BIRTH SPACING AND ITS EFFECTS ON MATERNAL AND CHILD HEALTH CARE IN CHAMAR COMMUNITY

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INTRODUCTION

1.1 Background of the Study

Birth –Spacing is a gap between the one child to the next that will contribute to control the population growth. Nepal is still facing a lot of social evils in 21th century. Maximum people are living under poverty line so that many conservation norms and value are still prevailing in our societies. Due to lack of education, they do not care their health condition. They are ignorant about the use of family planning as well as importance of birth-spacing. Moreover, they cannot provide quality education to their children.

Child bearing patterns, such as maternal age, birth order, and the interval between births have an important influence upon the probability that a child will survive infancy and early childhood. Recent world fertility surveys have contributed an impressive amount of comparative data from developing countries which reconfirm the significance these relationships, particularly birth spacing or child spacing, have as key factors contributing to child survival. Studies have also shown that the length of time between two births in a family (the "birth interval") greatly influences survival of both children. When there is a short birth interval, both have a much greater chance of dying than do children with a longer birth interval. When the birth interval is less than two years, the pregnancy outcome is more hazardous. Short birth intervals are associated with higher rates 89 Impact of fetal, infant and child mortality, particularly high if the inter-birth period is shorter than a year. In developing countries, children who are born after a birth interval of less than two years are, on average, twice as likely to die in infancy as are children born after a longer interval. Too short an interval between births not only raises an infant's chance of dying during the first year, it adversely affects the child's survival for at least the first four years of life. Such children have a 50 per cent greater risk of dying between the ages of one and four than do children born after a longer birth interval.

Women in the developing world who have many children In quick succession place themselves and their children at enormous risk. Child bearing patterns-maternal age, birth order, and the Interval between births-have an important Influence upon the probability that a child will survive Infancy and early childhood. Birth or child spacing has a particular significance for child

survival. Studies show that when the length of time between two births in a family is less than two years, the new-born, on average, is twice as likely to die in infancy as might a child born after a longer birth-interval. This applies not only to the first year of life, but adversely affects the child's survival chances for at least the first four years of life. Babies born after a three-to-four year Interval have the best chances of survival.(UNICEF2011)

Birth spacing refers to how soon after a prior pregnancy a woman becomes pregnant or gives birth again. There are health risks associated both with pregnancies placed closely together and those placed far apart, but the majority of health risks are associated with births that occur too close together. The March of Dimes recommends a minimum of 18 months before becoming pregnant again following an uncomplicated vaginal delivery of a full-term infant; the WHO recommends 24 months. A shorter interval may be appropriate if the pregnancy ended in abortion or miscarriage, typically 6 months. If the mother has had a prior C-section, it is advisable to wait before giving birth again due to the risk of uterine rupture in the mother during childbirth, with recommendations of a minimum **inter-delivery interval** ranging from a year to three years. Pregnancy intervals longer than 5 years are associated with an increased risk of pre-eclampsia. The global public health burden of short inter-pregnancy intervals is substantial. Family planning can help increase inter-pregnancy interval.(WHO,2015)

The total fertility rate (TFR) in Nepal is 2.3 children per woman. On average, fertility is higher among women in rural areas than among women in urban areas (2.9 versus 2.0 children). The age specific fertility rate in the 15-19 age group is 88 births per 1,000 women. The rate peaks among women age 20-24 (172 births per 1,000 women) and declines thereafter, reaching the lowest level among women age 40 and over (Table 5.1).The 2016 NDHS collected data from women age 15-49 on the number of children ever born and those still living. On average, women age 45-49 have given birth to 4.0 children, of whom 3.6 survived to the time of the survey. Currently married women age 45-49 have given birth to an average of 4.1 children, and 3.7 of these children were alive at the time of the survey. (46.2 months), whereas for all other quintiles it is 37.2 months or less.(NDHS 2016)

Nepal has been experience high fertility compared to other countries even in the South Asia's
The dominant socio-cultural dogma have always have been socially and culturally pronetalist in

Nepalese society, wither Hindu or Buddhist, the eldest son most perform the parent's funeral ritual and continue their family tradition. (Pradhan, 1989)

Nepal annual house hold survey (2015/16) shows average size of family in Nepal is 4.6 person which is 4.2 in urban and 4.8 in rural. There are 17.1% nuclear households (family size 1-2) in Nepal. Nearly half (47.2%) of the household heads are in the age group 30 to 49 years and 25.9% households are headed by female members which must be due to the high proportion of male labor migration. Population of Nepal is comprised of 48.4% males and 51.6% females. Looking at the productive age population of 15 to 59 years, about 58.8% population belongs to this productive age group. The sex ratios of Nepal are 94 which is same for urban and rural. Currently, the dependency ratio of Nepal is 70 indicating there are about 70 persons who depend upon the population of the productive age group. The dependency ratio is lowering in Nepal each year. Last year the dependency ratio was almost 72.(Nepal Annual Household Survey2015/16)

Reproductive and Sexual health is a right for both men and women. Today gaps failures in reproductive health care, combine with women's long established inequality and the pressure of societies and family. Keep people all over world from exercising their sexual and reproductive rights. This massive denial of human rights causes the death of millions of people every year many more permanently injured or infected. Most of the people are women, and most are in developing countries (UNFPA 1997).

Decline in fertility over the past fifteen years. Currently, women have an average of 2.6 children during their lifetimes. This represents a steady decline since 2006 when women were having an average of 3.1 births. Family planning use has remained essentially the same since 2006. Use of female sterilization has dropped slightly, from 18% in 2006 to 15% in 2011, while male sterilization has increased, from 6% in 2006 to 8% in 2011. Use of traditional methods has also increased, from 4% in 2006 to 7% in 2011, mostly due to an increase in the use of withdrawal. The 2011 NDHS also reveals that 27% of married women have an unmet need for family planning – 10% for birth spacing and 17% for limiting. Infant mortality rate is 46 deaths per 1,000 live births for the five-year period, just two deaths below the infant mortality reported in 2006. Under-five mortality is 54 deaths per 1,000 live births, down from 61 deaths per 1,000 in 2006. Immunization coverage among children has slightly increased during this period. Currently, 87 percent of children aged 12-23 months are immunized against the six major childhood diseases whereas 83% of children were fully immunized in 2006. Nepalese children

are better nourished than in the past. In children under five years of age, 41% are chronically malnourished, as measured through stunting, and 11% are wasted, a measure of acute malnutrition. While still high, these statistics represent a reduction from 2006 when 49% were stunted and 13% were wasted. Furthermore, the data show 29% of Nepalese children under age five are underweight in 2011, which is a decrease from 39% in 2006.(NDHS2011)

This research aims to highlight the importance of birth –spacing and its effect on maternal child health care and also exam the level of "Birth-Spacing and its effect on maternal child health care" among the chamar community. Who are residing in Inaruwaa municipality ward no.6 of Sunsari district. In doing so, help to study the partial fulfillment of Health Education for Master Degree.

1.2 Statement of the Problem

One of the aspects of population education is the socio-economic, literacy, and demographic factor that influence birth-spacing among the couple. Culturally and religious Nepalese societies is pronatalist (Dahal, 1989). Married is almost universal in Nepalese society and there is a common observation that people married at an early age, which leads to high fertility. Additionally, the experience of child mortality and intent mortality rate is higher which encourage to Nepalese women to replace the own child loss.

