diet consists of different nutrients required for the proper growth and development of our body. All the people are, therefore, trying their best to make their food balanced so that they can be healthy and strong. But if we observe in this context, the nutritional status of the average Nepali people is found to be worse. Our people do not have adequate food required for the proper growth and development of their body so they are suffering from various disease caused by malnutrition.

Feeding practice is very important component for nutritional status of children. NGO/INGO of this field have been launching several programmes related to child health care. Sound nutrition can change children life such as to improve their physical and mental development, protect from diseases and can make basic foundation for future life activities. Poor child feeding practice and their consequences hinder social and economic development of the country.

The natural and ideal way of feeding children is a unique biological and emotional basis for child development. Childhood is the foundation of adulthood. If we want to maintain good health, we must care our health since infancy and childhood. Under nutrition and maturation in infancy and childhood affects a person's entire life. If we have poor health practice in childhood it is very difficult to modify them. Therefore, we must be conscious in managing our health from the beginning. Most of the women give birth to their babies having lower grade of weight due to the lack of nutrition during pregnancy. As a result the mental and physical growth of a child is hindered and some of the infant may die. Nutrition is very important in order to improve the overall status of children and mothers (Chaulagain, 2002).

Nutrition is also determinant factor for physical and mental development in childhood. If a child is not supplied sufficient food it adjusts its physical state according to the supply of food. As a result, inadequate physical growth, children's poor health etc. exist critically. Consequently, the healthy and economically productive work force is negatively affected.

1.2. Statement of the Problem

Good nutrition is one prime importance in the promotion of health, prevention of diseases and productive healthy manpower in the country. Malnutrition and under nutrition have been major obstacles for development and the promotion of nutritional status of the majority of Nepalese people. The main reasons for malnutrition are household food insecurity; unbalance distribution, poverty illiteracy and lack of education are major obstacles for development in Nepal. In our country nutritional status of most rural women of childbearing age is extremely low. While in some communities, pregnant women are known to consume addition food such as chicken especially whose families are relatively wealthy. In general, women are not acknowledged to have special dietary needs during pregnancy. Child will definitely have a reflection on her child's development.

Every year, number of children dies in the world due to malnutrition and this number is larger in undeveloped and developing countries, especially the south Asian countries. Nutritional status of the children depends on various factors such as health knowledge and practice of mother, economic status, infection diseases, immunization

etc. Among them, economic status is directly related in the children of growing age can be easily affected by malnutrition. Malnutrition is responsible not only for the hindrance of growth and development but also bring simple to serious health problems and ultimately lead to death. So it is needed to find out the nutrition status of the children and socio-economic status of the family and then solve these problems definitely. That is why this topic has been selected. The poor eating patterns, unhygienic surrounding, traditional and culture background of the family and education also influence and affect the feeding practice. Poor feeding hurts nutritional status of families and socio-economic development. So, feeding practice should be critical parts of any broader strategy to expand family for food education, employment and to improve health nutrition and gender equality thus finally alleviate poverty.

Women can play a greater role than men can in child in health care. As mothers, grandmothers, elder siblings and neighbours they are the principle providers of informal health care in families. Female education remarkably improves the ability of a household to manage basis childcare, increase the nutritional diets, ensure more effective diagnosis of disease and improve the elementary health care. The educated mothers have a greater influence on health and nutritional status of children compared to the educated fathers. " Health is wealth of life" but it has been neglected because majority of the people who are living rural area have no knowledge about good feeding practices and they have no time to think about their and their family members health specially about mother's and their children. The present study's focus on feeding practices of children under five years in tharu community of Tamsariya VDC, ward no- 5, Bhagara, Nawalparasi. The reasons for selecting the study site on this topic are:

Most of the people of this Bhagara village are Tharu who are indigenous people of this site.

Though the place is touched with the highway but the many Tharu people are still uneducated and backward.

It is nearest from my locality.

The Tharu community of this site practice different kind of socio-economic values and different traditional believes, taboos and practices.

So how is the present condition of feeding practices of children under five years of Tharu community of Bhagara going on? How far the house wives are familiar with balanced diet and good feeding practice habit for their children? What are their responses towards feeding practice? Are some of the problems will be addressed on this study.

1.3. Objectives of the Study

The specific objectives of this study are:

- 1.3.1 To find out the knowledge of mothers about good feeding practice of for their children specially under five years.
- 1.3.2 To find out the immunization status and child care practices.
- 1.3.3 To find out health behavior of mothers during pregnancy and condition of family planning.

1.4. Significance of the Study

The significance of this study are

- 1.4.1 It provides the knowledge about the feeding practices of Tharu community.
- 1.4.2 The study results may be beneficial for the teachers, school, guardians and community.
- 1.4.3 Finding of this study can be utilized by the concerning authorities of government to implement nutritional programmme.
- 1.4.4 It will help to arouse public awareness.
- 1.4.5 It will be helpful to the researchers for further similar study.

1.5. Delimitation of the Study

The study is focused only one ward of Tamsariya VDC, ward no 5, which is predominantly inhabited by the Tharu people. The study area is very small and a single Tharu community is chosen for the study of feeding practices of children.

Within such limit area may not be similar to that of other parts of Tharu community and may not cover apply the situation of the whole country.

Briefly, the delimitation of the study areas are:

- 1.5.1 This study will be delimited to the attitudes of the selected populations in Tamsariya V.D.C. ward no. 5.
- 1.5.2 The study will be related on child feeding practice and personal hygiene of mother and child of Tharu people.
- 1.5.3 The study will be delimited on the family's socio-economic and cultural status.

1.6. Definition of Specific Terms Used

Annaprashana/Pasni: Pasni or Annaprashana is a rice feeding core money performed when the male child becomes 6 months and the female child becomes 5 months old.

Bottle Feeding: Any liquid foods feeding method especially animal milk or formula milk of basis by the help of special mixed of bottle is called bottle feeding.

Breast Feeding: The mother feeds milk from her breast to her infant known as breast feeding.

Colostrums: The first secretion from the mother's breast after the child is born which is rich in antibodies is called colostrums.

Community: Community can be defined as a group of individual for social interaction in a faced geographical area and sharing a common social and cultural life.

Complementary Food: Complementary food manufactured food suitable in addition to breast milk or infant formula. It is given when the feeding is sufficient to satisfy the nutritional requirement of infant from 4-6 months onward.

Infant: Infant is a small child from birth to age of one year.

Jaulo: A supplementary food prepared with rice, pulse, salt, turmeric and water.

Jeevan Jal: The simple glucose electrolyte solution is called Jeevan Jal.

Litto: A supplementary food diet prepared with ground rice and cooked with milk, water and sugar.

CHAPTER - II

REVIEW OF LITERATURE

Malnutrition has been defined in different ways. Some believe that it is a result of an imbalance in the intake of nutrient. Others say that it is the result of too little or even too much of certain nutrient. Still others say that it is a clinical syndrome with typical symptoms and signs depending on the type of nutrients responsible for diseases. Never the less, both over nutrition and under nutrition are considered health problem. Nutrition is one of the factors closely associated with growth and development of a child. Growth of child is inextricably interrelated with energy and nutrient provided is relatively high compared to energy expenditure because of rapid weight gain whereas in ensuring months it is comparatively low.

