CHAPTER – I

1. Introduction

1.1 Background

Reproductive Health (RH) is a crucial part of overall health. The ICPD (1994) declares, it is a state of complete physical, mental and social well being and not merely absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes. RH thus implies that people are able to have a satisfying and safe sex life and that they have the capability to introduce and the freedom to decide if when and how often to do so (UN, 1994).

Among the various component of the reproductive health, delivery is an essential and central component Delivery refer to the process of giving birth to a baby after pregnant and pregnancy is the state of developing a baby inside women's womb. It is a natural process of giving continuation of human generation in earth. In other words, it is a reproductive function of women that begins at menarche and ends in menopause 15 - 49 years.

Care of safe delivery begins soon after conception till the birth take place. It refers to the place for delivery and under whose supervision, either at healthpost or hospital or under doctors, HA (Health Assistant), VHW (Village Health Worker), Midwife or TBAs (Trained Birth Attendent). The provision of care during pregnancy and child birth is essential to ensure healthy and success outcomes of pregnancy for the mother and her new born infant. The maternal and infant mortality and morbidity are significant indicator of maternal and child health status.

Nepalese women of reproductive age constitute 24.6 percent of total population and 49.2 percent of the total female population. About 18

percent of Nepalese women of reproductive age (15 - 49 years) have never married and 79 percent women of reproductive age are currently married (CBS, 2003).

Most of the Nepali women who are living in the rural area have hard life because of inadequate food and nutrition they need for their health, development and the work load from house to field. In the absence of essential vitamin and minerals a mother likely to be stunned. Early marriage and pregnancy leads to even women her health physically and mentally weak lack of knowledge, poverty, cultural norms and values of the family makes her life a misery. Inadequate prenatal and postnatal care lead to a low birth weight and child with very little chance to survive many girls become women, wife and mother before their age many die before becoming a mother because of delivery complication and lack of good services ignorance (Dhakal, 2007).

Proper medical attention and hygienic condition during delivery can reduce the risk of complication and infections that may cause the death and serious illness of the mother and baby. Hence, important component help to reduce the health risk of mother and children is to increase the proportion of babies delivered in a safe and clean environment and under the supervision of health professionals.

The women's child delivery in different topography, ethnicity and culture is the main characteristics of Nepal. Here more than 81 percent of women deliver their baby at home. Likewise, 13% of the birth were delivered in a public facility, 4% in a NGO health facility and 1% in a private facility. So, maternal mortality rate is still remains high in our country i.e. 281 per one lakh live birth. About 90% of maternal deaths occurs in rural areas because of the complication of the pregnancy related causes and unsafe delivery practices. So to improve the MMR and NMR in Nepal, all of the

rural areas are essentially to be investigated, studied and analysed. After accomplishment of the study, acquired facts or data may assist for further researchers as well as for policy intervention (NDHS, 2006).

Many of the women are compelled to die in the process of delivery because of three delays such as delays in seeking care, delay in reaching care and delay in receiving care particularly postnatal visit is lower than antenatal visit. Based on this fact, it is necessary to investigate the involvement of men in maternal health. Husband are the nearest supporter for wives and almost of the time they live together.

1.2 Statement of the Problem

UNFPA (2003) estimated the MMR for the world is 400 Per 100000 live births and 20 for the developed region and 440 for the developing regions in many developing countries maternal death account for 25 to 33 percent of death of women in child bearing age. It is estimated that 585000 women die in developing countries to every year because of pregnancy and child birth (UNFPA, 2003).

Human development report 2006 shows that, range of HDI value is 0.509 in Nepal which refer poor development of the country. So Nepalese people do not pay attentions towards health and health practices because of the poverty. Especially the women do not reveal or to tell their health problems even in serious conditions because of shyness and oppressive as well as patriarchal cultural norms.

More than nine out of every ten births occurred at home and many women even deliver alone in rural area of Nepal. Traditional birth attendants both trained and untrained are sometimes called in to attend the deliveries. But the majority of the women receive help only from relatives or friend. Traditional healers usually consult when problems arise. Birth generally take place in a designated room but often not in a clean environment. Variety of the instruments are used for cord cutting most of which are not sterilized before use (Safe Motherhood, 2003).

I selected far Western Development Region's Amargadhi Municipality 3, Dadeldhura for my study area. In this area only basic health services are provided by trained birth attendants. Female community health volunteers and maternal child health workers are work for the welfare of mothers and children, but those services are usually inadequate because lack of transportations lack of application of the national health policy and lack of awareness. However, cultural factors can be accepted as strong risk factors which need interventions to improve the maternal and child health status.

Majority of the women are deprived from the opportunities of education, employment occupation and health facilities. Therefore the women of this area do not have knowledge about what it means and why they should adopt maternal health especially child delivery care service. The information provided by health sector show that the knowledge and practice of delivery care among women of this area is unsatisfactory. Therefore, this study is also explored the knowledge and practices of mothers during pregnancy, delivery and postnatal periods which are the key points for safe delivery.

1.3 Objective of the Study

The general objective of the study is to assess safe delivery practices in Marathi Municipality in Nepal. However, the following are the specific objectives.

1. To examine the safe delivery practice by caste/ethnicity
2. To examine the safe delivery practice by the level of education of mother.
3. Identification of Health services and facilities achieve the women at the time of delivery.
4. To find out the support of male to their wife at the delivery period.

1.4 Significant of the Study

The study of child delivery is most important in this area. According to human development report 1998, range of the HDI value is 0.2 to 0.3 in Dadeldhura district. This low value reflect the low level of development of society. So it is economically, socially and educationally backward hill area in Nepal. Likewise poor literacy status, depend agriculture, low employment opportunities and low sources of income, large number of young male are labour work in near Indian cities. Most of the women were depend on collection fuel wood and cutting grass. As a result, their delivery status is low. So, here are some important significant of this study. They are as follows:

- It can be help to improve cultural misconception and harmful practices.
- It provides base line information for further researcher.
- It helps the neonatal health policy makers at local level.
- It helps to improve maternal and child health.
- It helps reduce maternal and child mortality.
- It enhances awareness on the need for maternal and child health care of women in this area.

1.5 Limitations of the Study

To analyse perception towards the safe delivery of Amargadhi Municipality 3, Dadeldhura district. Due to the nature of study and methodology, the study will be delimited on the following.

1. Confined the Amargadhi Municipality 3 of Dadeldhura only.
2. The study will be based on reproductive (15 - 49 years) mother only.
3. This study doesn’t include the information on migration which directly affect level of women.
4. Only a few quantitative and qualitative tools were used in the study.

CHAPTER - II

2. Literature Review

Delivery care refers to the place for delivery and under whose supervision the delivery occurred. A pregnant women should never be left alone to delivery by herself. The family member should request help from a trained health worker. Trained birth attendant auxiliary nurse, midwife and maternal and child health worker as soon as labour beginning if a trained health worker is unavailable. The family planning member should assist the mother child birth when labour begins (MOH, 1996)

Worldwide, more than 60 percent of maternal death take place in the period immediately following delivery, with more than half occurring with in a day of delivery. It is an estimated 40 percent or more than 50 million of pregnant women are each year experience pregnancy related health problems (morbidities) during or after child birth. Among the countries in the South East Asia Region Nepal has the highest maternal mortality ratio. It is estimated that almost 5000 mothers die every year due to pregnancy related causes. Most of these deaths occur due to the overall poor health status of women during pregnancy and due to the lack of access to quality maternal and new born health care services (Manandhar, 2005).

No systematic information is available on causes of maternal death in Nepal. Most maternal death are present with early recognition and management. It is well known that inadequate (are during the antenatal period and delivery is therefore significant factors contributing to maternal mortality. Even with good antenatal care, a small percent of women would required referral and admittance to hospitals low.

Utilization of antenatal services and the small percent of deliveries being done by trained staff. Nepal, maternal mortality rate (MMR) is estimated to be 515 per 100000 live birth. The risk of dying due to complication of pregnancy and child birth is in 31. Maternal mortality Rate across region show that the Far Western Region has the highest rate followed by the Mid Western Region. The low rate was in the Western Region (UNFPA, 1996).

The level of assistance a women receives during the birth of her child also ha important health consequences for both mother and child. Births delivered at home are more likely to be delivered without professional assistance, where as birth delivered at a health facility are more likely to be delivered by trained medical person 9 percent of birth were delivered under the supervision of the doctor and trained nurse or midwife (3 percent). This has changed only slightly from 8 percent reported in the NFHS 1991. MCH worker and other health professionals assisted in just over 1 percent of births. traditional birth attendants assisted in 23 percent of births while relative and fried provided primary assistance in 56 percent of births. 11 percent of births were delivered with out any assistance, which is about the same as was reported in the 1991 NFHS (NFHS, 1996).

Data on place of delivery were also obtained using focus group protocol. Discussion in the focus group confirms the general pattern of delivery practices in Nepal. Multiple responses on place of delivery practice in Nepal. Multiple responses on place of delivery were obtained. It show that 94.4 percent of women deliver their babies at home followed by hospital (33.8%) health post/sub health post (3.5%). Private clinics 1.4 percent of delivery and the same numbers reported to have called the health worker at home for delivery (CBS, 1997).

In Nepal, pregnancy and delivery are viewed as natural process requiring no health are interventions. Child bearing women and their family only seek care when condition becomes life threatening. Nearly 92 percent of deliveries were at home and birth is considered to be polluting. Traditionally child birth takes place in cow shed and dirty. Materials are used for delivery and cord care. Strong religious and cultural belief and practices regarding reproduction is deeply embedded in the tradition societies of Nepal (Levittee et.al, 1998)

The three elements of maternal health services according to World Health Organization are antenatal care, delivery care and postnatal care. Each element should consist of the following services as prescribed by WHO.

1. Antenatal Care:- WHO recommends a pregnant women to get 4 ANC care for health promotion, assessment prevention and treatment.