The economics of Nepal is predominantly agriculture and 25.16% people fail under the poverty line, which shows C.B.S. 2011 AD. It still persists children are not considered burden on the family but contribute to family income. Most currently married women have strong desire for sex performance that encourages large family size. Similarly, the education status is very low in Nepalese women especially in rural areas. They do not realize the need for birth control and also unknown that what is Birth-Spacing. What types of consequences comedown.

Birth-spacing and maternal child health care both are equally importance factor in population study on quality of life. If the couple haven't use contraceptive device than fertility rate not come down because most of currently women have strong desire for sex performance. So that is reason the women does not care completely career own her child health. Therefore the couple must be kept a large gap between on child to the next as 4-5 years.

Chamar community is the one of the poor ethnic groups within the inner Teri Region and it's also backward of socially and economically. The main focus of this study to find out birth spacing in an assigned area .I think that there were several studies with different ethnic group but there weren't on Chamar ethnic group so far in this topic. So it is being essential to focus on birth-spacing and effects on maternal child health care among the couple of Chamar community. This study mainly contributes in the academic as well as policy level to start many Health programmers.

1.3 Objectives of the Study

Following objective had been used in the study.

- To identify the knowledge on birth spacing in Chamar Community.
- To find out the gap between the previous baby to the next.
- To examine the effect of birth spacing in Chamar Community.

1.4 Significance of the Study

The research aims to highlight the importance of Birth-Spacing and to exam what types of effect on maternal child if they do not keeping gap between children next. The major significance of the study is as follows.

- The finding of the study would helpful for planners and policy maker of different kinds of governmental and non-governmental origination, and Government formulate the policy and plans regarding birth spacing.
- This study would useful to local people to develop awareness and knowledge towards birth-spacing and its effect on maternal child health care.
- This study would previously based line information of background characteristics of the women and it would be help to formulated program in an assign area.
- These studies helpful to a little decrease a population growth.

1.5 Delimitations of the Study

Delimitation of the studies is follows

- The study was delimited only to the one Chamar community. The result cannot be generalized to other community.
- The study was limited only to Inaruwaa municipality ward no.6, ram tole madhesha of Sunsari district. Therefore the finding cannot be generalized to whole chamar communities of nation.
- The target populations of this study was 150 married women aged 15-49 years .Who have a child or current pregnant.
- These studies was been covering some variables of birth-spacing; therefore all component of reproductive health may not be defined.

1.6 Operational definition of the key Term Used

Birth-Spacing: - Gap between two children.

Pop growth: - Increase the Pop size (affected by demographic factors)

Contraceptive device: - The preventive method to help women to avoided unwanted regencies. It's includes all temporary and permanents method of prevalent pregnancies.

Community:- Community is a social group with the same degree of social correlation and given area of same life style, same culture and trends etc.

Delivery:- The process by which the fetus and the placenta are expelled from the uterus.

Brest feeding: - A process of milk feeding own child by women.

Placenta:- A process before Brest feeding.

Menstruation:- Bleeding through the ovum each 28 days, it's a process of cycle of women which helps to develop ovum and pregnant.

Fertility:- Actual reproductive performance of birth given by women at a child is bearing period

Household:- Household refers to group who normally live together and share a common kitchen.

CHAPTR-II
REVIEW OF RELATED LITERATURE

2.1 Theoritical Literature

“Theory of Increasing Prosperty and pleasure,” was preasented by Brenton. According to this theory the idea of human life is pleasure. Reproduction rate increase among person who have better means of pleasure. The poor class does not have so many options in pleasure seeking. They have no acess to books, arts and spiritual pleasures, Intercource. Consequently they reproduction more children. On the oter hand, since the rich have so many option to enjoy pleasure, therefor birth rate among them is lower.(B joseph raju and it al.p.348 first publised-2004)

Cardwell (1993) developed a theory, known “theory of intergenerational welth flow” explaining fertility begaviour in any type of society at any level of the development is rational. In a society the fertility is high if children are economically useful to parents and low if children are economically not benificial to the parents.

The bilogical theory developed by spencer states that as the complexcity of life increase , a reduction in fertitlity takes place and that is why fertility is lower in industrial societies as compaire to rural societies (Ghosh,a 1985:8)

Another bilogical theory known as the “Cyclical theory” was put forward by carrado Gini, this theory states that ,population tends to flow an evolution, similar to the life cycle of the individual. As the individual passes through the sucessive stage of development maturation add involution. (B joseph raju and it al.p.342 first publised-2004)

Bongarts (1978) shows the four principles proximate determants of fertolity namely proportion of married women, post-partum infundability, include abortion and prenalence of contraceptive use . Bongarts clained by these four factors. In typically traditional society where fertility, the principle role is generally play by formal two determanant and in known transtitional and modern societies, where fertility found in transition it is highly affecte later determanants(Dhakal, 1995:8)

Davis and Black (1956) have included marriage as one of the intermediate variables, which affected fertility as one of the intermediate variables in the age of entry in to sexual can be approximated by age at marriage. In addition to this social, cultural and religious factors equally contributed in adjoining the effect of age at marriage on fertility (Bhende and Kanitkar,1992)

Birth at home is not necessary un safe if the mother’s family and her birth attendent can recognize the sign of complection during the labour and delevery and if complication occour can carry her to the health facilities with adquite facilities. Family may not be able to transport the women to medical care center in time or may not take her because they fear patronizing treatment poor quality. Deleveries in health facilities can still be risky because the poor medical care. All pregnancies involve some risk even for healthy women. An estimate 15 % of pregnancies result in complication reuiring medical care in life threatening cases women needs emergency obstetric care (UNFPA,2001)

2.2 Emperial literature

Safe sexual behavour means having sexual activities between the couple or with a trust werthy person, or having sex within a couple in their understanding, maintaining a gap of 3/4 years until

they do not have the desire for the baby, or usining contraceptive after the fulfilment of having babies. (Maharjan, 2068)

At list 3-4years is required for a mother to be healthy but if she bears the baby frequently, then their will be high chance of miscarriage emergencies of various deseases in ovoum and high mortility chance during delevery. Therefor the mother can maintain child-gap by using one of the contrceptive such as condom, pills, dipoprovera, IUD and norplant etc. (Dhakal, 2057)

Nepalise society is pronetalist, high economics and social value of children, low education and social status of women, poor health and inficient nutritional in take, in assessibility of family pallaning and it's unmet demand are the determining factor of high fertility in Nepal. (Dahal, 1989)

Since the lunch of the safe Motherhood Intiative in 1987 ,attention to reproductive health has increased interest, DHS surveys begin collecting maternal mortality data through a series of question design to obtain a direct measure of maternal mortality. These question were include for the first in the 1996 NFHS and again 10 years later in the 2006 NDHS. In addition to information on maternal mortality, Data gathered from the maternal mortility modul also allow for the estimation of adult mortality. Safe mother hood had been identifyed as a national priority in the new National policy, and the government of Nepal has for a 66 percent reduction in maternal mortility between 1990 and 2015 (Center Bereau of Statistics, 2006)