According to Park and Park (1991) the socio-economic conditions have long been known to influence human health for the majority of the world's people; health status is determined primarily by their level of socio-economic status, nutrition status, employment and per capita etc. Socio economic factor such as poverty, ignorance, insufficient education, lack family size etc. bear most directly on the quality of life and are true determinants of malnutrition in society.

Giri (2009) writes that food can be categorized in different ways i.e. on the basis of origin, on the basis of chemical composition, on the basis of predominant, on the basis of nutritive value and nutrient. Under the above mentioned categories animal and vegetable and minerals. There are necessary for each individual according to the age. Its necessary depends on the growing age. Protein is essential per 10 kg weight. Likewise 40 to 60 gm fat is needed per day for adults, 800 to 1000 mg. Calcium is needed per day for an individual 20 to 30 mg per day for adult and 40 mg. in pregnancy. An adult needs 750 microgram vitamin a daily. These are the essential combination of nutrition. If necessary combination lacks in the body, one is likely to have various health problems. NNICEF (1989) reflected that the children's birth weight to some extent is also related in determining the nutritional status. Infants weighting less than 2500 gm. (2.5 kg) at birth are at greater risk from diseases leading to disabilities and some 25 percent of children who are malnourished the first two years of life may also suffer permanent mental or physical impairment. Children who

are mentally impaired generally run a higher risk of becoming physically disabled as they received less attention and less food compared to other family members.

Baral (2005), in his study "Common Feeding Practice among the children of Nagkhel VDC Bhaktpur District" has found that the frequency of feeding complementary foods was poor, the frequency of feeding 6 to 7 times a day was only 2.38 percentage. The percentage of respondents feeding their children 2-3 times was 66.66 percentage and the percentage of respondent feeding 4-5 times was 30.96.

Dhakal (2000) conducted a study of young child feeding practice in Karki Community at Tanahu district. The study aimed at finding the feeding practice during diarrhea. It was also focused to find out the relationship between feeding practice and education and socio-economic status of mother. Exploratory and descriptive research method was used to carry out the study. The population for the study was 672. According to the study, 35 percent respondent fed Jibanjal during diarrhea and 50 percent were using water. Further, 15 percent used either Jibanjal or water. More than 50 percent of the mothers were illiterate; they didn't have knowledge about health and precaution.

Gurung (2000), in her study "The Study Knowledge and practice of postnatal care among postnatal Mother in Jeeta Saptedhara VDC Lamjung District" mentioned that 60 percent of mother gave first milk within our hour. Only 17.5 percent mothers fed first breast milk within one hour. Regarding the knowledge of mothers on breast feeding 56.25 percent mother gave breast milk to their baby; the reason behind the breast feeding is related to the good health of the baby. About 25.5 percent of them indicated that breast milk gives energy to their babies. Similarly 51.25 percent mothers had started complementary feeding at age of 6 months and 25 percent of them start.

Malla and Shrestha (2004) write, hunger and malnutrition is one of the hearts broken hurdles in the grown and development of the children. Regarding hunger and malnutrition problem, it was reported that over 780 million people of the world are under-nourished and about 13 million under the age of five dies each year due to malnutrition and other disease in the world. In addition about 100 million children sleep hungry at night. Malla and Shrestha 2006.

According to NEPAL MA KUPOSAN KO STHITI 2006, in the context of Nepal, the percentage of children suffering from malnutrition is 54 percent is 25 percent and no pregnant women are suffered. A total of 0.27 percent of children are suffering from night blindness, 0.33 percent children have bitot's spot, normal women are 50 percent who lack vitamin 'A' and the pregnant women are 6 percent due to the lack of vitamin 'A' , invisible goiter in the lack of iodine among children is 40 percent and it is 50 percent among women. Likewise, according to the survey conducted in 200, 63 majority of stunned children fall in both districts. The illiteracy of the mother might be the cause.

Rayamajhi (1994) conducted a study on child feeding practices in Jhapa District found that the positive duration of breast feeding and exclusive breast feeding practice is not satisfactory. It is because about two fifth (40.75%) of women practice exclusive breast feeding for less than three months. Similarly, supplementary food for children is very poor. Lack of the skill of preparing super-flour and the proper way of its uses tendency of feeding green vegetables, fruits pulse, meat, fish, egg etc. to the children.

Shrestha (2003), in her study "Infant feeding practice among mother attending maternal and child health clinic in dhulikhel hospital" has found that all the mothers had good practice of breast-feeding. However, they did not have enough knowledge about advantage of breast-feeding. This study also shown that most of the mothers were busy in household work even though weaning and feeding practice was found unsatisfactory. Most of them times in whole day and used family food, which not enough for growing babies.

Sharma (2006) carried a comparative study on child feeding practice of different ethnic group of Tanahu District to find the practice of colostrums breast feeding and weaning among those six ethnic groups. It also aimed out the poor child feeding practice. The population for the study was 487 household in Bandipur VDC. The methodology of the study was based on descriptive research design. The study gas mentioned that the majority of mothers (82%) were found feeding colostrums to their babies and 18 percent didn't feed colostrums. About 38.5 percent of mothers feed breast milk above eight times a day and 23 percent of mother feed breast milk less than 5 times a day.

Wagle (1994) studied nutritional status of the under five year's age children of Karaniya Village Development Committee. He analyzed the relationship between nutritional status and socio-economic variables including mother's education. He found that 49 percent of children from literate mothers and 100 percent of children mother having secondary and higher level of education were normally nourished using MUAC index. A higher percent of children whose mothers were illiterate found mild and severe form of malnutrition. Likewise according to Gomez classification, 50 percent and 8.1 percent of children whose mothers had higher education and illiterate respectively were normally nourished, and water low classification showed that higher percentage (75%) children from educated mothers and 25.3 percent children from illiterate mothers found in normal nutritional status. In this study he observed that highly educated mothers had well nourished children where as the illiterate mothers had undernourished children. He concluded that educational status of mother could play positive role on the improvement over the nutritional status of their children.

Thapa (1989), carried out that in his master's dissertation in health on the comparative study on nutrition of public and private school children. This study was based on Kathmandu valley, comparative analysis between private and public school's students. Twenty/twenty students were selected from each school, altogether 400 students were in the study.

The study has shown that most of the private school children were better nutrients then the public school's children. Where better nutrients then the public primary school. Newari children were naturist then the other ethnicity. Parent's education also has affected to child nutrition. It has shown that most of the farmers and labor's children were under nourished.

In conclusion, many studies, for the past 50 years, from all over the world have showed that most of the nutritional problems are caused mainly by the same factors (Kikafunda et al., 1998). Most of these factors are interrelated diverse in nature, multifactorial and involved different aspects ranging from biological, social cultural to economical. The influences these factors can originate and manifest from different levels of the child environment, family, household, community and national levels (Griffiths et al., 2003).