2. Delivery Care:- WHO recommends a skilled or trained birth attendant (TBA) at every birth. WHO can provide good quality care to mother and child such a TBA is expected to perform hygienic, safe and sympathetic services able to recognize and manage complication and refer promptly if more care is needed.

3. Post Partum Care:- WHO recommends integrated post partum care which includes identification and management of problem in mother and new born counseling, information and services for family planning and health promotion for new born and mother (WHO, 1998).

A study observed that in rural area of Nepal, women aged 25 - 39 years who come from high socio-economic household and belonged to high cast Hindu and Tibeto, Mongolian ethnic groups where more likely vaccinate their children. Similarly he also found that the children whose

fathers with at least 8 years of schooling were two times more likely to be vaccinated compared to the no schooling groups (Acharya, 1998).

Many women prefer to give birth at home because they like the friendship and support from female relatives and neighbours. The government has committed itself to safe motherhood. However, of women dying pregnancy and child birth awaring among mother groups. In the same communities women are isolated in livestock, sheeds during child birth due to the belief that blood. Particularly, blood of child birth is impure and it leads to tetanus and other infections (WHO, 2000).

The main objective of safe delivery is to protect the life and health of the mother and her child. Increase the proportion of all proper medical attention under hygienic condition during delivery can reduce the risk of complication and infection that may cause death or serious illness either to the mother of the baby or both. The National Safe Motherhood Programme encourages women to deliver at facilities under the care of skilled attendants where it is feasible and ensures that facilities are upgraded and providers are trained to manage complications (NDHS 2001).

Women's education is positively associated with delivery by medical professionals. For example, only 4 percent of birth to women with no education were assisted by a doctor, compared with 48 percent of birth to women with at least an SLC. This could probably be attributed to the fact that women with higher level of education mostly come from urban areas where the services of a doctor are more redily available (NDHS 2001).

The men as partner approach recognizes men's influence on reproductive health option and decisions and encourages men and women to deal jointly with issue such as contraception emergency plans for labour and

delivery. Voluntary HIV counseling and testing and post abortion counseling (State of World Population, 2005).

The majority of the maternal death in recent decades occured after child birth most within 24 hours. About 15 percent happened at the time of delivery. The most common medical causes were found as heut orrage swift and sever loss of blood before, during or after delivery. Hemorage is considered a direct causes of maternal deaths because it is directly associated with pregnancy and child birth. A total death four-fifth of the maternal deaths were due to direct causes of hemorrhage, infection, complication related to unsafe abortion and hypertensive disorders they are 34 percent, 21 percent, 18 percent and 16 percent respectively (PRB, 2002).

Use of clinical services are clearly low in addition to cultural factors which prevent women from seeking clinical care, a number of other factors influence the use of services. Few facilities provide essential obstetric care of health services are poor road and lack of transportation. Less then four out of ten women have access to transportation. As a result of these factors, only eight percent of all delivered in Nepal take place in health facilities. It is not surprising that more than two third of maternal deaths occur at home (Bhatt, 2006).

While talking about the Antenatal care, 21.2 percent of the pregnant women has received ANC from doctors, 22.5 percent from nurse/midwife, 12.6% from health assistant, 13.5% from maternal and child health worker and 2.1% from village health worker (VHW). Like this, only 29.1% of deliveries among youth women (<20)are assisted by health professional, that is doctor (12%), Nurse/midwives (10.1%), HA (4.8%) and female community health worker (FCHW) 2.2%. Postnatal care (PVC) is very uncommon in Nepal. 62.9% of young mothers (<20

years) who delivered baby outside a health facility and they do not receive any postnatal checkup. Less then 36% mothers received postnatal care within 4 week after delivery (NDHS, 2006).

Maternal health is the output of total life time investment in women in any society. In this context men are partner for change supporting for human rights and safe motherhood i.e.

1. Support pregnant wife

2. Care for baby

3. Educate daughter

4. Share parenting

(UNFPA: 2007)

The NMC guidelines mentioned that a pregnant women in Nepal should never be left alone to delivery by herself. The family members should request help from a trained health worker (TBA, ANM, MCHW) as soon as labour begins. If a trained health worker is unavailable, the family member should assist the mother during child birth. The guidelines has from some perception that when labour begins the family should:

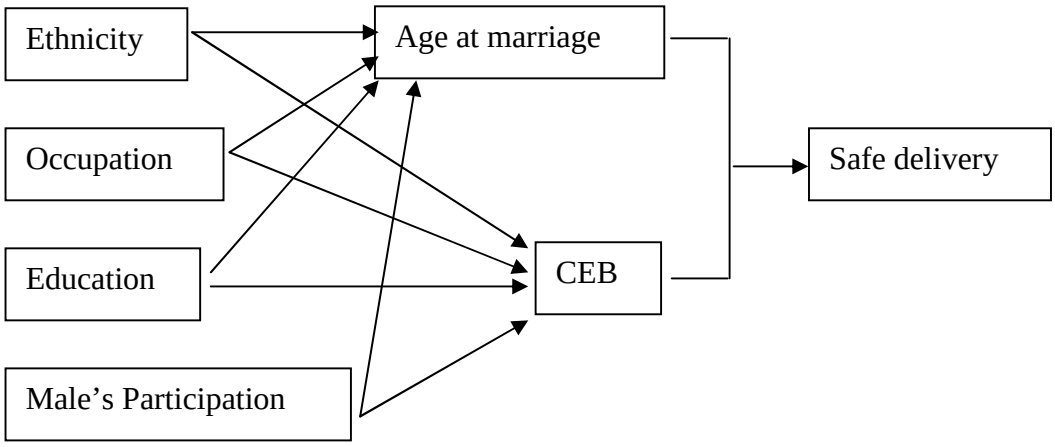
- Call a trained birth attendant if available
- Encourage the pregnant women to drink enough fluids to prevent dehydration.
- Encourage pregnant women to empty her bowel in early labour.
- Clean room for the delivery avoiding the use of cow dung.
- Encourage the labouring women to take a bath or at least wash her genitals with water and soap (NMC Guidelines Nepal).

The main aim of this literature review is to review the research related to care of delivery and find out the condition of national strategies and policies. I hope that the aim is partially fulfilled. This also find out the small area of Amargadhi municipality Dadeldhura's status of child delivery practices. At the end the theoretical and conceptual framework can be presented for the general concept of delivery care practice and services in this area and Nepal.

2.1 Conceptual Framework

Figure 1 shows the broad conceptual framework adopted in this study. This framework is derived based on the available literature where selected variables are used in designing the framework for the purpose of analysis of delivery care practice among Marathi 3, women in this study.

Figure – 1



Labour is physiological process by which the utrius expels the product of conception. In Nepal, children are delivered in home with the assistance of TBAs, relatives or friends. At the national level less than one fifth i.e. 19 percent birth take place with assistance of SBA (doctor, nurse or midwife), health assistant or health worker assist in delivery at 4 percent of birth, FCHVs assist in 2 percent deliveries and traditional birth

attendants assist in 19 percent deliveries. Women receive assistance from a relative or some other person for nearly one in two birth, while 7 percent of birth take place without any type of assistance at all (NDHS, 2006).

2.2 Selected of Study Variables

Following variables were identified for the present study. This is mainly based on the review of literature and the conceptual framework as shown in figure 2.3.

(I) Independent variables

– Education of women.

– Education of husband.

– Occupation of husband and wife.

– Caste

– Age of women.

– Age at marriage.

(II) Dependent variables

– Antenatal care.

– Place of delivery (delivery care).

– Postnatal care.

CHAPTER - III

Research Methodology

3.1 Study Area

Amargadhi Municipality ward No. 3 was one of the large and populated ward in this municipality. It was situated in Doti Ghatal. In the east side of this area were district head quarter, north side Janjayoti Primary School and west and south side were Mahabharat jungle. There were one of the primary health post in the center of this area but it was not give the satisfaction health facilities for there people. Majority of the people take health care from team hospital which was situated in near of district head quarter. There were all kind of people are living in this area like, rich and poor, literate and illiterate, employed and unemployed. Brahmin, Chhetri and Dalit are major social group of this area. I want to study about the situation of safe delivery practices among women of this area. Especially I want to highlight safe delivery practice by different social groups, level of education of mother, health condition, age at marriage, involvement of male and CEB of women. For this, data are collected with the help of 15-49 years married respondent women. District public health and volunteers of that area also.

3.2 Sample Size

This study has concentrated on the women of the reproductive ages (15 - 49). They had experienced of birth. There were 268 household in this area, where total population was 1549 total male population is 728 and female population is 821. Among the female population of 268 household, I selected the 100 respondent by using the lottery system which helped to represent all of the women's delivery status of that area.

3.3 Source of the Data

In this study, the source of the data is primary and this is obtained by using direct structured interview among married women of reproductive age.

3.4 Method of Data Collection

For this study, data were collected through direct structured interview of all married women of reproductive age (15 - 49). The household information collected from senior member of the household. The individual questionnaire was administered among women of reproductive age having at least one children and living with their husband. This questionnaire also covered the information about the antenatal, delivery and postnatal care and age, marital status, number of children they bear their age at child bearing and age at marriage.

3.5 Techniques of Data Analysis

The collected information was processed with the help of computer using computer statistical package. The software SPSS package help to convert the data in to different table. With the help of those table I analysis the data by different social, economic and demographic characteristics of the respondents. Those table also helped me to analysis the data about the safe delivery among women i.e. place of delivery of women, delivery assistance transportation for delivery. Age at marriage and delivery and CEB and delivery etc.

CHAPTER - IV

Introduction to Study Population

This chapter deals with the socio-economic and demographic characteristics of respondents of Amargadhi municipality-3, Dadeldhura. These characteristics are explain as below.

4.1 Social Characteristics

Social characteristics include ethnicity, education and sources of drinking water. They are presented as below.