Women in Nepal get married at a fairly young age - a median age at first marrige of 17.5 years for women age 25-49 the medin age at first mariage rises with education from 16.6 years among women age 25-49 with no education to 18.5 years among women with some secondary education. eighteen percent of women age 25-49 in Nepal are married by age 15, and more than half (55%)by age 18. Only 19%of men in the same age group are married by age 18;and the median age at first marriage for men age 25-49 is 21.6, four year later than women. (Demographic and Health survey, 2011)

Study in Nepal have shown that female contraceptive users are more likely than nonusers to either perceive or actually known that their husband approve of family planning, indicating the importent influence of sponsal communication and approval on contraceptive behaviour (schular,Mchlntosh,goldstein& penday,1987)

Ministry of health, Nepal and Johns Hopkins University Communication service, 1994; Stash, 1996), yet in 1996, 55 % of married women reported that they had never discussed family planning with their husband (Pradhan et al,1997)

The pramary care of new born include the proper practice of cutting the umbilical cord. Traditionally, the cord cut with razor blade, knife, sickle, or even a piece of wood, none of which is generlly sterile. In some cultural, the cord is not cut until the plecenta (Save the Children US/2002).

Sharma (2007) has conduct "Social cultural and economic impact on Reproductive Health in Tharu Community of Suwall VDC of Nawalparasi." This study has applied random sampling procedure. The main objective of this study was find out social and economic impact or reproductive health practices in the selected Tharu community. The study found that only 31.67 peercent respondent consul with health workers during pregency. Manority of 23.32 percent have additional food consumption during their pregency. Most of them 65 percent were found pregency home delivery. Only 51.66 percent have idea about family planning. Only 51.66 percent5 people use in family planning method.

Bishwakarma, (2008)conducted a study intitled "Fertility behaviour of the Musar community in Kawasoti and Pithuli VDC of Nawalparasi," to examine the differential in fertility some selected demographic and socio-economic variables has been considered. Such as age at married, child loss experiences, education of women, use of contraceptive were taken as independent variables and mean CEB was taken as dependent variables.He found that Literacy status of the study of population was very low. it was 28.4% literate.more than 41.3% of literature didn't cross.The highest majority 32.1% respondent were reported the source of knowledge about family planning.Mean CEB is high 3.8% in age group 30-34 years.

Chaudhary,(2008) conducted a study "Maternal Health care Practices in Tharu Community in Chandranagar VDC, Sarlahi District." The detail study was limited to currently married aged 15-49 years who had ever given live birth. Among the total population 57.78%were marred and only 39.69%were unmarried. Agriculture is the main backbone of nepalies economic In this study, out of 83 respondent mother receive health case belonging to 20-24 y ears age group.

Yadav,(2015) conducted a study "birth spacing and its effect on maternal and child in Mushar Community in Fulbariyan VDC, Siraha District." The detail study was limited to currently married aged 15-49 years who had ever given live birth. Regarding, birth-spacing only 37.7 percent respondent said birth-spacing is a gap between two children of the total respondents. 70 percent Chamar women respondent are found to be keeping birth-spacing but not appropriate gap between their two children.

Nepal society is pronalist, high economics and social value of children low education and social status of women, poor, unheathy and insufficient nutritional in take , in family planning and it's unmet demond are the determaning factor of high fertility in Nepal. (Dahal, 1998)

The maternal health care services that a mother receives during her pregnancy are important for the well being of the mother and her child. In Nepal, overall one in two pregnant women received antenatal care. Twenty-eight percent of mothers received antenatal care either from a doctor (17 percent) or a nurse or auxiliary nurse midwife (11 percent). Another 11 percent of mothers received antenatal care from a health assistant (HA) or auxiliary health workers (AHWs). Village health workers (VHWs) provided antenatal care to 6 percent of woman and maternal child health workers (MCHWs) provided care to 3 percent of mothers. Traditional birth of attendants (TBAs) provided antenatal care to less than 1 percent of mothers (NDHS, 2001).

The concept of safe motherhood practices has received high priority in recent years which is the main reason for adoption by HMG of multispectral safe motherhood programmed aimed at strengthening all possible areas for safe guarding. The overall target of the programmed is to bring down the maternal mortality rate to 400 per 100,000 live births by the year 2000. It is possible only through radical improvement reproductive health as well as qualitative and quantitative improvement of socio-economic conditions of women in conjunction with the national health policy (MOH, 1996).

Maternity care implies the provision of essential care for pregnant. Even to ensure safe delivery including postnatal care and treatment of complication of the mother and the newborn. Maternity care starts from the time of pregnancy diagnosis and continues through delivery and postnatal period (MOH, 1998).

Reproductive and sexual health is a right for both men and women. Today, gaps and failures in reproductive health care, combined with women's long established inequality and the pressures of society and family. Keep people all over the world from exercising their sexual and reproductive rights. This massive denial of human rights causes the deaths of millions of people every year. Many more permanently injured or infected. Most of these people are women, and most are in developing countries (UNFPA, 1997).

2.3 Implication of the Review for the Study

The review of the related literature is one of the guideline to prepare the proposal; the review which gives us knowledge about the related subject, some implication of literature review is given below in this study.

- Review literature helped to write background of the study.
- It helped to make objectives of research.
- It helped to choose research design.
- It helped to select the sample size,
- It helped to prepare data collection tool.

2.4 Conceptual Framework

The conceptual framework includes socio-economic and demographic variables as independent variables for determining the person's attitude towards maternal health care (dependent variable). It should be noted that the effect of these two variables on maternal health care practices through the knowledge and access of health services.

Conceptual Framework for the study of Maternal Health Care in Nepal

CHAPTER-III
METHODS AND PROCEDURES OF THE STUDY

This chapter discusses of methods which are employed to conduct the research. The whole study was carried out the basis of primary and secondary data. Reliably and relevant study was be carried out the basis of can be made possible only by applying scientific methods. Hence the primary purpose of this chapter will discuss and design the framework of research. Different procedures of research methodology will be applied which are as follows.

3.1 Research Design

This study followed both descriptive and quantitative research design. This research was based on particular area and to find out the birth spacing and its effects on maternal and child health. Who are residing in Inaruwa municipality ward no.6 of Sunsari district. Here in this research; birth spacing is one problem (variable) but it's related to many variables as like nutrition, per capita income, family life education, safe motherhood, fertility behavior etc. In this design the researcher was explained present situation with linkage historical. So that this research had completely descriptive design.

3.2 Population of the Study

This study was based mainly on primary data as well as secondary data. The primary data had been collected through the constructed questionnaire with interview schedule from the married women of reproductive age group (15-49) in Chamar community of Inaruwa municipality ward no.6 of Sunsari district . The secondary data had been obtained from previous research study, thesis, internet and reports of government and non-government organization. The individual information was collected from child bearing women in the total population 150 of reproductive age group (15-49) of the study area. So all the women of age group (15-49) Inaruwa ward no – 6 Municipality are not the population of the study. In Inaruwa Municipality there were 9 wards and total population of Chamar was 5435among them 3256 are male and 2179 are female. And

total household were 945 according to Municipality ward profile 2072 B.S. But purpose to this study ward number 6 had been selected among 9 wards (6 ward was selected).There are altogether 150 Chamar Married women of reproductive age group (15-49). In this ram tole of ward 6 inaruwa madhesha has 272 houses and 1904 population.