CHAPTER - III

RESEARCH METHODOLOGY

3.1. Research Design

The study was follow mainly the descriptive type of research method to meet the above stated objectives, the survey techniques were used to collect necessary information. The required data for this study had collected from primary source i.e. interview schedule. The primary data was taken from the mothers of the selected households with the help of interview schedule.

3.2. The Study Area and Study Population

For the collection of primary data and other related information for this study Tharu Bhagara Village ward no. 5 of Tamsariya VDC, Nawalparasi was selected. The reasons for the selection of this village is that Tharu people were indigenous residents of this village and their number is highest i.e. 186 households among other ethnic group (From VDC source, Table 1) and this village is home place of research so it became be more convenient for the study.

3.3. Source of Data

The study was based on both primary and secondary sources of data. The primary data were collected through interview schedule with the mothers of selected households of Tamsariya VDC, Nawalparasi. The secondary data were collected through VDC report, primary Health centre, immunization centre in the ward and other related books, journal.

3.4. Sampling Procedure and Sample Size

First of all by identifying the total number of household from VDC report in ward no. 5 which are all together 421 household out of which 186 household are of Tharus were selected by purposive sampling method. From 186 households of Tharus only 100 households were taken through simple random through lottery method and 100 mothers were taken as the respondents of the study.

3.5. Tools and Instruments

Interview schedule was used as a tool of data collection.

3.6. Validation of the Instrument

After preparing interview schedule it was on trial. Interview were taken to 10 respondents in neighboring village to make it standardized. According to the discussion with advisors, exports and result of trial test the schedule were corrected before visiting the respondents.

3.7. Data Collection Procedure

First of all researcher visited the secretary of Tamsariya VDC with request letter for providing necessary materials and data to the research. Then the researcher collected the secondary sources of data related to the research from Tamsariya VDC profile. After that the researcher visited the Bhagara village of Tamsariya VDC with the help of interview schedule, the necessary information were collected from selected mothers. Interview was taken with concerned authority as far as possible. The researcher managed the appropriate time of respondents and actively take part in research to fulfill the target.

3.8. Data Analysis and Interpretation

After the completion of data collection, it was edited, coded and tabulated on different headings. For the analysis and interpretation of the data figures and cross tabulation constructed with the help of computer software program. The tabulated data were analyzed on the basis of simple statically method like average, percentage, frequency to make the presentation more clear. Other necessary statical tools were used to interpret data.

CHAPTER - IV
ANALYSIS AND INTERPRETATION OF DATA

This chapter discusses social and demographic characteristic of the population and eligible women. This characteristics refer to, age, literacy, family structure, occupation, land holding, sufficiency of food grain production, source of water, existence of pit latrine and health facilities.

4.1. Population Distribution

4.1.1 Population and Ethnic composition

There are all together 2418 people are living in this study site and there are 12 ethnic groups among them Tharu consists 1020(42.18%) and Brhamin consists 799(33.04%). The other main ethnic groups are Magar, Chhetry, Gurung, Sarki etc all of them consist 24.78% (VDC records, 2011).

Table 1 Population and Ethnic composition

S.N	Ethnic groups	No. of households	Population	Percent
1	Tharu	186	1020	42.18
2	Brahmin	134	799	33.04
3	Magar	35	209	8.64
4	Chhetry	28	153	6.32
5	Gurung	9	69	2.85
6	Sarki	10	60	2.48
7	Kami	6	32	1.32
8	Newar	3	21	0.86
9	Kumal	3	20	0.82
10	Thakuri	4	18	0.74
11	Damai	2	15	0.72
12	Majhi	1	2	0.03
		421	2418	100

4.1.2 Age, Literacy level and child number of respondents.

Age is the most important factor for child bearing capacity ie fertility. Among the 100 respondent mothers, there were only 16 above and 60 below age group women. The age group of 16 to 25 bearded largest number of children which was followed by 26 to 35 age group. There were no children below 5 years of those mothers who were more than 46 years.

Education is the foundation of socioeconomic development. Literacy means the ability of reading and writing. Those who can read and write are called literate. Passed study have revealed that nutritional status was satisfactory among educated persons. The above table shows that literate respondents were 57 percent and illiterate were 43 percent so it shows that the literacy rate is high incomparison to the illiterate.

Table 2 Age, Literacy level and child number of respondents.

Age group of respondents	Literacy level			Illiterate	Number of Child below 5 years		
	Normal	Secondary	Total		Girls	Boys	Total
16-25 Years	25	8	33	-	22	24	46
26-35 Years	10	2	12	4	20	21	41
36-45 Years	8	2	10	9	6	5	11
46-55 Years	1	-	1	14	-	-	-
56 and above	1	-	1	16	-	-	-
Total	45	12	57	43	48	50	98

Above table shows that there are 98 Children in the sampling population which is 17.8% in total population. Among them 48 were girls and 50 were boys.

4.1.3 Family Structure

Family is the most important primary unit of social structure in Nepal. Basically nuclear and joint family are two types of family system in Nepal: out of 100 households 64(64%) belongs to nuclear family and 36(36%) to the joint family.

4.1.4 Population by Occupation

Table 3 Distribution of Population by Occupation

Occupation	Number of Respondents	Percent
Agriculture	74	74
House wife	2	2
Student	3	3
Service	2	2
Business	3	3
Wage labour (agriculture)	6	6
Wage labour (non agriculture)	5	5
Child care taker	1	1
No work at present	2	2
Incapable	2	2
Total	100	100

Table shows that highest percent of total respondent mothers (74%) are engaging in agriculture activities. This shows that farming is the major source of households' workers for livelihood in the study area. About 3 percent of the population are students. Housewife (2%), childcare taken (1%) service (2%), agriculture wage labour (6%) and non-agriculture wage labour (5%) follow this. Only 3 percent people are found to be engaged in business. Some 2 percent of population is found to be no work at present and some 2 percent of population are found to be incapable to do work.

4.1.5 Land Holding

People of the study area were found to be engaged in agricultural activities except a few businessman and teachers. Most of them have their own cultivated land. The cultivated land includes plane land. There is paddy field or Ghol Khet. Most of the land can be irrigated Canals are used to irrigate as paddy field. Most of the people hold the paddy fields. This distribution of cultivated land among farmers (households) is presented in the table.

Table 4 Distribution of Cultivated Land among the Households

Land Holding Size	Number of Households	Percent
Less than 3 Kathas	8	8
3-9 Kathas	44	44
10-18 Kathas	40	40
19+ Kathas	8	8
Total	100	100

Above table shows around 44 percent of the household heads reported to have 3-9 kathas of the cultivated land. Slightly more than 40 percent people hold the land 10-18 kathas while 8 percent hold less than 3 kathas of the land. People holding the land less than 3 kathas are poor of the poor farmers. However, 8 percent of respondents hold 19 kathas and above land

4.1.6 Production of Food Grain

People of the study area have been adopting the traditional mode of farming. Most of the food grain cultivation is rain fed. Top fertile soil of the dry land is being lost during rainy season. Some time, soil erosion is caused by wind. The dry land (Tardi) cannot produce sufficient grain for family members of the farmers. Now a days, vegetable crops are being planted widely. So, it has been a good source of income to the Tharu women of Tamsariya VDC.