4.1.1 Distribution of Respondents by Social Group

The census of 2001 has listed 103 caste/ethnic (social) groups including unidentified group in Nepal. But in my study area most of the inhabitants were Brahmin and Chhetri caste group. Table 1 presented the social group of respondents in this area.

Table 1: Distribution of Respondents by Social Group

Social group	Percentage
Brahmin	36.00
Chhetri	42.00
Dalit	20.00
Other	2.00
Total	100.00

Source: Field survey, 2009.

In the field survey it was found that, the total respondents fall in to four ethnicity groups. Among them highest number of respondents were Chhetri (42%), Brahmin (36%), Dalit (20%) and others (2%).

4.1.2 Educational Status of Respondents

Education is considered as an instrument to change the traditional attitude of an individual towards the modernization. It is one of the important factor which affect all aspect of human life. Educated women are more aware of their family as well as their health. So education status of respondents presented in following table.

Table 2: Distribution of Respondents by Educational Status

Level of Education	Percentage
No. education	38.0
Primary	30.0
Lower Secondary	21.0
Secondary	7.0
Higher	4.0
Total	100.0

Source: Field survey, 2009.

Education is one of the most important factor that directly affect the practice of safe delivery. As shown in table 2, in the total 100 respondent 38 percent respondent were illiterate and 62 percent were literate. Among the literate population, 30 percent passed primary education, 21 percent passed lower secondary, 7 percent passed secondary and 4 percent S.L.C. above.

4.1.3 Sources of Drinking Water

As usual, facilities of drinking water was poor in the study site, compared to other urban area. Here, more than 15 percent of the respondents were still dranked open well, canal river, lake and other sources of drinking water.

Table 3: Distribution of Respondents by Source of Drinking Water

Sources of drinking water	Percentage
Piped	83.0
Open well	12.0
Canal river	3.0
Other	2.0
Total	100.00

Source: Field survey, 2009.

As shown in table 3 in my study area, there were large number of population (respondents) used piped water that is 83 percent used piped water followed by open well 12%. Only 3% of respondent used canal river and 2% used out of these sources.

4.2 Economic Characteristics

4.2.1 Landholding Status of Respondents

Landholding is one of the important component of economic sources in rural areas. It helps to reduce the probability of being poor. This study also included the landholding status of respondents as following.

Table 4: Distribution of Respondents by Landholding Status

Landholding	Percentage
No land	36.00
2-10 Ropani	42.00
11-20 Ropani	20.00
21 and above	2.00
Total	100.00

Source: Field survey, 2009.

It was clear from the table (4) that the highest percentage of respondent (44.6%) reported that they have 11-20 Ropani land, followed by 2-10

Ropani (42%) and 21 and above Ropani (13%) where as (1%) of the respondents reported as landless.

4.2.2 Occupational Status of Respondents

Occupation plays vital role in the promotion and protection of individual and their health. A mother, who has engaged in better occupation has better chance of safe delivery practice. Therefore the responses of respondents about their occupation is given below.

Table 5: distribution of Respondents by Occupational Status

Occupational Status	Percentage
Household work	9.00
Agriculture	84.00
Wage labor	3.00
Service	4.00
Business	-
Total	100.00

Source: Field survey, 2009.

Table 5 showed that large number of respondents in Amargadhi 3 were based on agricultural occupation. Among the 100 respondents, 84% of the respondents were involved in agriculture where as 9% involved in household work 4% service and 3% involved in wage and labour. (Table 5)

4.2.3 Household Amenities Status of Respondents

Household amenities included the availability of electricity, telephone, radio, television etc. in the household of respondents. Following table presented the status of household amenities of respondents.

Table 6: Distribution of Respondents by Household Amenities

Household Amenities	Number of Respondents			
	Yes		No	
	Number	Percentage	Number	Percentage
Electricity	95	95.0	5	5.0
Telephone	41	41.0	59	59.0
Radio	97	97.0	3	3.0
Television	58	58.0	42	42.0

Source: Field survey, 2009.

It was clear that situation of respondent's availability of household facilities. It was found that 97.0 percent of respondent have Radio at their household, 95.0 percent respondent have electricity and 58.0 percent have television. Where as 41.0 percent respondents reported that they have telephone at their home (Table 6).

4.3 Demographic Characteristics

Demographic characteristics are include size of the population, age structure of the population and distribution of population. So, demographic characteristics of this study area are presented as different tables in below.

4.3.1 Distribution of Respondent by Age Group

The study was conducted mainly to analyze the delivery care practices of married women aged 15-49 years who have at least one child. The age of the respondents were categorized by 5 years age group.

Table 7: Distribution of respondent by 5 year age group

Reproductive age group of women	Percentage
15-19	14.0
20-24	26.0
25-29	28.0
30-34	19.0
35-39	6.0
40-44	4.0
45-49	3.0
Total	100.00

Source: Field survey, 2009.

Among the total 100 respondents, large number of population occupied 25-29 years group i.e. (28.0%) and followed by 20-24 (26.0%), 30-34 (19.0%), 15-19 (14.6%) respectively and the lowest number of respondent 45.49 i.e. (3.0%) (Table 7).

4.3.2 Distribution of Respondent by Age at Menstruation

Menstruation is the starting age of the adolescent. A women become capable to give child birth after menstruation. In general 12-14 years age is starting age of menstruation. Table 8 should be noted that age at first menstruation of the respondents.

Table 8: Distribution of Respondent by Age at Menstruation

Age at Menstruation	Percentage
14 and below	61.0
19 and above	32.0
Not stated	7.0
Total	100.00

Source: Field survey, 2009.

In the above table, it was found that respondent's menstruation age is highs in 14 years and below i.e. (61.0%) and the lowest (32.0%)

menstruation age in the age group above 15 years but 7.0 percent respondents age were not stated because they can't say that what was their age when they were first menstruation (Table 8).

4.3.3 Distribution of Respondent by Age at Marriage

Marriage is a main component of population dynamics. Age at marriage is another important factor which determines delivery practice of mother. Following table shows the age at marriage of respondents in this area.

Table 9: Distribution of Respondent by Age at Marriage

Age at Marriage	Percentage
12-14	8.0
15-17	33.0
18-20	41.0
21+	4.0
Total	100.00

Source: Field survey, 2009.

In the study area, it was found that 18-20 years age was highest percentage of the age at marriage i.e. 941.0%). Like this age at marriage of 15-17 was (33.%), 21+ was (14.0%) and age of 12.14 remain (8.0%) respectively (Table 9).

4.3.4 Distribution of Respondent by Age of Starting the Child Birth

Table 10: Distribution of Respondent by Age of Starting Child Birth

Age of starting child birth	Percentage
12-14	2.0
15-17	26.0
18-20	42.0
21+	28.0
Not stated	2.0
Total	100.00

Source: Field survey, 2009.

Above table showed that highest percentage i.e. (42%) respondents were starting to giving child birth in 18 to 20 years age. This number was followed by age of 21 plus (28.0%), age 15-17 (26.0%) respectively and the lowest percentage of the respondents from the age of 12-14 years (2.0%) (Table 10).

4.3.5 Distribution of Respondent by Children Ever Born

CEB is the total number of live births given by a women during her reproductive life until the date of enumeration. This study also included the respondents by their children ever born in following table.

Table 11: Distribution of Respondent by CEB

No. of Children	Percentage
1	27.0
2	32.0
3	19.0
4	12.0
5	3.0
6	3.0
7	2.0
8	2.0
Total	100.00

Source: Field survey, 2009.

It was found that the children ever born (CEB) is 2 in the large number of respondent that is (32.0%). It is followed by CEB of 1 i.e. (27.0%) and lowest percentage of respondent's CEB is 7 and 8 i.e. (2%) respectively.

CHAPTER - V

Safe Delivery Among Women

Safe delivery care refers to the place for delivery and under whose supervision delivery occurred. Care of safe delivery begins soon after conception till the birth take place. The provision of care during pregnancy and child birth is essential to ensure healthy and success outcomes of pregnancy for the mother and her new horn infant. The maternal and infant mortality and morbidity are significant indicator of maternal and child health status. This chapter also deals with major aspect of safe delivery care in my study area Amargadhi municipality-3, Dadeldhura.

5.1 Place of Delivery

The best place to visit for health check up particularly for pregnancy and delivery has been considered as health center, doctor's clinic and hospitals. These places and persons have essential equipments and knowledge for such services.

5.1.1 Place of Delivery and Social Group

Among the respondents there were three different castes i.e. Brahmin, Chhetri and Dalit and other castes place of child delivery are given by following table.

Table 12: Percentage Distribution of respondents giving birth by Place of Delivery according to social group in Amargadhi 3.

Social Group	Place of Delivery							
	Home		Hospital		Other		Total	
	N	P	N	P	N	P	N	P
Brahmin	10	27.76	25	69.44	1	2.78	36	100.0
Chhetri	14	33.33	26	61.90	2	4.76	42	100.0
Dalit	13	65.0	7	35.0	-	-	20	100.0
Other	-	-	1	50.0	1	50.0	2	100.0
Total	37	37.0	59	59.0	4	4.0	100	100.0

Source: Field survey, 2009.

Out of the 100 respondents, it is found that most of the Brahmin women were delivered in hospital (69.44%) followed by Chhetri women (61.90%) whereas only (35.0%) Dalit women delivered there baby in hospital. Large number of Dalit women delivered their baby home and other place i.e. (65.0% and 20.0%) followed by Chhetri women (33.33% and 42.0%) respectively (Table 12).

5.1.2 Educational Level and Place of Delivery

There is close relationship between educational level and place of delivery. Therefore, the respondents were asked their educational level (status) and their place of delivery at the time of this field survey. Which are presents in the following table.