3.3 Sampling Procedure and Sample Size

Chamar Communities from ward no. 6 of Inaruwa Municipality in Sunsari District was selected area of this study. This study has based on census method. There are altogether 150 Chamar married women of reproductive age group (15-49).

3.4 Data collection Tools

To collect necessary information for this study, the researcher was collected information through interview schedule of Chamar Community of reproductive age (15-49) of 150 womens.

3.5 Validation of tools

After papering the interview schedule it was administered as trail test in 20 Chamar people of the age 15-49 years of Inaruwa municipality ward no.6 of Sunsari district. On the basis of trail test result and feedback obtained from experts and supervisor. The interview schedule were reformed and prepared for final administrations which had been in appendix. The whole methods of making the tools valid were properly explained in the proposal. One should not the mistaken trail test for the pilot test is the miniature version of the study.

3.6 Data collection Procedure

The data were collected through the well design questionnaire from selected respondent of Inaruwa municipality ward no.6 of Sunsari district. Researcher was pay door to door visit according to sampling. Then there were explained respondent about the purpose of study and create favorable situation for collecting their response. Then data was collected using questionnaire.

3.7 Techniques of Data Analysis and Interpretation

A systematic procedure was done for data analysis and interpretation. After collecting the fill up questionnaire schedule, researcher was tabulated on master table on different bending then

simple statistics method. After then data were analyzed and interpreted was presented graphs, figure and chart to make the presentation more valid.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter contains the main part of the study. After the collection of all information, data were tabulated, classified and analyzed. The detail interpretation is given as following

4.1 Knowledge of Birth-Spacing

The first objective of the study was to identify the knowledge about birth-spacing among the couple of Chamar community. To identify the knowledge of birth-spacing, researcher makes various types of questions like what is birth-spacing, what is the appropriate age birth-spacing time, with whom do get the subsection about it, there were several questions about breast feeding and also indicating the health workers. And more information about to fulfill "to identify the knowledge on birth-spacing" objective. Following sub-heading provides more information about data.

4.1.1 The details of educational status of Respondent women

Education is a major component of the basic requirement for the population development. Education plays vital role in keeping birth spacing of women, which governs all aspects of the human life. The question about education attainment is asked only to the person aged 15-49 years. There is an inverse relationship between education and age at marriage as well as education and level of fertility. Educational status is the most important factor that affects the level of birth keeping of a Chamar community. It is essential to know the literacy and educational attainment of the household population in order to find its effect upon maternal child health care.

Table No. 1: The details of educational status of Respondent women

S.N.	Descriptions	Number of women	Percent
1	Illiterate	62	41.33
2	Primary	48	32
3	Lower secondary	34	22.67
4	Secondary	6	4
5	Higher secondary	-	-
Total		**150**	**100**

Table 1 shows that higher percent of respondents are (41.33%) are illiterate followed by primary level of education (32%) and lower secondary level of education(22.67%), secondary level of education (4%) and higher secondary level are (0%). We conclude that as the level of education decreases the no. of respondent increases. That does not ideal literate rate in this community because their education status is very low.

4.1.2 Religious details of Respondent women

In this study also the respondents were asked their religious status. But all respondents are belief in Hindu religious on this community.

Table No. 2: Religious details of Respondent women

S.N.	Descriptions	Religion	Percent
1	Hindu	150	100
2	Christian	0	0
3	Buddhist	0	0
4	Other	0	0
Total		**150**	**100.00**

4.1.3 Occupational details of Respondent women

Occupation distribution of household head or person plays a vital role in the economic status of household. Economic status also determines the level of education the level of knowledge and use of contraception. So the occupation of the household is most important variables of the study population aged 15-49 years of women.

Table No. 3: Occupational details of Respondent women

S.N.	Descriptions	Number of women	Percent
1	Agriculture	89	59.33
2	Service	11	7.33
3	Business	14	9.33
4	Other	36	24
Total		**150**	**100.00**

The table 3 shows that 59.33 percent respondent said their occupation is agriculture because there was no land of Chamar community. They do hard work day to day to spent life and day to day buy food 7.33 percent respondents said their occupation is service that means they do the work in factory or labor class work. Some of 14 percent respondent said their occupation is business that means their daily work is going to be market and take some vegetables and

supply/sale it. And 24 percent respondent said others that mean their husbands are doing work and wife occupation is housewife.

4.1.4 Details of age at marriage

Age at marriage is another important factor determining family planning and birth-spacing. In Nepal marriage takes place at an early age and it is almost common in every part of Nepal. In the study area age at marriage of woman is found to be at early ages, causes of traditional belief towards girls married before the menarche.

Table No. 4: Details of age at marriage

S.N.	Descriptions	Number of women	Percent
1	14 years	22	14.67
2	15 years	85	56.67
3	16 years	35	23.33
4	17 + years	8	5.33
Total		**150**	**100.00**

Table 4 shows that higher percent of respondents are (56.67%) marriage at 15 years old at first marriage. And 23.33 percent get at first marriage at 16 years old, 14.67 percent respondents are found 14 years. And 5.33 percent of respondents can get at first marriage at 17 years.

4.1.5 Details of number of children by couple

Now a days the concept of family size accesses to family planning devices which are available at the community level, although Chamar caste people are growing family size to solve their economic problem by their concept. Distribution of the number of children of the respondents (15-49 years) is given below in chart as:

Chart 1

shows that higher percent of respondents have (45.33%) three children, (28.67%) have four children, 16 % has two children, 6.67 % respondent has told only one child, 3.33% has more than 4 children and. That's why there is little knowledge about safe mother hood and maternal child health care. And there is also lack of knowledge of birth-spacing and economic problem that give the conclusion of having more desire for children.

4.1.6 The knowledge about birth-spacing in couple

Birth –Spacing is a gap between the first children to the next that contribute to control the population growth. How to understand respondent women (15-49 years) about birth-spacing. Its objectives are less child bearing, more children bearing, after a year child bearing and gap between two children, which data show that following table by couple of Chamar community.

Table No. 5: The knowledge about birth-spacing in couple

S.N.	Descriptions	Number of women	Percent
1	Less child bearing	70	46.7
2	More child bearing	10	6.7
3	After a year child bearing	38	25.3
4	Gap between two child	32	21.3
Total		**150**	**100.0**

Above mentioned table shows that 46.7 percent respondent said birth-spacing is a less child bearing, 6.7 percent respondents said more child bearing, 25.3 percent respondents said birth-

spacing is after a year child bearing and 21.3 percent respondent said birth-spacing is a gap between two children.

Above date clarifies that most of the respondent 32 or 21.3 percent responds said only correct answer and other are not.

4.1.7 Keeping birth-spacing

On the basis of field study, 43.3 percent Chamar women respondent are found to be keeping birth-spacing where as 56.7 percent Chamar respondent are not found to be keeping birth spacing.

Table No. 6: Keeping birth-spacing

S.N.	Descriptions	Number of women	Percent
1	Yes	65	43.3
2	No	85	56.7
Total		**150**	**100.0**

This result clearly shows in this community many people are not aware about Birth-spacing.