Table 5 Distribution of Households According to Sufficiency of Food Grain

Production

Duration	No. of Sample Households	Percent
Less than three months	8	8
4 to 6 months	43	43
7 to 10 months	16	16
12 months	33	33
Total	100	100

The data depicts shows that one third of the respondents produce sufficient food grain from their cultivated land to feed their family up to 12 months, 43 percent produced enough food to feed their family for six months. About 8 percent of the respondents

reported that their agricultural production could sustain to feed family members less than three months.

4.1.7 Source of Drinking Water

Piped water system and traditional stone/bamboo spouts and spring water are the main source of the drinking water. The data from survey is presented in table below.

Table 6 Distribution of Households According to the Different Sources of Water

Sources	Number of Households	Percent
Hand Pump Water	78	78
Well Water	6	6
Stream/Traditional tap	16	16
Total	100	100

Above table, overwhelming majorities of the people (78%) in the study area is access to hand pump water system. Around 16 percent of people have to fetch the drinking water from traditional tap/stream. Only 6 percent people depend on well water and complain the poor quality and shortage of water.

4.1.8 Existence of Pit Latrine

Rural people rarely understand and feel need to disposal human excreta properly due to the lack of knowledge or relationship between excreta and communicable diseases. However, people in the study area were made aware of installing pit Latrine with the supply of pipe water. The existence of pit latrine is presented in table below.

Table 7 Distribution of Households by Toilet Facilities

Pit Latrine	Number of Households	Percent
Yes	44	44
No	56	56
Total	100	100

Table shows that only 44 percent of the total households have the pit latrine. Most of the latrines can not be considered sanitary latrines because they give off bad smell,

attract the rodents and flies and polluted the soil. Some of the latrines are not going to be used any longer due to the lack of proper maintenance.

4.1.9 Health Facilities and Service

People in Bhagara Village are generally facilities with modern health services because there a primary health centre about one kilometer far in chormara where two doctor's MBBS are available. This PHC has been providing basic primary health services immunization curative and so on. Socio cultural beliefs and economic condition of the family influence people health seeking behaviour. Most of people in the study area believe in Karm (deed), bad luck, misfortune and supernatural forces. They often talk about various forms of ghost and sprit such as Bhut, Masan, Bir, Pichas, Misfortune and other metaphysical forces in their day-to-day life. Different people have different opinions regarding ailment and cause of illness. If the people feel that spiritual powers as well as other metaphysical forces cause illness, faith healers are consulted. The health seeking practice of people is presented in table below:

Table 8 Percent Distribution of Respondents According to Their Choice of Treatment/ Consultation

Choice of Treatment	Number of Respondents	Percent
Traditional (Faith) Healer	57	57
HP Staff/ Doctor	32	32
Medical Shopkeeper	11	11
Total	100	100

Data from table reveals that a majority (57%) of respondents made first choice of treatment as consulting traditional (faith) healers, because they alive together and share basic cultural values including belief and significant of illness. About on third of the respondents consulted the health post staff and health assistant as first choice of treatment. Some 11 percent people consulted the medical shopkeeper when child in the family got sickness. Most women in the village would seek allopathic treatment as second choice. Sometime a sick child is carried to the hospital at last and most critical stage of the illness.

4.2 Health Care of Children

In the rural areas of Nepal health service are grossly inadequate. Low socioeconomic status, high fertility, nutritional deficiency, unsafe drinking water and unsanitary conditions add to an already vexed miserable condition in life. Utilization of health services may improve the chances of child survival. But in the study area where health facilities are lacking, the ways of caring of infant and children depends on mother's knowledge and their socio-cultural practice. In this context, some important aspects of child health care are considered to discuss.

4.2.1 Colostrums Feeding

First milk is known as 'colostrum' prepared on mother's breast immediately after delivery. Colostrum provides the natural immune power. It is 'Natural Vaccine'. It carries immunity to diseases and high nutritive value to the infant. Colostrum is the most suitable food for newly born baby because it contains a high concentration of nutrients and antibodies, which offer protection of the children against the childhood diseases and infections. In this regard women were asked whether they fed the first breast milk to their infants. Situation of colostrums feeding practice is presented in table below.

Table 9 Percent Distribution of Mother's by Colostrum Feeding Practice

Colostrum Practices	No. of Respondents		Total	Percent
	Literate	Illiterate		
Yes	53	29	82	82
No	4	14	18	18
Total	57	43	100	100

Table show that overwhelming majority of total 82 percent respondent reported to have fed first breast milk colostrums to their newly born baby. When examined the association between women's education and colostrums feeding, it is found to be highest among the literate mothers. The above table indicates that 18 percent mothers are against colostrums feeding practice. The poor colostrums feeding practice is due to the traditional impact or by the force of the older generation. It was also found that

most of the women feed colostrums to their babies unknowingly the advantages of colostrums.

But those who did not feed colostrum to their babies are uneducated. So they did not feed dolostrum to their babies and the women who are educated they also did not feed colostrums to their babies due to force of other member of their family, although they knew the importance of it, they have to follow their parents opinion.

4.2.2 Breast Feeding

Breast feeding is one of the most powerful means of protecting the life of babies during infancy and early childhood. Breast milk is the best and most appropriate food until a child is 18 to 24 months of age. Its appropriate initiation gives immunity to children while lack of breast milk affects their physical development and reduces the power of resistance and vitality in the children. The level of morbidity and mortality during infancy and early childhood is associated with status of breast milk feeding of the child. Breast feeding is universal among village mothers in Nepal; but its duration and frequency is not always optimal.

4.2.3 Duration of Breast Feeding

The duration of breast feeding is one of the important factors influencing health status of child. The early stage of lactation provides rich nutrients and antibodies, which protect the child from a broad spectrum of disease. It is desirable to feed breast milk as longer as possible that is more than one year. Long duration of breast feeding is also important to the nutritional status of children. Duration of breast feeding is presented in table.

Table 10 Present Distribution of Mother's According to the Duration of Breast Feeding practice

Duration of Breast Feeding	No. of Respondents	Percent
<12 months	6	6
12-15 months	15	15
16-24 months	46	46
26-36 months	26	26
37+ months	7	7
Total	100	100

Above table shows that highest percentage of mothers (46%) reported to have breastfed their children up to 24 months. This proportion declines substantially with increasing of duration of breast feeding. Only 6 percent of total respondents reported to have breast fed less than twelve months. This may be due to repeated pregnancy between short birth spaces. Some 15 percent mothers initiated to breastfed 12 to 15 months. Some 7 percent mothers initiated the breast feeding more than 36 months. In this way breast feeding practice was found satisfactory in comparison to other practices in this community.

4.2.4 Breast Feeding Frequency

Very young children should be fed very often in a day. If the child only eats with adults he/she will get very little food, too little to grow properly. That is why very young children should be fed very often up to six or eight times. So the household questionnaire included sought information about how often children were fed breast milk in a day (24 hrs). The frequency of breast feeding is presented in table.