Table 13: Percent Distribution of respondents giving live births by place of delivery according to education level in Amargadhi-3, Dadeldhura

Education Level	Place of Delivery							
	Home		Hospital		Other		Total	
	N	P	N	P	N	P	N	P
No edu^{n}	19	50.0	17	44.74	2	5.26	38	100.0
Primary	10	33.33	19	63.33	1	3.33	30	100.0
Lower secondary	5	23.81	15	71.42	1	4.76	21	100.0
Secondary	2	28.57	5	71.43	-	-	7	100.0
Higher	1	25.0	3	75.0	-	-	4	100.0
Total	37	37.0	59	59.0	4	4.0	100	100.0

Source: Field survey, 2009.

Among the 4 higher level of education women, 75.0 percent had delivery in hospital and only 25.0 percent delivered at home. Similarly out of the 38 illiterate respondents only 44.74 percent had delivery in hospital, 50.0 percent had delivery in home and 5.26 had delivery in another place out of the home and hospital. So this table clearly shows that higher the education of women they delivered their baby in good health facilities and lower the education of women their delivery status is also low. (Table 13).

5.1.3 Occupation and Place of Delivery

Occupation is also another important determining factors of the safe delivery. It is known as who are involved in any service, they have safe delivery. The table 14 shows the status of occupational and their place delivery.

Table 14: Percentage distribution of respondent by place of their delivery according to occupation in Amargadhi-3, Dadeldhura.

Occupation	Place of Delivery							
	Home		Hospital		Other		Total	
	N	P	N	P	N	P	N	P
HH work	4	44.44	5	55.56	-	-	9	100.0
Agriculture	32	38.1	49	58.33	3	3.57	84	100.0
Wage	1	33.33	1	33.33	1	33.33	3	100.0
Service	-	-	4	100.0	-	-	4	100.0
Business	-	-	-	-	-	-	-	100.0
Total	37	37.0	59	59.0	4	4.0	100	100.0

Source: Field survey, 2009.

In the table 14, out of the 100 respondents large number of respondents that is 84 respondents were involved in agriculture occupation-9 involved in household work and only 4 respondent involved in services among the agriculture occupation 58.33 percent delivered at hospital 38.1 percent home and 3.57 percent delivered other place. Out of 9 household worker 55.56 percent delivered at hospital and 44.44 percent delivered at home. Similarly, in the 4 services occupation respondents they were 100.0 percent delivered at hospital but wage occupation's respondents delivery status were very low out of the 3 wage occupation respondents only 33.33 percent delivered at hospital. 33.33 delivered at home and 33.33 percent also delivered in other place out of home and hospital.

5.2 Delivery Assistance of the Respondents in Amargadhi 3, Dadeldhura

In the time of delivery, women needed for help from another person or trained health professional that minimize the complication at the time of

delivery. This study also included situation of delivery assistance at the time of delivery is presented as follow.

5.2.1 Social group and Delivery Assistance

Among the three and other caste, status of their delivery assistance is presented as following table:

Table 15: Percent Distribution of Respondents by Person Providing Assistance during Delivery, according to social group in Amargadhi-3, Dadeldhura

Social group	No assistance		Doctor		Nurse		TBA		Family member		Relatives & friends		Total	
	N	P	N	P	N	P	N	P	N	P	N	P	N	P
Brahmin	2	5.56	3	8.33	17	47.22	8	22.22	2	5.56	4	11.11	36	100.0
Chhetri	1	2.38	5	11.90	23	54.76	8	19.05	3	17.14	2	4.76	42	100.0
Dalit	-	-	2	10.0	5	25.0	6	30.0	3	15.0	4	20.0	20	100.0
Other	1	50.0	-	-	-	-	1	50.0	-	-	-	-	2	100.0
Total	4	4.00	10	10.0	45	45.0	23	23.0	8	8.0	10	10.0	100	100.0

Source: Field survey, 2009.

Among the total 100 respondents, 36 respondents were Brahmin, 42 were Chhetri, 20 Dalit and 2 were other cast respondents. In the Brahmin respondents 8.33 percent took delivery assistance by doctor, 47.22 percent by Nurse, 22.22 by TBA, 5.56 by family member and 11.11 percent by relatives and friend but 5.56 percent of Brahmin respondents were not took any delivery assistance they deliver their baby own self.

Likewise, among the Chhetri women only 11.90 percent took delivery assistance by doctor, 54.76 percent by Nurse, 19.05 by TBA, 17.14 by family member, 4.76 by relatives and friend respectively and 2.38 percent did not took any kind of delivery assistance.

Similarly, among the Dalit women 10.0 percent took delivery assistance by doctor, 25.0 percent by Nurse, 30.0 percent by TBA, 15.0 by family member and 20.0 took assistance by relatives and friends but 20.0 percent of Dalit women did not took any delivery assistance with other.

5.2.2 Education and Delivery Assistance

Women's education is positively associated with assistance of delivery. The following table also indicates the education level of respondents and assistance during their child delivery.

Table 16: Percent distribution of respondents by person providing assistance during delivery, according to education level in Amargadhi-3, Dadeldhura

Level of education	Delivery assistance													
	No assistance		Doctor		Nurse		TBA		Family member		Relatives friends		Total	
	N	P	N	P	N	P	N	P	N	P	N	P	N	P
No education	3	7.89	2	5.26	14	36.84	10	26.32	4	10.53	5	13.15	38	100.0
Primary	1	3.33	2	6.67	16	53.33	6	20.0	2	6.67	3	10.0	30	100.0
Lower Secondary	-	-	3	14.28	12	57.14	3	14.28	1	4.76	2	9.52	21	100.0
Secondary	-	-	1	14.29	3	42.85	2	28.57	1	14.29	-	-	7	100.0
Higher	-	-	2	50.0	1	25.0	1	25.0	-	-	-	-	4	100.0
Total	4	4.00	10	10.00	45	45.00	23	23.00	8	8.00	10	10.00	1000	100.0

Source: Field survey, 2009.

It was clear that majority of the literate respondents received delivery assistance during pregnancy were doctor, nurse, and TBA. Out of 100 respondents 38 were illiterate, 30 respondent were literate to primary education, 21 were lower secondary education, 7 were secondary and 4 respondents were higher level of education.

Among the illiterate women only 5.26 percent women took delivery assistance by doctor, 36.84 percent by nurse, 26.32 by TBA, 10.53 by family member, 13.15 percent by relatives where as 7.89 percent of illiterate respondents did not took delivery assistance.

Similarly, among the respondents who were primary and lower secondary, 6.67 percent primary and 14.28 percent lower secondary level responded took delivery assistance by doctor, 53.33 percent and 57.14 percent by Nurse, 20.0 percent and 14.28 percent by TBA, 6.67 and 4.76 percent by family member, 10.0 and 9.52 percent by relatives and friends and 3.33 and 0.0 percent respondent were no assistance during delivery respectively.

Likewise, among the respondents who had their education level was secondary and higher level, 14.29 percent secondary level respondents and 50.0 percent higher level respondents took delivery assistance by doctor, 42.85 secondary and 25.0 percent higher level by Nurse, 28.57 and 25.0 percent by TBA, and 14.29 percent secondary and 0.0 percent higher level respondent took delivery assistance by family member respectively.

5.3 Transport of Respondents into Hospital for Delivery

In the time of delivery transportation of pregnant women in the hospital is very important. It the delivery case is critical and pregnant women can not be die because of the complication of pregnancy. In this study, situation of transport pregnant women in hospital for delivery at the time of field survey is presented as following tables.

Table 17: Percent distribution of respondents by transport into hospital for delivery, according to social group in Amargadhi 3, Dadeldhura

Social group	Transportation resources									
	Ambulance		Stretcher		Own foot		Other		Total	
	N	P	N	P	N	P	N	P	N	P
Brahmin	2	7.9	8	30.76	15	57.69	1	3.85	26	100.00
Chhetri	1	4.0	9	36.0	13	52.0	2	8.0	25	100.00
Dalit	-	-	2	28.57	5	71.43	-	-	7	100.00
Others	-	-	-	-	1	100	-	-	1	100.00
Total	3	5.1	19	32.20	34	57.62	3	5.1	59	100.00

Among the whole 59 respondents who delivered their baby in hospital, 26 respondents were Brahmin, 25 respondents were Chhetri, 7 were Dalit and 6 were other caste.

Among the Brahmin respondent 7.69 percent transport into hospital by ambulance, 30.76 percent by stretcher, 57.69 by own foot and 3.85 percent transport to hospital by other resource respectively. Similarly, among the Chhetri respondents only 4.0 percent transport into hospital at the time of delivery by ambulance, 36.0 percent by stretcher, 52.0 percent by own foot and 8.0 percent transport by other resources respectively.

Likewise, among the Dalit respondents, nobody were transport into hospital by ambulance in the time of delivery, 28.57 percent transport by stretcher, 71.43 percent by own foot transport into hospital at the time of their delivery.

As a whole there were large number of respondents (57.62%) were transport into hospital by their own foot at the time of delivery.

Therefore, this table clarifies that there were lack of the transportation resources for hospital at the time of delivery in all caste group

respondent. Majority of the respondents were reaching hospital by their own foot at the time of their delivery.

5.3.1 Education and transportation resources

Education level of respondents and status of their transportation facilities resources into hospital at the time of their child delivery is presented as following table.

Table 18: Percent distribution of respondents transport into hospital at the time of delivery, according to education level in Amargadhi 3, Dadeldhura

Level of education	Transportation resources									
	Ambulance		Stretcher		Own foot		Other		Total	
	N	P	N	P	N	P	N	P	N	P
No edu	-	-	1	5.88	15	88.24	1	5.88	17	100.00
Primary	1	5.26	8	42.11	8	42.11	2	10.53	19	100.00
Lower secondary	-	-	7	46.67	8	53.33	-	-	15	100.00
Secondary	2	40.0	1	20.00	2	40.00	-	-	5	100.00
Higher	-	-	2	75.00	1	25.00	-	-	3	100.00
Total	3	5.1	19	32.20	34	57.62	3	5.1	59	100.00

Source: Field Survey, 2009

Out of 59 respondents who delivered their baby in hospital, 17 respondents were no education, 19 were primary education 15 lower secondary education, 5 secondary education and 3 respondents were higher level of education.

