

KNOWLEDGE AND PRACTICE OF DELIVERY CARE

By

Anshu Acharya

Exam Roll No: 2180069/070

T.U. Regd. No: 9-1-9-18-2004

A Thesis

Submitted to Health Education Department

in Partial Fulfillment of the Requirements of Master's Degree in Health Education

**TRIBHUVAN UNIVERSITY
FACULTY OF EDUCATION
JANTA MULTIPLE CAMPUS
HEALTH EDUCATION DEPARTMENT
ITAHARI, SUNSARI
NOVEMBER, 2016**

KNOWLEDGE AND PRACTICE OF DELIVERY CARE

By

Anshu Acharya

Exam Roll No: 2180069/070

T.U. Regd. No: 9-1-9-18-2004

A Thesis

Submitted to Health Education Department

in Partial Fulfillment of the Requirements of Master's Degree in Health Education

**TRIBHUVAN UNIVERSITY
FACULTY OF EDUCATION
JANTA MULTIPLE CAMPUS
HEALTH EDUCATION DEPARTMENT
ITAHARI, SUNSARI
NOVEMBER, 2016**

DECLARATION

I hereby declare that to the best of my knowledge this thesis is my original work. No part of it has been earlier submitted for the candidature of research degree to any university, college or educational institutions. Whatever the subject matter I have presented in this thesis report belongs to my own original work.

Date: 24-11-2016

.....
Anshu Acharya

ACKNOWLEDGEMENTS

First of all, I would like to express my sincere gratitude to Mr. Birendra karki lecture of Janta Multiple Campus for his scholarly guidance, creative suggestions, supervision and encouragement throughout the research period. It was almost impossible to present thesis in this form without his cooperation.

I would like to thank Mr. Sanjiv Kumar Yadav Reader, Head of Department of Health Education for providing me all the possible requirement of thesis. Similarly, I would like to express my sincere gratitude to Mr. Manoj Kumar Chaudhary lecture of Janta Multiple Campus.

Similarly, I would like to express my sincere thanks to all the respondents of the study area for providing me their valuable information.

I am also thankful to my family members especially to my father, mother and my sister who supported me in various ways.

Lastly, I am also responsible for any error and mistakes if occurred while preparing this study.

November, 2016

Anshu Acharya

M.Ed 2nd Year

Janta multiple campus

ABSTRACT

This study entitled **“Knowledge and Practice of Delivery Care (A Case Study of Brahman and Limbu Communities of Solma VDC of Terhathum)”** is conducted quantitatively with formulating main objective as to find out the knowledge and practice of delivery care of Brahman and Limbu community comparatively.

The study has been conducted as descriptive research design (survey design) under quantitative research method. In this study the population of the study is married couple of reproductive aged who had at least one child in Solma VDC of Terhathum. In this study 60/60 married women of reproductive age and having at least one child from Brahman and Limbu community. Purposive sampling method under non probability sampling method was used in this study. Questionnaire was made the major tool for data collection and it was implemented as interview schedule method to the respondents.

In this study, middle aged (30-34) women were in higher number than others. Out of total respondents 8.30 percent were of age 15-19 years which is not legal for reproduction. The overall data shows that the majority (51.70%) of the respondents have joint family. Majority (96.70%) of Brahman respondents were literate but only 42.90 percent of Limbu respondents had only lower secondary education. Out of 60 Brahman respondents 51.70 percent and out of 60 Limbu respondents more than half (55%) had taken agriculture as the main occupation. Out of 60 Brahman respondents half (50%) of them were of aged 20-24 years during first delivery whereas out of 60 Limbu respondents half (50%) of them were of age 15-19 years during first delivery. Most of the respondents (60.80%) told that the meaning of delivery is "Giving birth to the child". Among them 65 percent were Brahman and 56.70 percent were Limbu respondents.

Out of 58 literate Brahman respondents majority (93.10%) had knowledge about delivery care. Out of 42 literate Limbu respondents 95.2 percent had knowledge about delivery care. Out of 60 Brahman respondents 76.7 percent had knowledge about T.T. vaccine. Out of 60 Limbu respondents 45 percent had such knowledge out of 60 Brahman respondents majority (60%) viewed that they had knowledge about eating meat/fish during and after delivery In case of Limbu respondents 55.55 percent had

knowledge on eating meat/fish during delivery period. This data says that majority (57.50%) of the total respondents has knowledge on consuming meat/fish during and after delivery. Out of 60 Brahman respondents more (33.33%) viewed about the first helper of delivery mother as health worker. Similarly in Limbu respondents 45 percent out of total viewed the helper was oldest mothers as delivery helper. Out of 60 Brahman respondents more than 33 percent of them expressed about the knowledge of delivery complication by bleeding and vaginal pain whereas out of 60 Limbu respondents more than 40 percent of them expressed such knowledge. Out of total respondents' majority (70%) of them had knowledge about sanitation during delivery.