Table 11 Percent Distribution of Mothers According to Breast Feeding Frequency

Frequency of Breast Feeding	No. of Respondents	Percent
0-4 times	36	36
5-6 times	31	31
7-8 times	17	17
9+ times	16	16
total	100	100

Above table shows more than 36 percent of children are breast fed 4 times or less in a day (24 hours). 31 percent children are breast fed 5-6 times, likewise 17 percent children are breast fed 7-8 times and 16 percent children are breast fed 9+ times in a day.

4.2.5 Introduction of Solid Food

Breast milk alone would not be sufficient to meet nutritional for the growth and development of a child after the age of 6 months because the output of breast milk decreases while the nutritional requirement increases. Timely commencement of suitable supplementary foods influence the subsequent growth and development of children. Traditionally a girl at five months and a boy at six months of age are introduced to solid food (symbolically) at the rice feeding ceremony.

Table 12 Present Distribution of Mothers According to the age at Started Feeding Solid Food to the Last Child

Introduction of Solid Food	Number	Percent
<4 months	5	5
5-6 months	48	48
7+ months	47	47
Total	100	100

As seen in table slightly less than half of the total respondents started weaning at 5-6 months. There is a cultural practice that child at the age 5 or 6 months, rice feeding ceremony is observed by offering rice to the baby for the first time. After this ceremony the baby can take supplementary foods but often mother continues to give breast milk alone even beyond the first year of life. This tendency exists in the study area. About 47 percent of mothers started weaning at 7 months and beyond 7 months. Only 5 percent mothers started to feed supplementary food before 'Pasni'.

4.2.6 Weaning Practice

Food is indispensable for a baby for his physical growth and development. When lying in the mother's uterus, the baby is liable to have food directly through different sources. It is no doubt, the first food is the breast food. However only the breast food

can't work when the baby grows. Therefore some supplementary food is necessary. Such system is called weaning practice. Weaning practices refer to the process of gradually reducing feeding a baby with solid food. However, only breast feed can't work when the baby grows so it is necessary to note that the first food for a baby after weaning. In this regard women were asked food are given after weaning. The responses have been presented in table below:

Table 13 Percent Distribution of Mothers According to Types of Food Given to the Children

Types of Food	No. of Respondent	Percent
Jaulo	10	10
Lentil and Rice	58	58
Green Vegetable	5	5
'Surbottom Pitho'	4	4
Rice/Bread/Porridge with Lentil Vegetable and milk	23	23
Total	100	100

In the village area, average family food Dalbhat (lentil and rice) is usually given as the main weaning foods and it is highly suitable if some ghee/oil is added, provided with soup of the green vegetable. Data from above table reveals that a majority of women feed Dalbhat as main supplementary diets. Some 23 percent mothers reported to have included, boiled rice, porridge, chapti, lentil, vegetable and milk in the weaning food. Similarly mothers ever fed the 'Sarbottom Pitho'. In response to 'Surbottom Pitho' most of the mothers were not informed and had no idea of preparing the 'Surbottom Pitho'. Only 5 percent mothers reported to have included beans and green vegetable in the weaning food.

4.2.7 Solid Food Frequency

Very young children should be fed very often in a day. If the child only eats with adults he/she will get very little food, too little to grow properly. That is why very young children should be fed very often up to six or eight times. In this connection mothers were asked how many times do you feed supplementary food to your child in a day (24 hrs).

Table 14 Percent Distribution of Mothers According to Supplementary Food Frequency

Frequency of Supplementary	No. of Respondents	Percent
0-4 times	42	42
5-6 times	33	33
7-8 times	15	15
9+ times	10	10
Total	100	100

The data from table shows that 42 percent of respondents feed supplementary food to their child up to 4 times in a day. About one third of respondents feed their child 5-6 times 15% of respondents and 10% respondents feed their child 7-8 times and 9+ times respectively in a day.

4.3 Child Health Problems

4.3.1 Immunization Status of Children

An immunization status of children is taken as an important indicator or child health status. Its level in a population of children does not only assess the prevalence of specific diseases protection but provides an indication of the parental attention and the extent of utilization of the preventive health services. In the survey instrument, information about immunization was collected. Below table presents data showing the immunization coverage of the children aged 0-59 months.

Table No.: 15 Immunization Rate of Children Aged 0-59 months

Type of Immunization	Total	Percent
BCG	83	85.2
DPT1	82	83.9
DPT2	75	76.5
DPT3	63	64.1
POLIO1	75	76.5
POLIO2	75	76.5
POLIO3	63	64.1
MEASLES	65	66.6
NO VACCINE	15	14.8

In the sample population, there were 98 Children among them highest percentages of children (85.2%) were immunized by BCG vaccine. DPT1 and POLIO1 follow this. As regard to the successive dose of DPT and POLIO, around 7 percent of children having first doses did not receive second and around 20 percent of children receiving first doses did not receive the third doses. Only 64.1 percent of children were fully immunized. This indicates that problem of drop out while moving first dose to second and third dose of DPT and POLIO exists in the study area. About 15 percent of children under five had not received any vaccine till the date of interview.

4.3.2 Knowledge about Kwashiorkor and Marasums

Protein energy malnutrition (PEM) has been identified as a major health and nutritional problem in Nepal. It occurs particularly in weaklings and children in the first year of life. It isn't only an important cause of childhood mortality and morbidity but leads also to permanent important of physical and possibility of mental growth of those who survive. The current concept of PEM is that its clinical forms Kwashiorkor and Marasmus are two different clinical pictures in opposite poles of a single continuum.

In 1970, it was widely held that PEM was due to protein deficiency over the years the concept of 'protein gap has given place to the concept up'. Food gap that is PEM is primarily due to (a) an inadequate in taking food both in quality and quantity. (b) infection, notably diarrhea, respiratory infection, measles and intestinal worms which

increase requirements for calories protein absorption and utilization. The survey researcher asked the mother's knowledge about Kwashiorkor and Marasmus. The presented data is give below.

Table 16 Knowledge About Kwashiorkor and Marasmus

Knowledge about Kwashiorkor/Marasmus	Number of Respondents	Percent
Yes	86	86
No	14	14
Total	100	100

Table shows that more than 86 percent mothers know about Kwashiorkor/ Marasmus. Only 14 percent mothers do not know about this.

4.3.3 Treatment Practice of Kwashiorkor/Marasmus

In the same way the researcher asked the question about the treatment practice of the Kwashiorkor/Marasmus the information is presented below.

Table 17 Percent Distribution of Mothers According to Treatment Practices of Kwashiorkor/Marasmus

Treatment Practices of Kwashiorkor/Marasmus	No. of Respondents	Percent
Feeding Nutritional Diet	62	62
Doctor or Health Worker	21	21
Faith Healer	10	10
Other	7	7
Total	100	100

Table shows that more than 62% mothers give nutritional diet, more than 21% mothers take care for Doctor or Health Worker, 10% and 7% mothers to Faith healer and other respectively for suffering from Kwashiorkor and Marasmus of her children.

It concludes that majorities of Tharu mothers are aware about Kwashiorkor/ Marasmus and treatment practice is better. Only 9.9 percent of mother didn't know about it and treatment practice was so poor.