Among the illiterate respondents, 5.88 percent transport into hospital at the time of their delivery by stretcher, 88.24 percent by own foot and 5.88 percent respondents transport hospital by other resources respectively. Similarly in the primary and lower secondary level respondents 5.26

percent and 0.0 percent transport into hospital by ambulance, 42.11 and 46.67 percent by stretcher, 42.11 and 53.33 percent respondent transport hospital by own foot respectively.

Finally among the secondary and higher level of education respondents, 40.0 percent secondary and 0.0 percent of higher level of respondents transport hospital by ambulance, 20.0 and 75.0 percent transport by stretcher, and 40.0 and 25.0 percent respondent primary and secondary level were transport hospital by their own foot (Table 18).

5.4 Health Condition of Women and Delivery

Health condition of women is most important for delivery. If the mother's health condition is poor they can't deliver their baby in easily. As a result there were more chances to maternal death. If the mother's health condition is good they easily deliver their baby. Therefore respondents were asked question about their health condition in the time of their delivery. The responses and their percentage are mentioned in following different tables.

Table 19: Percent distribution of respondents by Health condition during delivery, according to social group in Amargadhi-3, Daleldhura

Social group	Health condition during delivery					
	Normal		Critical		Total	
	N	P	N	P	N	P
Brahmin	28	77.78	8	22.22	36	100.00
Chhetri	33	78.57	9	21.43	42	100.00
Dalit	12	60.0	8	40.0	20	100.00
Others	1	50.0	1	50.0	2	100.00
Total	73	73.0	27	27.0	100	100.00

Source: Field survey, 2009.

Above table shows that among the total 100 respondents 73 respondents health condition was normal and 27 respondents health condition was critical in the 36 Brahmin respondents majority of them were normal health condition at the time of delivery 77.78 percent and 22.22 percent were critical health condition at the time of delivery. Similarly most of the Chhetri respondents were also normal health condition at the time of delivery i.e. 78.57 percent and 21.43 were critical condition. Likewise large number of Dalit respondents were also normal condition of health i.e. 60.0 percent at the time of this survey and 40.0 percent of Dalit were critical health condition.

5.4.1 Education and Health Condition of the Respondents

There is also close interrelationship between education and health condition of women. So the respondents were asked their educational status at the time of their delivery. Following table indicate the educational level of respondents and their health condition at the time of child delivery.

Table 20: Percent distribution of respondents by health condition during their Delivery, according to education level

Educational level	Health condition during delivery					
	Normal		Critical		Total	
	N	P	N	P	N	P
No edu[n]	24	63.16	14	36.84	38	100.0
Primary	22	73.33	8	26.67	30	100.0
Lower secondary	19	90.48	2	9.53	21	100.0
Secondary	5	71.43	2	28.57	7	100.0
Higher	3	75.0	1	25.0	4	100.0
Total	73	73.00	27	27.0	100	100.0

Source: Field survey, 2009.

Above table clear that, among the 38 illiterate respondents 63.16 percent respondents were normal condition during their child delivery where 36.84 percent respondents were critical condition. Out of 30 and 21 respondents, who had their educational level primary and lower secondary 73.33 and 90.48 percent were normal condition during their delivery and 26.67 and 9.53 percent were critical health condition at the time of delivery respectively.

Out of 7 and 4 respondents, who had their educational level was secondary and high 71.43 and 75.0 percent were normal health condition and 28.57 and 25.0 percent respondents were critical health condition at the time of their child delivery.

Therefore, this table clarifies that majority of educated women had normal health condition at the time of delivery rather than non educated women.

5.4.2 Source of drinking water and health condition of respondents during delivery

Source of drinking water is an important factor that directly and indirectly related to health condition of men and women. So, in this study the respondents were asked their sources of drinking water and their health condition at the time of delivery. Following table indicate the source of drinking water of respondents and their health condition at the time of delivery.

Table 21: Percent distribution of respondents by health condition during their delivery according to source of drinking water

Source of drinking water	Health condition during delivery					
	Normal		Critical		Total	
	N	P	N	P	N	P
Piped	61	73.49	22	26.51	83	100.00
Open well	8	66.67	4	33.33	12	100.00
Canal and river	2	66.67	1	33.33	3	100.00
Other	2	100.00	-	-	2	100.00
Total	73	73.00	27	27.00	100	100.00

Source: Field Survey, 2009

It was clear from table 21, large number of respondents who drank piped water had normal health condition at the time of delivery i.e. (73.49%). Which percent was followed by open well and canal sources of drinking water of respondents was 66.67 percent respectively. But other sources of drinking water respondents i.e. lake and ground water had normal health condition at the time of delivery was 100 percent.

5.5 Use of Delivery Kit

Delivery kits are very important to save and serve of the mother and child. Therefore the responses of respondents about use of delivery kit were in different table as follows:

5.5.1 Use of Delivery kit by Ethnicity

There were 3 and one other castes people that live in the study area. Among 3 caste, majority of them are Chhetri use of delivery kit by ethnicity is presented in following table.

Table 22: Percent distribution of respondents by use of delivery kit, according to social group in Amargadhi 3, Dadeldhura

Social group	Use of Safe Delivery kit					
	Yes		No		Total	
	N	P	N	P	N	P
Brahmin	33	91.67	3	8.33	36	100.00
Chhetri	39	92.86	3	7.14	42	100.00
Dalit	18	90.00	2	10.0	20	100.00
Other	2	100.0	-	-	2	100.00
Total	92	92.0	8	8.00	100	100.00

Source: Field survey, 2009.

It was found that, out of 36 Brahmin respondents majority of them were used safe delivery kit, (91.67 percent). 92.86 percent chhetri respondents were used safe delivery kit and 90.0 percent Dalit and 100.0 percent other caste used safe delivery kit respectively. This table clarifies that majority of the respondents of high cast use of safe delivery kit compared to the low and other caste (Table 19).

5.5.2 Use of Delivery kit by Education

The responses of the respondents that their educational status and use of delivery kit at the time of survey are mentioned the following table.

Table 23: Percent distribution of respondents by use of safe delivery kit according to educational level in Amargadhi-3, Dadeldhura.

Educational Level	Use of safe delivery kit					
	Yes		No		Total	
	N	P	N	P	N	P
No edu[n]	33	86.84	5	13.16	38	100.00
Primary	28	93.33	2	6.67	30	100.00
Lower Secondary	20	95.24	1	4.76	21	100.00
Secondary	7	100.00	-	-	7	100.00
Higher	4	100.00	-	-	4	100.00
Total	92	92.00	8	8.00	100	100.00

Source: Field survey, 2009.

In the above table, out of 38 illiterate respondents 86.84 percent use safe delivery kit while 13.16 percent did not use safe delivery kit. Out of 30 and 21 primary and lower secondary level respondents 93.33 percent and 95.24 percent use safe delivery kit respectively where as 6.67 and 4.76 percent primary and lower secondary level education respondents did not use safe delivery kit at the time of field survey.

thus, this table clarifies that majority of the educated women use numbe of safe delivery kits and illiterate women use lower number of delivery kit (Table 22).

5.6 Care of Respondent's husband during delivery

Role of men is very important for maternal health care practice. Men can help protect the lives and health of women as they become mother and can attend to the health of their children. They can play key roles during women's pregnancy, delivery and post delivery. Their decision and actions often make the difference between illness and health, live and

death etc. Therefore, the question was also asked about respondent that their husbands were care or not at the time of delivery. The responses and their percentage are mentioned in different following tables.

Table 24: Percent distribution of respondent by care their husband during delivery, according to social group in Amargadhi-3, Dadeldhura

Social group	Care of husband					
	Yes		No		Total	
	N	P	N	P	N	P
Brahmin	24	66.67	12	33.33	36	100.00
Chhetri	28	66.67	14	33.33	42	100.00
Dalit	8	40.00	12	60.00	20	100.00
Others	2	100.00	-	-	2	100.00
Total	62	62.00	38	38.00	10	100.00

Source: Field Survey, 2009

It was clear from table (23) that out of the 36 Brahmin respondents and 42 Chhetri respondents, large number of them were got delivery care from their husband i.e. 66.67 and 66.67 percent respectively and 33.33 percent did not get delivery care by their husband but this number is lowest of Dalit women only the 40.0 percent Dalit women received care of husband during delivery as a whole majority of the respondents women received care of their husband during delivery.

Table 25: Percent distribution of respondents by care of their husband at the time of delivery, according to education level in Amargadhi -3, Dadeldhura.

Educational level	Care of husband					
	Yes		No		Total	
	N	P	N	P	N	P
No edu[n]	20	52.63	18	47.37	38	100.00
Primary	19	63.33	11	33.33	30	100.00
Lower secondary	15	80.95	6	19.05	21	100.00
Secondary	5	71.42	2	18.57	7	100.00
Higher	3	75.00	1	25	4	100.00
Total	62	62.00	38	38.00	10	100.00

Source: Field Survey, 2009

Education is one of the most important factor that affect any aspect of life of women. In the study area out of the 100 respondent 38 were illiterate, among of them. 52.63 percent received care of husband during their husband. 30 and 21 respondents primary and lower secondary education level. Out of them 63.33 percent and 80.95 percent have got support of husband at the time of their delivery. Similarly, out of 20 and 2 respondent secondary and higher level education 71.42 percent and 75.0 percent were received care of their husband at the time of delivery respectively.

5.6.1 Types of care received from husband at the time of delivery

There are different type of care or help that men can do for pregnant women have access to skilled care at the time of birth and quality emergency obstetric care. They also decide how a women will be transported to the clinic, fulfill the notorious food for women etc. There

for the question was asked about respondents that what types of care did their husband in the time of child birth. The responses are presented in following different table.