Out of 60 Brahman respondents 30 percent of them used to go to health centre for delivery whereas only 25 percent Limbu respondents used to go to hospital for delivery. The statistics shows that 31.14 percent of the total respondents used to go to the health institutions at the last stage of delivery complications. Out of 60 Brahman respondents approximately half of them used to eat meat/fish after delivery as additional food and 55 percent in Limbu. Out of 60 Brahman respondents 35 percent of them were in normal personal hygiene condition and only 26.66 percent Limbu respondents were practicing normal personal hygiene. Out of 60 Brahman respondents 35 percent of them checked their health once after the delivery and 30 percent Limbu respondents checked their health to the health personnel once.

Based on the above findings and conclusions, it is recommended that different programs related to health should be conducted. Social taboos, myths, superstitions and gender discrimination in the perspective of delivery care and especially on the use of balanced diet and sanitation are highly rooted in the study area so as in the Nepalese society which should be eradicated and further research should be conducted on the same topic.

TABLE OF CONTENTS

	Page No.
DECLARATION	i
RECOMMENDATION	ii
APPROVAL SHEET	iii
ACKNOWLEDGEMENTS	iv
ABSTRACT	v
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
ABBREVIATIONS	xii
CHAPTER – I: INTRODUCTION	1-6
1.1 Background of the Study	1
1.2 Statement of the Problem	3
1.3 Objectives of the Study	4
1.4 Significance of the Study	4
1.5 Delimitation of the Study	5
1.6 Definition of the Terms Used	6
CHAPTER – II: REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK	7-13
2.1 Theoretical Literature	7
2.2 Empirical Literature	9
2.3 Implication of the Review for the Study	12
2.4 Conceptual Framework	12
CHAPTER – III: METHODS AND PROCEDURES OF THE STUDY	14-15
3.1 Research Design	14
3.2 Sources of Data	14
3.3 Population of the Study	14
3.4 Sampling Procedure and Sample Size	14
3.5 Tools for Data Collection	15
3.6 Standardization of Tools	15
3.7 Data Collection Procedure	15

3.8	Method of Data Analysis and Interpretation	15
CHAPTER – IV: ANALYSIS AND INTERPRETATION OF RESULTS		16-35
4.1	Socio-economic and Demographic Status	16
4.1.1	Age Group of the Respondents	16
4.1.2	Family Structure of the Respondents	17
4.1.3	Educational Status of the Respondents	18
4.1.4	Occupational Status of the Respondents	19
4.1.5	Age of the Respondents During First Delivery	20
4.2	Knowledge on Delivery Care	21
4.2.1	Meaning of Delivery	21
4.2.2	Educational Status and Knowledge about Delivery Care	22
4.2.3	Knowledge about T.T. Vaccine	23
4.2.4	Knowledge about Additional Food during and After Delivery	23
4.2.5	Knowledge on First Helper of Delivery Mother	24
4.2.6	Knowledge about Delivery Complications	25
4.2.7	Knowledge about Sanitation During Delivery	26
4.3	Practice of Delivery Care	27
4.3.1	Place of Delivery	27
4.3.2	Status of Delivery Complications	28
4.3.3	Status and Way of Delivery Transportation	29
4.3.4	Additional Food after Delivery	30
4.3.5	Personal Hygiene after Delivery	31
4.3.6	Health Check up after Delivery	32
4.4	Summary of Findings	33
4.4.1	Socio-Economic and Demographic Status	33
4.4.2	Knowledge on Delivery Care	34
4.4.3	Practice of Delivery Care	35
CHAPTER – V: CONCLUSION AND RECOMMENDATIONS		36-37
5.1	Conclusion	36
5.2	Recommendations	36
5.2.1	Recommendations for National Policy	36

5.2.2	Recommendations for Practice Relation	37
5.2.3	Recommendations for Further Study	37

REFERENCES

APPENDIX

LIST OF TABLES

Table No.	Title	Page No.
1.	Age Group of the Respondents	16
2.	Educational status of the respondents.	18
3.	Age of the Respondents during First Delivery	20
4.	Educational Status and Knowledge about Delivery Care	22
5.	Knowledge about Additional food during and after delivery	24
6.	Knowledge on First helper of delivery mother	25
7.	Knowledge about Delivery Complications	25
8.	Place of Delivery	27
9.	Status and Way of Delivery Transportation	29
10.	Personal Hygiene after Delivery	31
11.	Health Check up after Delivery	32

LIST OF FIGURES

Figure No.	Title	Page No.
1.	Types of Family	17
2.	Occupational Status of the Respondents	19
3.	Meaning of Delivery	21
4.	Knowledge about T.T. Vaccine	23
5.	Knowledge about Sanitation during Delivery	26
6.	Status of Delivery Complications	28
7.	Additional Food after Delivery	30

ABBREVIATIONS

ANC	-	Antenatal Care
ICPD	-	International Conference on Population and Development
MOH	-	Ministry of Health
NDHS	-	National Demographic and Health Survey
NPC	-	National Planning Commission
TBA	-	Traditional Birth Attendent
TT	-	Tetanus Toxoid
UNFPA	-	United Nation Population Fund
UNICEF	-	United Nation's Children Fund
VaRG	-	Valley Research Group
VDC	-	Village Development Committee
WHO	-	World Health Organization