4.3.4 Incidence of Diarrhea and Use of ORT

Diarrhea is quite common and most prevalent disease in Nepal. It is potentially serious illness in early childhood. Many deaths are account for diarrhea disease often complicated by malnutrition and other infectious diseases. Accordingly sample mothers were asked whether their children had diarrhea during six months. The proportion of mothers reporting the incidence of diarrhea among their children less than 3 years have been presented in table.

Table 18 Percent Distribution of Mothers According to Incidence of Diarrhea among Children Aged 1-5 years

Incidence of Diarrhea	No. of Respondents		Percent
	Literate	Illiterate	
Yes	46.4(26)	56.6(27)	53.1(53)
No	53.6(31)	43.4(16)	46.9(47)
Total	100.0(57)	100.0(43)	100.0(100)

Note: Figures in the bracket indicate the number of respondents.

As shown in the above table about 53 percent of total mothers reported that their children had diarrhea during last six months. When examined the relationship between mothers education and occurrence of diarrhea, it is slightly higher among children of illiterate (56.6%) than among the children of literate (46.4%) mothers. This may be due to presence of different level of perception on diarrhea among the literate and illiterate mothers.

4.3.5 Knowledge and Use of ORS

A child when suffers from diarrhea losses much water and electrolytes from the body in the stool and dehydration occurs. Oral dehydration therapy is widely used to prevent death due to dehydration. Well informed and aware mothers can use simple oral rehydratoin solution (ORS) to treat the diarrhea diseases. In this connection, mothers were asked do you have knowledge of preparing Jevan Jal. The proportion of mothers who had ever used and had knowledge has been presented in table below.

Table 19 Proportion of Mothers who Had Knowledge and Ever Used of ORS

Knowledge of Preparing Jeevan Jal	Number	Percent
1. Ever Used	86	86
Women Education		
Literate	53	93
Illiterate	33	77
2. Never Used	14	14
Literate	2	2
Illiterate	12	12
3. Correct Knowledge	70	70
Women Education		
Literate	55	96.4
Illiterate	24	56.6
4. No Knowledge	30	30
Literate	4	7
Illiterate	26	23

Data from above tables shows that majority (86%) of mothers reported to have ever used 'Jeevan Jal'. 14% of mothers never used 'Jeevan Jal' during the diarrhea episodes of their children.

Among the literate mothers 96.4 percentage respondents who had ever used 'Jeevan Jal' had correct knowledge. Similarly among the illiterate mothers who had ever used 'Jeevan Jal' 70% had correct knowledge of preparing 'Jeevan Jal'. Among the mother who had ever used 'Jeevan Jal' the positive relationship between women's literacy status and use of 'Jeevan Jal' the positive relationship between women's literacy status and use of 'jeevan Jal' is observed.

4.3.6 Feeding Practice during Diarrhea

It is recommended that children are given more liquids to drink during diarrhea and that food intake should not be reduced. In this connection. Mothers were asked what did you feed during diarrhea and if nothing is given what was the cause. Mother's response according to feeding practice during diarrhea is presented in table below.

Table 20 Percent Distribution of Mother According to Feeding Practice during Diarrhea

1. Amount of Liquids offered	Number	Percent
About the same	32	32
More than usual	26	26
Less than usual	24	24
Nothing to drink	16	16
Don't know	2	2
Total	100	100
2. Amount of Food offered		
About the same	32	32
More than usual	6	6
Less than usual	43	43
Stopped food	7	7
Never gave food	10	10
Don't know	2	2
Total	100	100

As shown in the above table about one in three children who had diarrhea gave the same amount of liquids, and 26% were given more than usual amount. However 24% children were given less than their usual amount to drink and 16 percent were not given anything to drink and 2% mothers have don't know about liquid feeding practice during diarrhea.

Similarly about one in three children with diarrhea were given the same amount of food and 6% were give more than usual amount to eat. However, 43% of children with diarrhea were given less than usual, 7% of children with diarrhea were stopped food and 10% of children with diarrhea were not given any food and 2% mothers have not known about feeding practice during diarrhea.

4.3.7 In Change of Children

In Nepal, siblings, who may not have the awareness and skills to provide the best care, undertake many activities, which directly affect the nutrition and health of

children. When mothers are absent or working, girl siblings are often in charge of feeding children, washing and guarding them. Usually the mother is responsible for feeding children up to 36 months old. Question about child feeding in the households was asked who often feeds the child, when the mother is away from home. The responses are shown in table below.

Table 21 Percent Distribution of in Charge According to Feeding Children

In Charge	Number	Percent
Mother always feeds child	27	27
Grand mother	31	31
Elder sister	17	17
Father	10	10
Other female relative	5	5
Elder brother	4	4
Other male relative	3	3
Servant/neighbor	3	3
Total	100	100

Data from above table reveals that 31 percent child was fed by grandmother 27 percentage mothers always feed child. Elder sister fed percentage was 17. Father fed 10 percentage, 5 percentage fed other female relative, and next 4 percent and 3, 3 percent fed elder brother, other male relative and servant/neighbor respectively.

4.3.8 Child Mortality

In the communities where child health has not improved and infant mortality rate is not reduced substantially; it has been difficult to have birth spacing accepted. Two child deaths are reported to have died in the surveyed households during last one year. With regard to the health seeking practice, all the mothers have strong faith in traditional healer-Jhankri. But they could not get children recovered from illness. The deaths were associated with acute respiratory infection (ARI) and diarrhea diseases. With regard to the educational background of mothers who experienced the child death, both are from illiteracy.

4.4. Mothers' Health

4.4.1 Health Check-up During Pregnancy

Health check up here means to check-up pregnant mother's health during pregnancy period. It is very important for the health of the mothers and foetus. During survey women were asked the question did you check of your health during pregnancy. The following table presents the report of health check-up during pregnancy as expressed by women of Tharu Cast.

Table 22 Percentage Distribution of Women According to Antenatal Check-up Practice

Health Check-up during pregnancy	No. of Respondents		Total
	Literate	Illiterate	
Yes	85.5(44)	60.4(26)	69.1(70)
No	14.3(13)	39.6(17)	30.9(30)
Total	100.0(57)	100.0(43)	100.0(100)

Note: Figures in the bracket indicate the number of respondents

As shown above table around 70 percent of women expressed that they would check-up their health during pregnancy. About 30 percent women did not check-up their health during pregnancy. When examined the association between mother's education and health check-up during pregnancy, it is found to be highest among the literate mothers. Nevertheless, about 85.5 percent of the literate mothers reported to have check-up their health during pregnancy. The figure further proves that situation of health check-up during pregnancy among the women seems to be better among the literate category.

4.4.2 Food Intake during Pregnancy

During pregnancy additional food is necessary for the growth and development of the fetus and malnutrition in the mother. In general more than usual foodstuff should be taken during pregnancy to fulfill the required protein, vitamins and minerals. Mothers in good nutritional status are better equipped for the strain of labour and lactation. Poor nutrition before and during pregnancy period results in a baby with a low birth

weight (below 2.5 kg) and leads to pregnancy complication, like abortion, intra uterine death, premature delivery. A pregnant woman must gain about 11 kilogram of weight during pregnancy. Thus, It is necessary to have additional food by the women during this period.