Table 26: Percent distribution of respondents by types of care received form husband at the time of delivery, according to social group

Social group	Types of Care									
	Transport to hospital		Provide nutritious food		Allowing rest		Care of new born		Total	
	N	P	N	P	N	P	N	P	N	P
Brahmin	11	45.83	7	29.17	4	16.67	2	8.33	24	100.00
Chhetri	14	50.0	8	28.57	3	10.71	3	10.71	28	100.00
Dalit	4	50.0	1	12.5	-	-	3	37.5	8	100.00
Others	1	50.0	-	-	1	50.0	-	-	2	100.00
Total	30	48.39	16	25.81	8		8	12.90	62	100.00

Source: Field Survey, 2009.

Above table showed that among the 62 respondents received care from husband at the time of delivery Brahmin 24, Chhetri 28, Dalit 8 and other 2. Majority of the all caste respondents were received care from husband by transport into hospital. Followed by provide netritious food. Among them 45.83 percent brahmin, 50.0 Dalit and 50.0 percent others received care by transportation. 29.17 percent Brahmin, 28.57 percent Chhetri, 12.5 percent Dalit by provide netritious food. 16.67 percent Brahmin, 10.71 percent Chhetri and 50.0 percent others by allowing rest and 8.33 percent Brahmin, 10.17 percent Chhetri, 37.5 percent Dalit respondent received care from their husband at the time of delivery.

Table 27: Percent distribution of respondents by types of care received from husband at the time of their delivery, according to education in Amargadhi-3, Dadelghura.

Educational level	Types of Care									
	Transport to hospital		Provide nutritious food		Allowing rest		Care of new born		Total	
	N	P	N	P	N	P	N	P	N	P
No edu	11	55.0	6	30.0	1	5.0	2	10.0	20	100.00
Primary	10	52.63	6	31.57	1	5.26	2	10.53	19	100.00
Lower Secondary	7	46.67	3	20.0	3	20.0	2	13.33	15	100.00
Secondary	2	40.0	1	20.0	1	20.0	1	20.0	5	100.00
Higher	-	-	-	-	2	66.67	1	33.33	5	100.00
Total	30	48.39	16	25.81	8	12.90	8	12.90	62	100.00

Source: Field Survey, 2009.

Out of the 62 respondents 20 respondent were illiterate, 19 primary level, 15 lower secondary level, 5 secondary level and 3 respondent were higher level of education who received husband care during delivery majority of them have got help of transport to hospital. Among them 55.0 percent illiterate, 52.63 percent primary, 46.67 lower secondary, 40.0 percent secondary level of respondent received transportation into hospital care from their husband. Where as 5.0 percent illiterate respondent, 5.26 primary level, 20.0 percent lower secondary, 20.0 secondary and 66.67 percent higher level education's respondents received care of allowing rest from their husband.

5.6.2 Causes of don't care of husband during delivery

It is important that males involvement in maternal and new born care but there are various causes which are don't care of husband their wife during

their delivery. For example, without knowledge, and negligence of own wife etc. Therefore responses of the respondent about don't care of their husband during their child birth and their percentage are mentioned the different table in below.

Table 28: Percent distribution of respondent by causes of don't care of their husband during the time of delivery, according to social group in amargadhi-3, Dadeldhura

Social group	Causes of don't care									
	Fear of family member		Negligence wife		Without knowledge		Lack of time		Total	
	N	P	N	P	N	P	N	P	N	P
Brahmin	2	16.67	3	25.0	2	16.67	5	41.67	12	100.00
Chhetri	3	21.43	3	21.43	2	14.29	6	42.85	14	100.00
Dalit	4	33.33	2	16.67	4	33.33	2	16.67	12	100.00
Others	-	-	-	-	-	-	-	-	-	100.00
Total	9	23.68	8	21.05	8	21.05	13	34.21	38	100.00

Source: Field Survey, 2009.

In the table 27, out of the 38 respondent 12 respondents Brahmin, 14 Chhetri, and 12 Dalit women who didnot care during delivery by their husband. Among the Brahmin respondents 16.67 percent did not get care or help by their husband, 25.0 percent were negligency, 16.67 without knowledge of husband and 41.67 percent respondent did not get care by lack of time of their husband.

Similarly, 21.43 percent Chhetri ad 33.33 Dalit respondent were not received care by their husband because of the fear of the family member, 21.43 percent Chhetri and 16.67 percent Dalit by Negligency of wife, 14.29 percent Chhetri and 33.33 percent Dalit by without knowledge of their husband and 42.85 percent Chhetri and 16.67 Dalit respondent did not get care in the time of delivery lack of time their husband.

As a whole majority of the all caste of respondents cause of did not received care by husband during delivery was lack of time their husband in the time of child birth.

Table 29: Percent distribution of respondents by causes of don't care of their husband at the time of delivery, according to education in Amargadhi-3, Dadeldhura

Educational level	Causes of don't care									
	Fear of family member		Negligence wife		Without knowledge		Lack of time		Total	
	N	P	N	P	N	P	N	P	N	P
No edu[n]	6	33.33	4	22.22	5	27.78	3	16.67	18	100.00
Primary	1	9.09	2	18.18	2	18.18	6	54.55	11	100.00
Lower secondary	2	33.33	1	16.67	1	6.67	2	33.33	6	100.00
Secondary	-	-	1	50.0	-	-	1	50.0	2	100.00
Higher	-	-	-	-	-	-	1	100.0	1	100.00
Total	9	23.68	8	21.05	8	21.05	13	34.21	38	100.00

Source: Field Survey, 2009.

Among the total 38 respondent who did not received care of their husband in the time of delivery, large number of illiterate women did not received the care for various causes. 33.33 percent of illiterate did not received care by husband because of the fear of family member 22.22 percent by cause of negligence of wife, 27.78 percent by cause of without knowledge and 16.67 percent did not received care by cause of the lack of time.

Similarly, out of 11, 6, 2 and 1 primary lower secondary, Secondary and higher level education respondents. 9.09 percent primary, 33.33 percent lower secondary and no any percent secondary and higher level respondent did not get care of husband by cause of family member. 18.18

primary, 6.67 lower secondary and 0.0 percent secondary and higher level respondents by cause of no knowledge and 54.55 primary, 33.33 lower secondary, 50.0 secondary and 100.0 percent respondents did not get care of husband by cause of lack of time their husband respectively.

5.7 Children Ever Born (CEB) and safe delivery

5.7.1 CEB of respondents and place of delivery

CEB and place of delivery are related each other. It is considered that higher the number of CEB lower the safe delivery. Following table is also clear that this type of vision.

Table 30: Percent distribution of respondents by number of CEB and place of delivery in Amargadhi-3, Dadeldhura

No. of children	Place of delivery							
	Home		Hospital		Other		Total	
	N	P	N	P	N	P	N	P
1	7	25.93	20	74.07	-	-	27	100.00
2	10	31.25	21	65.63	1	3.12	32	100.00
3	8	42.11	11	57.89	-	-	19	100.00
4	7	58.33	5	41.67	-	-	12	100.00
5	1	33.33	1	33.33	1-	33.33	3	100.00
6	2	66.67	1	33.33	-	-	3	100.00
7	1	50.00	-	-	1	50.00	2	100.00
8	1	50.00	-	-	1	50.00	2	100.00
Total	37	37.0	59	59.0	4	4.0	100	100.00

Source: Field survey, 2009.

Above table clearly showed that lower the children higher the safe delivery. Who have under 3 children they practiced safety and good place for delivery in comparison who have more than 3 children. In the above table, who have got only one 74.07 percent respondent's place of delivery

was hospital followed by 2 children, 65.63 percent. Where as who have got 7 or 8 child they were 50.0 percent delivered their baby in home and 50.0 percent place of delivery was other place out of home and hospital.

5.7.2 CEB and delivery assistance

Assistance during delivery is very important for child bearing women. In this study some question were asked about number of children ever born and their delivery assistance. The respondents responses were presented in the following table.

Table 31: Percent distribution respondents number of CEB and delivery assistance in Amargadhi-3, Dadeldhura

No. of Children	Delivery assistance													
	Doctor		Nurse		TBA		Family member		Relatives		No assistance		Total	
	N	P	N	P	N	P	N	P	N	P	N	P	N	P
1	5	18.52	13	48.15	6	22.22	2	7.41	1	3.70	-	-	27	100.00
2	3	9.38	19	59.37	5	15.63	1	3.13	3	9.38	1	3.13	32	100.00
3	2	10.52	8	42.11	4	21.05	1	5.26	2	10.52	2	10.52	19	100.00
4	-	-	5	41.67	3	25.0	2	16.67	2	16.67	-	-	12	100.00
5	-	-	-	-	2	66.67	1	33.33	-	-	-	-	3	100.00
6	-	-	-	-	2	66.67	-	-	1	33.33	-	-	3	100.00
7	-	-	-	-	1	50.0	-	-	1	50.0	-	-	2	100.00
8	-	-	-	-	-	-	1	50.0	-	-	-	-	2	100.00
	10	10.0	45	45.0	23	23.0	8	8.0	10	10	4	4.0	100	100.00

Source: Field Survey, 2009

It was found that, women having less than 3 child they have highest delivery assistance from doctor or nurse. while increasing the number of CEB the assistance during the delivery also being decreasing from doctor and nurse and having assistance from friend and relatives above table shows that who have got only one children 18.52 percent were assisted by

doctor and 48.15 percent assisted by nurse. Where as who have got more than 3 children they did not have assisted by doctor and nurse (Table 24).

5.7.3 CEB and health condition of women during

It is hypothesized that higher the number of children ever born lower status of health of the mother. The following table is also clearly showed this type of vision.