4.1.8 Respondents by view of appropriate age birth spacing time

Birth –Spacing is a gap between the first children to the next that contribute to control the population growth. Here are the views of respondent women (15-49 years) about birth-spacing. Its alternatives measures are one year, two years, three years, four years and more and I don't know which data show that following table by couple of Chamar community

Table No.7: Respondents by view appropriate age birth spacing time

S.N.	Descriptions	Number of women	Percent
1	One year	70	46.7
2	Two years	40	26.7
3	Three years	26	17.3
4	Four years and above four years	9	6
5	I don't know	5	3.3
Total		**150**	**100.0**

Above mentioned table 7 shows that 40 percent respondents said that the birth-space between two children should be one year, 16.7 percent respondents said two years, 17.3 percent respondents said three years, and 6 percent said four years and above four years. And 3.3 percent respondents said "I don't know about appropriate age of birth spacing. It illustrates that the couples have lack of knowledge about birth-spacing.

4.1.9 The details of keeping child spacing couple

Birth- keeping called the gap between two children; if possible, it is better to keep 4- 5 years gap between first and next. Keeping short gap between the baby cusses malnutrition. Various epidemic (communicable) diseases. It also hampers health condition of mother and child there for causes the deformity of the baby and also will result into their death. In this study the respondents views upon birth-spacing as given in the table

Table No.8: The details of keeping child spacing couple

S.N.	Descriptions	Number of women	Percent
1	One year	60	40
2	Two years	25	16.7
3	Three years	20	13.3
4	Four years and above four years	9	10
5	No response	5	20
Total		**150**	**100.0**

Above mentioned table 7 shows that 40 percent respondents said that the birth space between two children should be one year, 16.7 percent respondents said two years, and 13.3 percent respondents said three years and 10 percent said four years and above four years. And 20 percent respondents no response about keeping birth spacing. It illustrates that the couples have lack of knowledge about birth-spacing.

4.1.10 Reason of less birth-spacing

Keeping Birth spacing is the one of the praiseworthy work, because its role is to help to reform the health condition of mother and child. It also helps to control population pressure and to systemize family condition in our community. But in developing country as Nepal there are several religious and cultural values and also for the solving economic problem, so that people aren't keeping birth-spacing.

Table No.9: Regions of less birth-spacing

S.N.	Descriptions	Number of women	Percent
1	Not available contraceptive device	22	14.7
2	Unknown	32	21.3
3	Husband desire	46	30.7
4	To solve the economics problem	20	13.3
5	No response	30	20
Total		**150**	**100.0**

Above mentioned table 9 show that 14.7 percent of respondents were found to reply reason of birth-spacing as such as not available contraceptive device, 21.3 percent of respondents unknown about reasons of birth-spacing. 30.7 percent of respondents were found the reasons of husbands desire which are higher percent, 13.3 percent of respondents were found to solve the economics problem and 20 percent of respondents of women (15-49 years) no response the reasons of less birth-spacing.

4.1.11 Subsection about birth-spacing in couple

The respondents are getting information on birth-spacing from different sources. Many women are found that they kept birth-spacing according to information. The respondents who are subsection about birth-spacing by the sources information in the study area is classified in the following table.

Table No.10: The subsection about birth-spacing in couple

S.N.	Descriptions	Number of women	Percent
1	Health workers	78	52
2	Radio/TV	10	6.7
3	Friends	32	21.3
4	By study	30	20
Total		**150**	**100**

The above table shows that 52 percent respondents are subscripted on birth-spacing by the sources of health workers, 6.7 percent said the sources of radio/TV, 21.3 percent response sources of friends and followed by 20 percent by study respectively.

4.1.12 Respondent by done breast feeding details

Early initiation of breast feeding is encouraged for a number of reasons. Mothers benefit from early sucking because it stimulates breast milk production and facilities the realizes of oxy-toxin, which helps the contraction of the uterus and reduces post partum blood loss. The first breast milk contains colostrums, which is highly nutritious and has antibodies that protect the newborn from disease. Early initiation of breast feeding also fosters holding between mother and child.

Table No.11: Respondent by done breast feeding details

Descriptions	Reponses	Number of women	Percent
You done breast feeding to your baby	Yes	130	86.7
	No	20	13.3
	Total	**150**	**100.0**
Have you done breast feeding to your newly baby	Twice	-	-
	Thrice	85	56.7
	Four time and more	61	40.7
	No response	4	2.6
	Total	**150**	**100.0**
How many years you done breast feeding to your newly baby	Half year	20	13.3
	One-half year	95	63.3
	Two years	18	12
	More than two years	12	8
	No response	5	3.3
	Total	**150**	100.0
Have many years you done breast feeding to your previously baby	Half year	30	20
	One-half year	94	62.7
	Two years	22	14.7
	More than two years	-	-
	No response	4	2.6
	Total	**150**	**100.0**

Table 11 represent the practice of still breast feeding i.e.86.7 percent mother were still breast feeding their baby and 13.3 percent mother were not still breast feeding. Table 11 represents breast feeding time to baby after delivery, majority of breast feeding time in a day to baby among the mother. There found 56.7 percent respondents has breast feeding thrice in a day and 40.7 percent respondents has breastfeeding fourth time in a day and 2.6 percent respondent hasn't response has not able to breast feeding.

Table 11 also measured breastfeeding duration of newly and previously baby by respondent. Respondent's breastfeeding time to newly baby after delivery majority of time in a year .There found half year was 13.3 percent,63.3 percent breast feeding within one-half year,12 percent within two years,8 percent response done breast feeding within more than two years and 3.3 percent respondent has not response. Similarly for previously baby 20 percent has done

breastfeeding half year, 62.7 percent have done breastfeed one-half, 14.7 percent breastfeed two years 2.6 have not any response about the time for breastfeeding.

4.1.13 Respondents by haven't done breast feeding details

There are many reasons behind people not having breast feeding such as not sufficient time, Breast feeding problem, Fear to disease and to damage body structure.

Table No. 12: Respondents by haven't done breast feeding details

S.N.	Descriptions	Number of women	Percent
1	Not sufficient time	-	-
2	Breast feeding problem	4	2.7
3	Fear to disease	-	-
4	Fear to damaged body structure	-	-
	No response	146	97.3
Total		**150**	**100.0**

Above table No. 12 only 4 respondents or 2.7 percent respondents have breastfeeding problem. And 97.3 percent do not response because they all respondents have done breast feeding.

4.1.14 Respondent by health workers were lie on the ward

93.3% respondents said there is a health worker in our ward and 4% hasn't said there weren't in this study. It is right so the respondent known about health workers their ward.

Table No. 13: Respondent by health workers were lie on the ward

S.N.	Descriptions	Number of women	Percent
1	Yes	140	93.3
2	No	6	4
3	No idea	4	2.7
4	Other	-	-
Total		**150**	**100**

Above mentioned table shows that there were health workers in their community.

4.2 The gap between the previously baby to the next

4.2.1 Details of temporary family planning measures for keeping birth-spacing

Family planning is an important aspect of reproductive health. It plays a critical role in promoting healthy pregnancy, reducing the change of high risk pregnancies. It helps to reduce maternal mortality and improving women's reproductive health, prevent unwanted and high risk pregnancies, reduce the need for unsafe abortion and space the birth.