Table 23 Percent Distribution of Women According to Amount of Additional Food Taken During Pregnancy

Food Amount	No. of respondents	Percent
More than usual	49	49
Same as usual	44	44
Less than usual	7	7
Total	100	100

Note : Here usual foodstuff includes Dal, Tarkari, Bhat/Roti

As shown in the above table almost 49 percent of the respondents used to eat additional food during pregnancy. 44.0 percent respondents use to eat the food as usual that are available in their own houses (i.e. milk, curd, eggs, meat green vegetables, fruits etc) and 7 percentage of mothers use to eat less than usual.

It was found that the more number of mothers used to take additional food due to their good economic condition and they have good educational background. So they have knowledge to take additional food during pregnancy. Likewise, the mother who had used to eat as usual food has knowledge about the necessity but poor in practice due to their negligence or poverty and due to their large family size. During study it was also found that the respondents taking as usual food during pregnancy had the children not so healthy and compared to other child. Pregnancy is taken as natural process, so 44 percent of the respondents used to have usual foodstuff during pregnancy.

4.4.3 Food Intake after Delivery

Care of the mother and child after the delivery is also an important aspect of maternal and child health. Postnatal care is crucial for both the mother and the baby because they are susceptible to infection during six weeks period after delivery. The

main objective of postnatal care is to prevent complication of the postnatal period, to check adequacy of breast-feeding and to provide adequate nutrition to baby.

Health of the mothers affects the health of her baby too. So the lactation is not only for her sound health but also her baby. In this connection mothers were asked whether they took any special food after delivery. The data from survey is presented in table below:

Table 24 Percent Distribution of Respondents According to Status of Supplementary Food After Delivery

Food Amount	No. of Respondents	Percent
Having Extra	63.0	63.0
Having no extra	37.0	37.0
Total	100.0	100.0

Note: Extra includes meat, fish, egg, milk, ghee, green vegetables, high protein etc.

As seen above table majority of the women (63%) reported that they took extra nutritious food during the postnatal period. Remaining 37 percentage women reported that they could not take extra nutritious food during the postnatal period due to the lack of money, size of large family and due to awareness also. It was also found that those women's child who do not have additional food were not so healthy as compared to other child.

4.4.4. Tetanus Toxoid Vaccine during Pregnancy

Tetanus toxoid injections are given to pregnant women for the prevention of neonatal tetanus, an important cause of death among infants. For full protection, a pregnant woman should receive at least two doses during her first pregnancy administered one month apart a booster shot during each subsequent pregnancy. If a woman was vaccinated during a previous pregnancy, however, she may only require one dose for the current pregnancy. However, if a pregnant woman does not have a card showing that she has received previous doses to be given two doses, one month apart for each pregnancy to ensure adequate protection. Five doses are considered to provide lifetime protection.

Table 25 Percent Distribution of Mothers According to Tetanus Toxoid Injection
Given during Pregnancy

Vaccine/Doses	No. of Respondents	Percent
One Dose	16	16
Two Doses	51	51
Three Doses of More	22	22
None	11	11
Total	100	100

Above table shows that more than 11 percent mother didn't receive tetanus toxoid injection, 16 percent mother received single dose of TT during pregnancy. While more than 50 percent mothers receive tow doses of TT injection similarly more than 22 percent mothers have received three or more doses of TT vaccine. In this study, it is concluded that about 90 percent of mothers received TT vaccine during pregnancy and 16 percent mothers do not receive full doses of TT vaccine in pregnancy period.

4.4.5. Family Planning

Family planning is not just a method of birth control. It is the combination of these aspects, which are mainly related to avoid unwanted birth, to bring about the wanted birth to regulate the intervals between the pregnancies and to determine the number of children in the family. Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge attitude and responsible decision decided by individual and couple in order to promote health and welfare of family group. It plays an important part in determining the health status of the mother and the child in a community. Now a day's various facilities of family planning are available from the health institutions as well as in the shops. But in Nepalese society, the practice of family planning is not easily accepted by all the people due to various reasons such as social, cultural religious, customs, superstitions, lack of proper health knowledge, the fear of losing health, high infant mortality rate etc. in this connection mothers were asked "Do you accept family planning". The response of mothers is presented in below table.

Table 26 Percent Distribution of Mothers According to the Knowledge of Family Planning

Practice of Using F/P Devices	No. of Respondents	Percent
Yes	59	59
No	41	41
Total	100	100

Above table shows that majorities (59%) of the respondents are using family planning devices. 41% of the respondents didn't use any family planning devices. Those respondents who were not using any devices were attributed in the preferences of boys over girls due to the existing culture, tradition and religious belief of the society.

4.4.6 Use of Contraceptive

Activities of family planning programmers have been greatly expanded in Nepal for the last two decades contraceptive services are provided through sub-health post, health post, mobile clinic, hospital and other governmental institutions. But yet family planning programme is unable to meet the demand for the currently married women who want to space or limit birth. In order to assess the family planning practice among women, each respondents were asked about contraceptive devices. The responses of mothers have been presented in table below.

Table 27 Percent Distribution of Respondents According to the Use of Contraceptive Methods

Use of contraceptive	No. of Respondents	Percent
Vasectomy	12	12
Mimi lap	3	3
Depo-provera	31	31
Oral Pills	4	4
Condom	10	10
No users	40	40
Total	100	100

As shown in the above table temporary method is found to be highest among the respondents. 31 percent of the respondent using contraceptives were practicing Depo-

Provera. The use of oral pill has been reported by 4 percent. Some 10 percent reported that they were using condom. The highest percent of Depo-Provera use may due to the fact that is easily available in medical shops in the local market and sub health post.

CHAPTER - V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary

This study was conducted in "Child feeding practices of mothers" in Tharu Community of Tamsariya VDC, Nawalparasi. Child feeding practices play important role in the health of children. Inadequate child feeding practices and health care practice results child mortality and morbidity. Child feeding practices and child health care practices are insufficient in Nepal.

Specially, the researcher designed to examine child feeding practice of mothers such as to find out knowledge and practices of colostrums and breast feeding assess the weaning practices to find but the mother's knowledge on preparing nutritious child diet, to find out the relationship between feeding practices and educational and socio-economic status of mother and identify critical problems implementing proper feeding and care of young children. The study results are based on primary data, which were collected from the house holds through purposive and random sampling. Interview schedule was the main tool used to get information in the process of analyzing and interpreting data and results, pregnancy, tables, percentage proportion and cross tabulation are used.

5.2 Summary of Findings

After analyzing and interpreting the data the following findings were obtained.

- 5.2.1 The respondents are 100 Tharu women most of them are engaging in agricultural occupation. About 57 % of total sample population are literate and 43%, have no formal education, most of respondents 84% are confined in family have 3-18 katthas cultivated land where as 8% belong to the family who have less than 3 katthas land. Only 8% being to the family who have 19 and above katthas land.
- 5.2.2 Among the sampled population 17.8% were under 5 years and 82.1% population were more than 5 years. Total population of male was more than that of female.