Table 32: Percent distribution of respondent by number of CEB and Health condition of mother in Amargadhi-3, Dadeldhura

No. of children	Health condition of respondent					
	Normal		Critical		Total	
	N	P	N	P	N	P
1	25	92.59	2	7.40	27	100.00
2	26	81.59	6	18.78	32	100.00
3	12	63.15	7	36.84	19	100.00
4	7	58.33	5	41.67	12	100.00
5	1	33.33	2	66.67	3	100.00
6	1	33.33	2	66.67	3	100.00
7	-	-	2	100.0	2	100.00
8	1	50.0	1	50.0	2	100.00
Total	73	73.00	27	27.00	100	100.00

Source: Field survey, 2009.

Good health condition is very important for child bearing mother. Healthy women normally give child birth rather than unhealthy women. Above table also showed that women having less than 2 or 3 child they have normal condition at giving child birth i.e. 92.59 percent one child respondent, 81.25 two child respondents and 63.15 three child respondent have normal condition at giving child birth whereas 100.00 percent seven child women and 50.0 percent eight child women have critical health condition at the time of giving child birth.

5.7.4 CEB and Care of Husband during delivery

Care of husband is also essential for women the time of delivery. There decision and action often make the difference between illness and health, live and death etc. at the time of giving birth. In this study some question were also asked about number of children ever born (CEB) and care of their husband. The responses were presented in following table.

Table 33: Percent distribution of respondents by number of CEB and care of their husband at the time of delivery in Amargadhi-3, Dadeldhura

No. of children	Care of husband					
	Yes		No		Total	
	N	P	N	P	N	P
1	21	77.78	6	22.22	27	100.00
2	24	75.0	8	25.00	32	100.00
3	10	52.63	9	47.37	19	100.00
4	5	41.67	7	58.33	12	100.00
5	1	33.33	2	66.67	3	100.00
6	1	33.33	2	66.67	3	100.00
7	-	-	2	100.00	2	100.00
8	-	-	2	100.00	2	100.00
Total	62	62.00	38	38.00	100	100.00

Source: Field Survey, 2009.

In this table, it was also found that lower number of CEB respondents received higher care of husband during delivery and lower number CEB did not get. 77.78 percent one child women, 79.0 percent 2 child women and 52.63 percent three child women have got care of their husband at giving child birth. While no any percent i.e. 0.0 percent respondent 7 and 8 CEB were got care of their husband. there were 100.0 percent of these number of CEB respondent have not received any type of care from their husband at the time of giving child birth (Table 32).

5.8 Age at Marriage and safe delivery

Age at marriage is one of the most importance determining factor of safe delivery. It is observed the among the women who did marriage below the 18 years of age have higher unsafe delivery. That means lower the age at marriage higher the unsafe delivery. therefore, study also focused the age at marriage and safe deliver. Therefore, the study also focused the age at marriage and safe delivery of the responds.

5.8.1 Age at marriage and place of delivery

The responses of the respondents about their age at marriage and the place of delivery are presented as following table:

Table 34: Percent distribution of the respondent about their age at marriage and place of delivery in Amargadhi-3, Dadeldhura

Age at marriage	Place of delivery							
	Home		Hospital		Other		Total	
	N	P	N	P	N	P	N	P
12-14	5	62.50	2	25.00	1	12.50	8	100.00
15-17	16	48.48	15	45.45	2	6.06	33	100.00
18-20	12	29.26	29	70.73	-	-	41	100.00
21 & above	3	21.43	11	78.57	-	-	14	100.00
Not stated	1	25.00	2	50.00	1	25.00	4	100.00
Total	37	37.00	59	59.00	4	4.00	100	100.00

Source: Field Survey, 2009

It was cleared that respondents having below 18 year age at marriage, also having more then half delivery at home and other places. Compared to women with age at marriage 18 years above. Above table presented that 78.73 percent 21+ age at marriage women delivered their babies at hospital followed by 18-20 age at marriage i.e. 70.73 percent. Thus it could be said that higher the age at marriage of women, their place of delivery is also safe and reliable (Table 32).

5.8.2 Age at marriage and delivery assistance

It was hypothesized that if women have high age at marriage they got delivery assistance by (SBAs) i.e. doctor, nurse etc. Status of age at marriage of respondents and their delivery assistance in the time of live birth is mentioned as following table.

Table 35: Percent distribution of respondents about their age at marriage and delivery assistance in Amargadhi -3, Dadeldhura.

Age at marriage	Delivery assistance													
	No assistance		Doctor		Nurse		TBA		Family member		Relatives & friends		Total	
12-14	2	25.00	-	-	2	25.0	1	12.5	1	12.50	2	25.00	8	100.00
15-17	1	3.03	1	3.03	10	30.30	12	36.36	4	12.12	5	15.15	33	100.00
18-20	-	-	4	9.75	25	60.97	10	24.39	-	-	2	4.87	41	100.00
21 & above	-	-	5	35.71	7	50.00	2	14.28	-	-	-	-	14	100.00
Not stated	1	25.00	-	-	1	25.0	1	25.00	-	-	1	25.0	4	100.00
	4	4.00	10	10.00	45	45.0	23	23.00	8	8.00	10	10.0	100	100.00

Source: Field Survey, 2009

In this table, it was found that women who have below 18 years age at marriage, they were lowest received delivery assistance by doctor among them 25.00 percent of 12.14 years age at marriage women did not received delivery assistance from other person during their delivery. Where as age at marriage 21 and above respondents received 33.71 percent doctor, 50.00 percent nurse and 14.28 percent TBA by delivery assistance respectively.

5.8.3 Age at marriage and health condition during delivery

If a women married in earlier age then delivery may be also earlier but in earlier age women can not be ready to give child birth as a result their

health condition may not be good. Therefore, the information was taken about age at marriage and health condition of women at the time of chile birth as follows:

Table 36: Percent distribution of respondent about their age at marriage and health condition during delivery.

Age at marriage	Health condition of respondent					
	Normal		Critical		Total	
	N	P	N	P	N	P
12-14	4	50.00	4	50.00	8	100.00
15-17	23	69.69	10	30.31	33	100.00
18-20	33	80.49	8	19.51	41	100.00
21 & above	12	85.71	2	14.29	14	100.00
Not stated	1	25.00	3	75.00	4	100.00
Total	73	73.00	27	27.00	100	100.00

Source: Field Study, 2009

It revealed that higher the age at marriage of respondents, their health condition at the time of child birth was normal. The table indicates 85.71 percent respondents health condition was normal whose age at marriage 21 years and above followed by 18-20 years age at marriage i.e. 80.49 percent were normal condition. Where as only 50.00 percent 12-14 years age at marriage respondents were normal health condition at the time of child birth. Thus it is clear that higher the age at marriage is not risky (Table 35).

5.8.4 Age at marriage and care of husband

In this study some question were asked about the respondent about age at marriage and care of their husband. The responses of respondents and their percentage are presented as following table.

Table 37: Percent distribution of respondents about their age at marriage and care of their husband at the time of delivery in Amargadhi 3, Dadeldhura

Age at marriage	Care of husband during delivery					
	Yes		No		Total	
	N	P	N	P	N	P
12-14	3	37.50	5	62.50	8	100.00
15-17	17	51.52	16	48.48	33	100.00
18-20	30	73.17	11	26.83	41	100.00
21 & above	11	78.57	3	21.43	14	100.00
Not stated	1	25.00	3	75.00	4	100.00
Total	62	62.00	38	38.00	100	100.00

Source: Field Study, 2009

It was clearly found that, women having low age at marriage they received few care from their husband. Among the below 18 years age at marriage women, only 37.50 percent of 12.14 years age at marriage women received the delivery care from the husband and 51.52 percent 15.17 received where as 78.57 percent of 21 and above years age at marriage women received care from their husband at the time of delivery.

Thus it is clear that where age at marriage of women is higher there is also higher quality of delivery care which is less risk, safe and reliable.

CHAPTER - VI

Summary, Conclusion and Recommendation

6.1 Summary

This dissertation is case study of the status of child delivery in Amargadhi municipality ward No. 3 Dadeldhura district. The study is based on some selected dependent and independent variables and they are primary in nature. The major finding of the study are as follows:

- Total number of respondent of study area were 100.
- Average number of respondents size found to be 36.0 percent Brahmin, 42.0 percent Chhetri, 20.0 percent Dalit and 20 percent other caste respectively.
- In this study out of 100 respondent 38.0 percent were illiterate and only 4.0 percent were higher level education.
- majority of the respondents 83.0 percent use safe drinking water.
- In this area 8.0 percent respondents mean age at marriage was 12-14, 33.0 percent 15-17, 41.0 percent 18-20, 41.0 percent 21 and above and 4.0 percent mean age at marriage was not stated.
- The age of starting child bearing was 2.0 percent 12-14 years, 26.0 percent 15-17, 42.0 percent 18-20 28.0 21 and above and 2.0 percent were not stated.
- Out of the different ethnic group Brahmin women get their baby in safe delivery place and Dalit women get their baby unsafe delivery place.
- It was found that 75.0 percent higher level education women used safe delivery place and 55.26% illiterate women were used unsafe delivery place.

- There were large number of Brahmin 47.24 % and Chhetri 54.76% assisted by nurse in their delivery and only 25% Dalit assisted by nurse.
- Majority of illiterate respondent assisted by their family member and relatives and higher level of education respondents assisted by doctor and nurse.
- Brahmin and Chhetri respondents used safe delivery kit rather than Dalit and other caste .
- 100.0 percent higher level of education women used safe delivery kits and 13.16 percent no education women used unsafe delivery kit.
- Out of 100, 77.78% Brahmin women have normal health condition and 40% Dalit women have critical health condition.
- 75% higher education women have normal health condition and 36.84 illiterate women have critical health condition at the time of delivery.
- Among the 100 respondents only 5.1 percent were transport in to hospital by Ambulence and 57.62% transport in to hospital by their own foot.
- It was found that out of 100 respondent 62% received care of husband and 38% did not received care of husband at the time of delivery.
- Majority of the Brahmin and higher level education women got care by husband and Dalit and illiterate women did not got care by their husband at the time of delivery.
- Those respondents who have only one children used hospital as a place of delivery 74.07% while those have three and above

children they used their own home and other place as a place of delivery.