Table No. 14: Details of temporary family planning measures for keeping birth-spacing

S.N.	Descriptions	Number of women	Percent
1	Use of contraceptive device	48	30
2	Due to absence the husband	28	18.7
3	To use natural prevalent	30	20
4	Nothing	47	31.3
Total		**150**	**100.0**

Table 14 shows that the details of temporary family planning measures for women . It shows that around 30 percent of the respondents have keeping birth-spacing by use of contractive device, 18.7percent of the respondents have keeping birth-spacing by absence husband, 20percent of the respondents have keeping birth-spacing to use natural prevalent and 31.3 percent respondents do not have keeping birth-spacing.

4.2.2 Kinds of measure by using contractive device by respondent

The use of the family planning method reduces the fertility. It can also manage the rapid growing population and to increasing the birth spaces. In developed countries CPR level is higher than under developed and developing countries. It is because of lack of knowledge of the contraceptive method, educational attainment and low economic status. In Nepal the CPR level is 39 percent according to census 2001. Among Nepalese women the use of CPR level increasing each year. Because the respondent women haven't understood clearly about contractive devices. And also there are not available and it's too expensive.

The result from the study population about what kinds of contraceptive devices they have used is shown in the table.

Table No. 15: Kinds of measure by using contractive device by respondent

S.N.	Descriptions	Number of women	Percent
1	Condom	16	10.7
2	Pills	24	16

3	Natural	54	36
4	Norplant	11	7.3
5	No response	45	30
Total		**150**	**100.0**

Table 15 shows that the contraceptive user's women are 34 percent and non-user women are 30 percent .Among the respondents 36 percent have used naturally, pills user present is found 16 percent, condom user's are10.7percent, nor plant users are 7.3present respectively and 30 percent of women (15-49 years) has no response about uses contractive device. It can be presented in chart as:

4.2.3 Effects by using contraceptive device by respondent

The respondents are getting information on effect contractive device. Many women are found that they have no idea (30.7% percent) according to felt the question. The respondents who aren't any effect by using contractive in the study area is found 11.3percent, 4.7percent respondents has other problem like headache, vomiting and so many and 30percent respondents has no response effect of by using contractive device. Collected data is presented in following table.

Table No. 16: Effects by using contractive device by respondent

S.N.	Descriptions	Number of women	Percent
1	Yes	35	23.3

2	No	17	11.3
3	No idea	46	30.7
4	Other	7	4.7
5	No response	45	30
Total		**150**	**100.0**

Above table shows that in this community they have some lack of knowledge about contraceptive devices.

4.2.4 Major effects of by using contractive device by respondent

Various types of side effect were experienced by users of family planning devices. They are shown in the table no. 17

Table No.17: Major effects of by using contractive device by respondent

S.N.	Descriptions	Number of women	Percent
1	Irregular menstruation	22	14.7
2	Pain in lower stomach	10	6.7
3	Nosier	7	4.6
4	Nothing	66	44
5	No response	45	30
Total		**150**	**100**

Table no 17 shows that the highest number of the respondents (14.7%) felt irregular menstruation using family planning methods. Similarly 6.7percent were facing pen in lower stomach, some of respondent (4.6%) faced of noisier,(44%)respondent are said nothing and 30 % are no response.

4.2.5 Solving the problem by effect of using contractive device by respondent

Now a day we have get many idea to solving the problem by any effects. Here lie a problem is effect of using contractive device. We also get much information about family playing if we have effect about using contractive device or family playing. Respondent get services if their problem with doctor suggestion, counseling the health workers, herbs etc. which encourage them to faced their problem. These all types of services to provide to solving the problem to the respondent. So, the researcher asked question to find out where they faced their problem and collected data is presented in table 18.

Table No.18: Solving the problem by effect of using contractive device by respondent

S.N.	Descriptions	Number of women	Percent
1	With doctor suggestion	40	26.7
2	Counseling by health workers	5	3.3
3	Herbs	7	4.7
4	Other	5	3.3
5	No response	93	62
Total		**150**	**100.0**

Above table 18 shows that 26.7percent respondents were informed with doctor suggestion,4.7percent respondents were informed by herbs, 3.3percent respondents were informed by health workers counseling and any one and 62 percent respondents hasn't any response.

Above presented data relevant that most of the respondents were informed with doctor suggestion. It may be appropriate but 62 percent of Chamar couples gave no response that's may not any problem by using contractive device that's good but average response didn't understand about contractive device.

4.2.6 Know about the maternal child health care

In this study 66.7percent Chamar women (15-49 years) found to be known about maternal child health and 33.3percent not found to be known about maternal child health.

Table No.19: Know about the maternal child health care

S.N.	Descriptions	Number of women	Percent
1	Yes	100	66.7
2	No	50	33.3
Total		**150**	**100.0**

Above table shows in this community some women doesn't know about maternal child health.

4.2.7 Measure about the maternal child health care by respondent

Nepal is one of the developing countries and here literacy rate is very low (53.7%) according to 2001 BS. So the reason, show knowledge about maternal child health is not good. But in this study what types of knowledge have respondents is following table.

Table No.20: Measure about the maternal child health care by respondent

S.N.	Descriptions	Number of women	Percent

1	Safe motherhood	25	16.7
2	Maternal child health	29	19.3
3	Healthy child and mother	30	20
4	Without disease	21	14
5	No response	45	30
Total		**150**	**100.0**

In Inaruwa Municipality. Ward no. 6 by respondent women (15-49 years) have found by questionnaire about maternal child health care. by questionnaire 16.7percent or 25person said safe mother hood , similarly 19.3percent or 29 person said maternal child health, 20percent or 30person said to healthy child and mother,14percent or 21person said without disease and 30 percent or 45 person has not any response.

There is cleared total couple of Chamar among them 20respondents has only said correct answer. So that the result of study area are not satisfaction result.

4.2.8 Programme on maternal child health in locality by respondent

Table 21 shows that 66.7percent respondents known about maternal child health programme in their locality. Similarly, 20.6percent respondents have no idea about maternal child health programme, 8.7percent did not said about programme, similarly 4percent respondent said nothing about it. The study shows that many respondent women have know about it.

Table No.21: Programme on maternal child health in locality by respondent

S.N.	Descriptions	Number of women	Percent
1	Yes	100	66.7
2	No	13	8.7
3	No idea	31	20.6
4	No response	6	4
Total		**150**	**100.0**

4.2.9 Types of programme was there in locality by respondent

Generally in our society there were several programmed by government sector and non government sector as like strict player, knowledge about nutrition, fatness mother and child, and discuss about contractive device etc. So researchers made a question to know the different types of programmed and collection the information is present in the table no. 22.

Table No.22: Types of programme was there in locality by respondent

S.N.	Descriptions	Number of women	Percent
1	Strict player	2	1.3
2	Knowledge about nutrition	35	23.3
3	Plans for mother and child	21	14
4	Discuss about contractive device	49	32.7
5	No response	43	28.7
Total		**150**	**100**

Table 22 shows that 1.3percent respondents said strict player programmed about maternal health care in their locality, 23.3percent said knowledge about nutrition, sum of 14percent respondents said fitness mother and child programmed about maternal health care, 32.7percent respondents said discuss about contractive device and 28.7 percent respondents haven't any response. Above data less relevant of field study.