- 5.2.3 82% mothers have fed colostrum to their last child. Only 18% mothers didn't know about first milk feeding practice.
- 5.2.4 46% mothers were breast fed their children up to 24 months only 6% of total respondents to have breastfed their children less than 12 months.
- 5.2.5 33% children were fed more than 6 times in a day and 67% child fed less than 6 times per day.
- 5.2.6 About 50% mothers initiated to wean the child at age of 4-6 months and 5% mothers introduced the solid food to their children before rice feeding ceremony (Pasni).
- 5.2.7 Within immunized children BCG coverage was 85.2% whereas the coverage of polio I, II, III were 83.9, 76.5 and 64.1 respectively.
- 5.2.8 Majority of the mothers 86% had ever used the Jeevan Jal during diarrhoea and 70% mothers had correct knowledge of preparing ORS. This percent is found high among the literate category.
- 5.2.9 The time of pregnancy more than 69% mothers' check up their health and 30.9% mothers didn't check up their health during pregnancy.

5.3 Conclusion

On the basis of the finding of the study following conclusions are drawn. Child feeding practice is still highly influenced by women's traditional knowledge. Child feeding practices can be increased by women education. Agriculture is the main occupation of literate as well as illiterate women. Colostrum feeding practice and immunization status of children seems to getting better among the literate women. The majority of the mother's childcare practice was satisfactory but not well like conducting breast-feeding, weaning practices, supplementary food practices.

The nutritional status of child and treatment practices of kwashiorkor and marasmus weren't well due to the lack of knowledge about it and low educational status of eligible mother. The knowledge and correct use of ORS was well. The rate of contraceptive user was well but temporary was high. Traditional food practice is not enough for child and they need more food and cholesterol by birth for good personal hygiene.

5.4 Recommendations

The findings are important in many respects and should have the methodological, policy and programme implications for child feeding programmes. Therefore few major recommendations are given below.

The findings of this research would suggest the need for a change in methodology for the study on child feeding practices. Child feeding practices alone have no direct effect on nutritional status of children. It is essential to study the various determinants of child feeding practices. Study sample should be around one thousand. This would be a methodological achievement of improving analytical-case control study to understand better the effect of feeding practice on child survival.

- 5.4.1 Most of the women are illiterate in the study area. But education of mothers is associated with child feeding practice. Therefore very high priority must be given to the women education. Majorities of people in the study area are poor. So special efforts should be made to improve the real family income through income generating activities. Simultaneously given high priority to education of mother and income generating activities will help improve and ensure the child feeding practices and family health.
- 5.4.2 The number of family members affect the child feeding practice. Thus, family planning programme should take steps to apprise the importance of child feeding and for the small family norm. Providing appropriate contraceptives without side effect can solve this problem.
- 5.4.3 Child feeding programme can work together with other child survival activities such as oral rehydration, immunization and vitamin 'A' etc. in order to carry out these programmes MCH and family clinic should be established at the center of VDC with adequate facilities and manpower.
- 5.4.4 The community people were not known about PEM. The Tharu women should be developed through health awareness programme about PEM knowledge.
- 5.4.5 The nutritional programme should be conducted in grass root level.
- 5.4.6 Awareness campaign should be launched on food, feeding habits, emphasized on locally available food storage and preservation.

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APPENDICES - A
INTERVIEW SCHEDULE

Feeding practices of children in Tharu community of Tamsariya VDC-5, Nawalparasi

Date :

Name of the Head of the family :

Name of mother :

Sex of the children :

Part one : Economic and social status

1. Education level of mother
 - a) Illiterate
 - b) Literate
 - c) Secondary
 - d) Higher
2. Mother's occupation
 - a) Agriculture
 - b) Business
 - c) Service
 - d) Labour
3. How much land do you have?
 - a) 0-1 kattha
 - b) 1-7 kattha
 - c) 7-15 kattha
 - d) More than 1 Bigaha
4. Do you have subsistence family income?
 - a) Yes
 - b) No
5. What types of family do you have?
 - a) Nuclear
 - b) Joint
 - c) Extended

Part two : Child feeding practice of mother

1. Did you feed colostrums (first milk) to the newly born baby?
 - a) Yes
 - b) No
2. If not why ?

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3. How frequently do you feed your child a day?
 - a) 1-2 times a day
 - b) 2-3 times a day
 - c) 3-4 times a day
 - d) more than 4 times a day.

4. How long did you breast feed your child?
 - a) one year
 - b) Two year
 - c) Three years
 - d) More than three years
5. How many times do you exclusive breast feeding?
 - a) 1-3 months
 - b) 3-6 months
 - c) above six months
6. What do you feed your baby if your milk is not enough?
 - a) Litto
 - b) Juic
 - c) Cow's milk
 - d) Other
7. Did you feed bottle to your children?
 - a) Yes
 - b) No
8. When did you start giving supplementary food to your child?
 - a) Start adding food earlier than 4 months.
 - b) Start adding food between 4-6 months
 - c) Start adding food after 6 months or later
9. What kind of food are given after weaning?
 - a) Sarbottam Pitho Ko Litto
 - b) Rice pulse
 - c) Jaulo
 - d) Meat/egg/fishe) Cerelacks
10. Have you ever heard about Sarbottam Pitho?
 - a) Yes
 - b) No

Part Three: Child health care behavior

1. Is there any child in your family who is sick at present?
 - a) Yes
 - b) No
2. If yes which is the diseases he/she is suffering from?
 - a) Diarrhea
 - b) Are
 - c) Kwashiorkor
 - d) Don't know
3. How many times had your child suffered from diarrhea within this year?
 - a) 1-2 times
 - b) 2-3 times
 - c) 3-4 times
 - d) More than 4 times
4. Where do you go when your baby become sick?
 - a) Government PCH
 - b) Private Clinic
 - 3) Traditional healer
 - d) others
5. Do you have knowledge about Nun Chini Pani?
 - a) Yes
 - b) No

6. Can you prepare nun chini pani yourself?
 - a) Yes
 - b) No
7. Have you immunized your children according to their age?
 - a) Yes
 - b) No
8. If yes what are those immunization.
 - a) DPT
 - b) BCG
 - c) Polio
 - d) Measles

Part Four: Health Behavior of Mothers

- 1) Did you check your health regularly during pregnancy?
 - a) Yea
 - b) No
- 2) How much food should be taken during pregnancy?
 - a) More than usual
 - b) Some as usual
 - c) Less than usual
 - d) Don't know
- 3) Did you take T.T. vaccine during pregnancy?
 - a) Yes
 - b) No
- 4) If yes, how many doses did you take?
 - a) One Dose
 - b) Two Doses
 - c) Three or more Doses
 - d) None
- 5) If not why?

.....
- 6) Did you take any special foods after delivery?
 - a) Yes
 - b) No
- 7) If yes, what did you take?
 - a) Having extra
 - b) Having no extra
- 8) Do you accept family planning?
 - a) Yes
 - b) No
- 9) If yes, which method do you accept?
 - a) Permanent
 - b) Temporary
- 10) Which devices do you apply for family planning?
 - a) Vasectomy
 - b) Minilap
 - c) Depo-Provera
 - d) Oral pills
 - e) Condom
 - d) Others