- Among the respondents who have one children have normal health condition 92.59% at the time of delivery, where as who have five and above children were critical health condition at the time of child birth.
- It was observed that women who were married at the age of 12.17 used home as a place of delivery, while women who were married at the age of 21 and above used hospital as a place of delivery.
- Majority of the women who did dely age at marriage their delivery assisted by doctor and nurse but those women who did early age at marriage their delivery assisted by family member, relatives and friends.
- Out of the 100 respondent, 85.71 percent respondent's health condition was normal at the time of delivery whose age at marriage was 21 and above years and 50.0 percent have critical condition whose age at marriage was 12-14 years.

6.2 Conclusion

On the basis of data analysis, child delivery practice in Amargadhi municipality ward No. 3 Dadeldhura found in various result. They were safe delivery practice was well in Brahmins and Chhetri caste but Dalits and other caste have unsafe delivery practices compare to Brahmins and Chhetri. Similarly literate women's delivery practice was safe and illiterate women's delivery practice was safe and illiterate women's delivery practice was unsafe women whose age at marriage was 21 and above their delivery practice was safe compared with below 18 years of age. Likewise respondents who have number of children were less then

three their delivery practice (status) was well compared to more than three children respondents.

6.3 Recommendation

On the basis of the conclusions the recommendation for policy implication and future area of research are suggested as follows:

6.3.1 Recommendations for policy implication

Following are some recommendations for safe delivery practice in the studied population

- Awarness raising programmes about maternal health education of female should be launched to increase the education level of women.
- Most of the respondents engaged in agriculture and household work. So they are unable to receive payable delivery care services. Therefore free and easily available medical service should be provided to imporove delivery care practices.
- Community should be organizsed to health education, health drama and exhitibiotn regarding delivery care to improve awareness of safe delivery practices.
- Health post should be provided regular safe delivery services.
- Training, seminars and meeting should be conducted to motivate women of reproductive age.
- Mass education programme on radio, television regarding safe delivery practice should be provided through different GOS and NGOS like MOH, FHD etc.

6.3.2 Recommendation for future area of research

Researchers who are interested to study the safe delivery practice in this area in the future, following are some recommendation for them:

- This study examined only few selected socio-economic variables. Thus further studies might include other variables (income, culture etc) assess the knowledge and utilization of safe delivery services.
- All age groups of women not only 15-49 years age group should be studied.
- Study should be made on other aspect of reproductive health also.
- This study has been carried out by simple descriptive analysis. This type of study could be done by using correlation, regression and other statistics.
- Study should be include whole district in future.

REFERENCE

Acharya, LB, (1998). "Effect of Mobile Health Worker on BCG vaccination in Rural Areas of Western and Mid Western Hill districts of Nepal." *Population and Environment, Vol. 1* (Kathmandu: MOPE), 88 - 89

Bhatta Shankar Datta, (2006). *"Status of Child delivery, A Case Study of Mahendra Nagar Municipality.",* Unpublished M.A. Dissertation, (Kathmandu: CDPS T.U.)

Bista Bal Govin da, (2003). Status of Reproductive Health. *Population Monograph of Nepal, Vol. II.* Central Bureau of Statistics 2003, Kathmandu, Nepal, P. 211.

Central Bureau of Statistics, (1987). *Population Monograph of Nepal.* National Planning Commission Secretrait, Kathmandu, Nepal.

Dhakal Megh Raj, (2007). "Prasuti Sayahar Ra Yesaka Abastha" *Tuki 2007: Barsha 24, Anka 74,* (Kathmandu: MOH). P. 2

Family Health Division, Department of Health Services. Ministry of Health, 2003, *Safe motherhood newsletter-3,* (Kathmandu: MOPE)

Levitte, Mertha and et-al 1998, *"A mobilization of safe motherhood in Nepal." The Magazine of World Health Organization No. 1* (Geneva, WHO) pp 16-17

Manandhar Vijaya 2005, Make Every Mother and Child Count, *"Safe Motherhood Newsletter"* Vol: 6, (Kathmandu:MOH).

Ministry of Health, Department of Health Services. *Annual Report, 1996.* (Kathmandu: Department of Health Services).

Ministry of Health (MOH, 1997). *National Maternity Care (NMC) Guidelines 1996.* (Kathmandu: MOH).

Ministry of Health (MOH, 1997). *Nepal Family Health Survey, 1996.* (Kathmandu: MOH). P. 11.

Ministry of Health (Nepal), New ERA and ORC Macro 2002 and 2007. *Nepal Demographic Health Survey 2001 and 2006.* (Calverton, Maryland, USA: Family Health Division, Ministry of Health, New ERA, and ORC Macro). P. 141 and 141-153.

Population Reference Bureau (PRB) 2002, *"Healthy mothers and healthy New Born"* (Washington: Population Reference Bureau).

United Nations (1994). *Programme of Action Adopted at the International Conference in Population and Development.* Cairo, (United Nations Publication, Sales no. E. 95. XIII 7).

United Nations Development Programme, 2006. *Nepal Human Development Report 2006.* Empowerment and Poverty Reduction. (Kathmandu: UNDP).

United Nations Population Fund (2007). *"Men as partners in maternal health"* World Population Day, July 11, 2007

United Nations Population Fund, (UNFPA, 1996). *Review of The National Population Programme*. Programme review and strategy Development Report Nepal (Kathmandu: UNFPA) pp 13-42

United Nations Population Fund (2003). *"Maternal Mortality Ratio in South Central Asia"* (New York: United Nations Population Funds)

United Nations Population Fund (UNFPA, 2005). *State of World Population,* The promise of Equality, Gender equity, Reproductive Health and the millennium Development Goals (New York: United Nations Population Fund)

World Health Organization (1998). *Strategies for Adolescent Health and Development South East Asia Region.* New Delhi.

Questionnaire

Introduction **Date:**

Name of the Respondent:- …….....……

Address:- …….....…….

District:- …….....…….

VDC/Municipality:- …….....……..Ward No.:- ……

Cast/Ethnicity:- …….....……

Name of the household head:- …….....……

Individual Question

1. How Old are you ?

2. Can you read or write

3. What is your educational level ?
   a. No education c. Lower secondary
   b. Primary d. Secondary e. Higher level
4. What is your occupation ?
   a. Housewife c. Business
   b. Agriculture d. Services
5. How much land are includicating ?

6. What sorts of facility in your household immunities ?
   a. Electricity …….. Yes/No
   b. Television ……. Yes/No
   c. Radio …….. Yes/No
   d. Television…… Yes/No
   e. Others …… Yes/No

7. What are the main sources of drinking water in your home ?

   a. piped water c. Canal river

   b. open well d. other

8. What type of toilet facilities are in your home ?

   a. Flush toilet c. open toilet

   b. temporary d. other

9. What was your age when you got married ?

10. What was your age when you had first menstruation ?

11. When did you start to first conception ?

12. Did you have any difficulty before delivery?

13. Was your pregnancy wastage before delivery?

14. What was your age when you got first child ?

15. Had you lost any child just after it's birth ?

16. How many children have you got till now ?

17. Have you taken any type of vaccine during ANC ?

    a. Yes b. No

18. If yes, how many time did you take ?

19. Did you take any iron tablet during pregnancy?

20. What type of nutritious food have you taken during pregnancy ?

a. Green vegetables/leaves ..... Yes/No

b. Meat and fish ..... Yes/No

c. Grains ..... Yes/No

d. Milk ..... Yes/No

e. Others .....

21. Did you follow up doctor when you were pregnant ?

a. Yes b. No

22. If yes, how many times did you follow up ?

23. Where did you get your baby ?

a. Home b. Hospital c. Other

24. How did you delivered your baby ?

a. Self or with out any assistance

b. Assisted with other

25. Who assisted you at the time of your child delivery ?

a. Doctor d. Family member

b. Nurse e. Relatives and friends

c. TBA f. Other

26. How did you reach in hospital at the time of delivery ?

a. Ambulance c. Own foot

b. Stretcher d. Others

27. Was your child delivered by operation ?

a. Yes b. No

28. What was your health condition at the time of delivery ?

a. Normal b. Critical

29. How far is your home from hospital ?

30. Did you get service easily in Hospital ?

a. Yes b. No

31. If No, why didn't you get ?

a. Expensive hospital fee

b. Lower number of health worker.

c. Negligence of doctor or nurse.

d. Week infracture of hospital.

e. Others .....

32. Have you any dangerous circumstances about your delivery ?

a. Yes b. No

33. If yes, what types of dangerous occur ?

a. Vomiting c. Bleeding

b. Unconsciousness d. Complication of plesenta e. Other

34. What did you do immediately after your baby was born ?

a. Identify the sex.

b. Cutting the cord

c. Observed the baby crying.

e. Others

35. Have you used any delivery kits ?

a. Yes b. No

36. How much time did you check up your health after delivery ?

a. No check up c. Two times

b. One time d. Three times

37. How many times did you vaccinate your baby after delivery ?

38. Do you know about family planning devices ?

a. Yes b. No

39. How did you come to know ?

a. Newspaper c. Radio

b. Television d. Husband

40. What is your husband’s educational level ?

a. No education c. Secondary

b. Primary d. Higher

41. What is your husband’s occupation ?

a. Agriculture c. Services

b. Business d. Daily wage

42. In the time of delivery, did your husband help you ?

a. Yes b. No

43. If yes, what type of care did he do ?

a. Transport to the hospital c. Allowing rest

b. Provide nutritious food d. Care of new born

44. If No, why didn't he care of your ?

a. Fear of the family member. b. Negligence of the wife.

c. With out knowledge. d. Lack of time.

e. Others

45. Will you satisfied that you get good care of delivery ?

46. Will you want to be pregnant again ?