4.3 Effect of birth spacing on maternal and child health

Nepal is largely a rural area. About 86% of the total population of Nepal resides in rural area (CBS and UNFPA, 2002) and although the infant mortality rate (IMR) has decline from 79 death per 1000 live birth during the five years period preceding the 1996 survey (Pradhan et al., 1997) to 48 death per 1000 live birth during the five years period preceding the 2006 survey (MOHP, New ERA and Macro International Inc., 2007)

Maternal and child health problem is the one of the major problem in birth –spacing. If birth space is low there is dangerous situation on maternal and child because of the first child is not matured and second child being born. So there is much effect.

4.3.1 Problem faced by their previously baby in this year

In this study 56.7percent Chamar women (15-49 years) found to be faced the problem about their previously baby in this year ,8.7percent has not faced about it,22.7.percent have no idea and 10percent found to be other problem and 2percent has not reply anything founded by study . The data is presented in the table no. 23.

Table No.23: Problem faced by their previously baby in this year

S.N.	Descriptions	Number of women	Percent
1	Yes	85	56.7
2	No	13	8.7
3	No idea	34	22.7

4	Others	15	10
5	No response	3	2
Total		**150**	**100.1**

4.3.2 Various types of Problem faced by previously baby

In this study there asked women of (15-49 year) Chamar community about the problem of having fever, stomachache ,weakness and other problem in there previously baby than one year. Table No. 24 show the children surveyed and the rate of disease found are in following.

Table No.24: Various types of Problem faced by previously baby

S.N.	Descriptions	Number of women	Percent
1	Having fever	29	19.3
2	Stomachache	25	16.7
3	Weakness	22	14.7
4	Other problem	25	16.7
5	No response	49	32.6
Total		**150**	**100**

Above table 24 show that among the total respondents' 67.4percents women said their previously baby had problem and 32.6percents hadn't problem. Among them are classified four categories having fever, stomachache, weakness and other problem. In this study 19.3percent said having fever, 16.7percent said stomachache, 14.7percent said weakness and 16.7percent said others problem of their previously baby.

4.3.3 Effect frequently seen in their previously baby by respondent

Questions were asked in the study regarding how often time illness there previously baby in Chamar women (15-49 years). Have the rate of disease have gone down; rate of treatment is going up. This can be interpreted the asses to care although it is possible that respondent are not reporting more minor illness. And they indicates the timing how often affect on their baby of complicate problem. In this study respondents were asked about their various types of problem faced by previously baby the main founding are given in table no. 25 by respondent of women (15-49 years).

Table No.25: Effect frequently seen in their previously baby by respondent

S.N.	Descriptions	Number of women	Percent
1	One time	27	18
2	Frequently	35	23.3

3	Once in two month	30	20
4	Four time in a month	14	9.3
5	No response	44	29.3
Total		**150**	**99.9**

Above table 25 shows that 18percent respondents said the problem was one time effected in their previously baby, 23.3percent said frequently, 20percent said once in two month and 9.3 percents respondents said four time in a month. And 29.3percent respondents had no response.

4.3.4 Problem faced by their newly baby in this year

In this study 86.7percent Chamar women (15-49 years) found to be faced the problem about their newly baby in this year and 20percent has not faced about it. The data is presented in the table no. 26.

Table No.26: Problem faced by their newly baby in this year

S.N.	Descriptions	Number of women	Percent
1	Yes	130	86.7
2	No	20	13.3
Total		**150**	**100.0**

4.3.5 Various types of Problem faced by newly baby

In this study there asked women of (15-49 year) Chamar community about the problem of diarrhea, malnutrition ,body ache and other problem in their newly baby younger than one year. Table No. 27 show the children surveyed and the types of disease found are in following.

Table No.27: Various types of Problem faced by newly baby

S.N.	Descriptions	Number of women	Percent
1	Diarrhea	49	32.7
2	Malnutrition	15	10
3	Body ache	20	13.3
4	Others problem	45	30
5	No response	21	14
Total		**150**	**100.0**

Above mentioned table 27 show that among the total respondents 86percents women said their newly baby had problem and 14 percents hadn’t problem. Among 86 percents are classified four categories diarrhea, malnutrition, body ache and other problem. In this study 32.7percent said

weakness, 10percent said head ache, 13.3percent said body ache and 30percent said others problem of their newly baby.

4.3.6 Effect frequently seen in their newly baby by respondent

Questions were asked in the study regarding how often time illness there newly baby in Chamar women (15-49 years). They indicates the timing how often affect on their baby of problem. In this study Respondents were asked about their various types of problem faced by newly baby the main finding are given in table no. 28 by respondent of women (15-49 years).

Table No.28: Effect frequently seen in their newly baby by respondent

S.N.	Descriptions	Number of women	Percent
1	Twice in a month	43	28.7
2	Once in two month	41	27.3
3	Four time in a month	37	24.7
4	Once in four month	9	6
5	No response	20	13.3
Total		**150**	**100.0**

Above table 28 shows that 28.7percent respondents said the problem was twice in a month effected in their newly baby, 27.3percent said once in two month, 24.7percent said four times in a month and 6percents respondents said once in four month. And 13.3 percent respondents had no response. It can be presented in chart as:

Above figure shows 28 shows that 28.7percent respondents said the problem was twice in a month effected in their newly baby, 27.3percent said once in two month, 24.7percent said four times in a month and 6percents respondents said once in four month. And 13.3 percent respondents had no response.

4.3.7 The details physical and mental condition of baby by respondent

If birth-spacing is low there were many problems seeing on the baby. In this study included major two types of problem physical and mental. That's problem seen in their previously and newly baby. Selected female respondent answered shown in table no. 29 married women 15-49 years age.

Table No.29: The details physical and mental condition of baby by respondent

Descriptions	**Reponses**	**Previously baby**		**Newly baby**	
		No of women	**Percent**	**No of women**	**Percent**
Physical condition	General	65	43.3	65	43.3
	Better	33	22	52	34.7
	Weak	48	32	33	22
	No response	4	2.7	-	-
	Total	**150**	**100.0**	**150**	**100.0**
Mental condition	General	70	46.7	60	40
	Better	26	17.3	42	28
	Weak	51	34	48	32
	No response	3	2	-	-
	Total	**150**	**100.0**	**150**	**100**

4.3.8 Reason having poor condition in baby by respondent women

Respondent were asked; “if your baby is having poor condition, than what do you think about this region?”The main reasons for having poor condition there were poor economic condition, cultural values and lack of knowledge about the birth spacing. Table no.30 show that the region of having poor condition in their baby by respondent.

Table No.30: Reason having poor condition in baby by respondent women

S.N.	Descriptions	Number of women	Percent
1	No idea	60	40
2	Short gap in birth	-	-
3	Economics problem	90	60
4	Both a and b	-	-
Total		**150**	**100**

Table 30 shows that 40percent respondents have no idea because they do not care maternal child and anything. The main reasons for poor condition of child are economic problem that percent found 60 and say the short gap happening the poor condition happened is no response. In this reason they do not have knowledge about birth-spacing and maternal child.

4.3.9 Respondent by used T.T. vaccine during pregnancy

Mothers giving birth at a younger age and having lower birth order children are more likely to receive tetanus toxin injections than older mothers and those with higher birth order children. Education of mother is strongly associated with tetanus toxin coverage. They get the T.T. vaccine during pregnancy founded result is in following table no.31

Table No.31: Respondent by used T.T. vaccine during pregnancy

S.N.	Descriptions	Number of women	Percent
1	Yes	135	90
2	No	15	10
Total		**150**	**100**

Table 31 shows that 90percent receive TT vaccine and 10percent did not get TT vaccine.

4.3.10 Respondent by used iron pills during pregnancy

Iron prevents mother from diseases like anemia and malnutrition. Iron deficiency anemia has remained a public health problem in Nepal. In the study area, respondents were asked whether they had received iron tablet during pregnancy. Among total respondents 20percent had received iron tablet for and 80percent have not received during their pregnancy period; latest baby.

12percent respondent had received iron pills and 98percent have not receive iron pills for previously baby in the study area.

Table No.32: Respondent by used iron pills during pregnancy

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	Yes	30	20	18	12
2	No	120	80	132	98
Total		**150**	**100**	**150**	**100**

4.3.11 Involvement in work during pregnancy

Agriculture is the dominant sector of the economy of Nepal. More women than men are involved in this sector. Women who are not employed or cannot earn money are not involved in the decision making. Her status within the house has a direct effect on her health condition. A pregnant woman needs more rest than normal women. But in Nepal, due to poverty and low status of women in decision making she is compelled to do a hard work also which may arise dangerous situation. It can be easily understood from the table 33 by respondent women (15-49 years).

Table No.33: Involvement in work during pregnancy

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	As it	135	90	142	94.7
2	More than earlier	-	-	-	-
3	Less than earlier	15	10	6	4
4	No respondent	-	-	2	1.3
Total		**150**	**100**	**150**	**100.0**

The table 33 also shows majority of respondents (94.7%) reported that they worked as usual during pregnancy,4percent reported that they worked less than earlier and 1.3had no response because they have only one child for their previously baby.

For their newly baby; 90percent reported that they worked as usual during pregnancy 10percent reported that they worked less than earlier.

4.3.12 Respondent women has been eaten nutrition during pregnancy

Women's nutritional status is important both as an indicator of overall health and as a predictor of pregnancy outcome for both mother and child. Malnutrition is a direct result of insufficient food intake or repeated infectious diseases or combination of both. Balanced diet plays important role for the physical, mental and social well being for both pregnant mother and child. A pregnant woman needs more extra notorious food than normal women. The founded result of the field by respondent as follows table no. 34.

Table No.34: Respondent women has been eaten nutrition during pregnancy

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	As it	123	82	134	89.3
2	More than earlier	27	18	15	10
3	Less than earlier	-	-	-	-
4	No respondent	-	-	1	0.7
Total		**150**	**100**	**150**	**100.0**

The table 34 also shows majority of respondents (89.3 %) reported that they has been eaten nutrition as usual during pregnancy,10 percent reported that they has been eaten more than earlier and 0.7had no response because they have only one child for their previously baby.

For their newly baby 82percent reported that they has been eaten as usual during pregnancy 18percent reported that they has been eaten more than earlier.

4.3.13 Distribution delivery place by respondent women

Place of delivery is a major component of maternity health care practice. Many maternal and infant deaths occur due to lack of safe delivery place. Home is common place of delivery in Nepal. The place of delivery of this study is given below;

Table No.35: Distribution delivery place by respondent women

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	Hospital	30	20	15	10
2	Traditional way	22	14.7	43	28.7
3	Midwife	25	16.7	5	3.3

4	Home	73	48.6	84	56
5	No respondent	-	-	3	2
Total		**150**	**100.0**	**150**	**100.0**

The table shows that out of total respondents in survey area, 10percent delivery occurred at hospital, 28.7percent occurred through traditional way, 3.3percent respondent done delivery through mid wife and 56percent occurred at home and 2percent respondents haven't response for previously baby and 20percent delivery occurred at hospital, 14.7percent occurred through traditional way, 16.7percent respondent done delivery through mid wife and 48.6percent occurred at home for latest baby. There is not available of Non-government health facility in the study area. No one is reported to have been admitted in the private medical facility during delivery because of high poverty.

4.3.14 Tools used to cut the placenta

Sterilized instruments should be used to cut the placenta after the birth of the baby. Generally sterilized blade is used as cord cutting instruments in the hospital and clinics, which prevent the neonatal tetanus. Respondent had been asked about the tools, which they had used to cut the placenta at home and hospital. The details of tools used to cut placenta are given following table no. 36.

Tab el No.36: Tools used to cut the placenta

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	New knife	34	22.7	99	66
2	New blade	100	66.7	44	29.3
3	Old knife	2	1.3	-	-
4	Old blade	14	9.3	5	3.3
5	No respondent	-	-	2	1.3
Total		**150**	**100.0**	**150**	**100.0**

Among the all respondent mother majority of them 66percent were found new knife had been used to cut their placenta, 29.3percent had been used new blade and 3.3 percent had been used old blade to cut their placenta. And 1.3has only one child so they do not gave any response by respondents for previously baby

For previously baby; 22.7percent were found new knife had been used to cut their placenta, 66.7percent had been used new blade and 9.3 percent had been used old blade to cut their placenta.

4.3.15 Affects during pregnancies

A pregnant woman has to face of affects at the time of her pregnancies. Such as, as it, more than earlier, less than earlier etc. These types of condition are occurred in pregnancies of respondents in the study area which is completely explained in the following table 37.

Table No.37: Affects during pregnancies

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	As it	4	2.7	-	-
2	More than earlier	146	97.3	132	80
3	Less than earlier	-	-	16	10.7
4	No respondent	-	-	2	1.3
Total		**150**	**100.0**	**150**	**100.0**

4.3.16 Family support by during pregnancies

Respondents were asked about support during pregnancies in their family in household. The responses are tabulated in Tableno.38

Table No.38: Family support by during pregnancies

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	Average good	62	41.3	69	46
2	Good	54	36	49	32.7
3	Bad	18	12	12	8
4	Others	16	10.7	18	12
5	No respondent	-	-	2	1.3
Total		**150**	**100.0**	**150**	**100.0**

4.3.17 Different between son and daughter after delivery

Generally, the all community in our nation to get the son desire is super. More family wants to get son in Hindu religious a light which is lighted on the mouth of a dead body without son. Generally the parents gave good facilities, much love etc. than the girl. But in Chamar community what's the different between son and daughter, the field finding are given below table 39 by respondent.

Table No.39: Different between son and daughter after delivery

S.N.	Descriptions	Have a son		Have a daughter	
		Number of women	Percent	Number of women	Percent
1	Yes	140	93.3	82	54.7
2	No	10	6.7	64	42.7
3	No respondent	-	-	4	2.7
Total		**150**	**100.0**	**150**	**100.1**

4.3.18 Respondent of women by giving vaccine their baby

Using is to prevent the disease. Couple gave the vaccine their baby effectively than reduce the disease and increase humanities power. In this study the researcher asked the question to couple of Chamar. Their response are lied on following table no 40 by aged the women 15-49 years.

Table No.40: Respondent of women by giving vaccine their baby

S.N.	Descriptions	Latest pregnancy		Previously pregnancy	
		Number of women	Percent	Number of women	Percent
1	Full dose	70	46.7	48	32
2	No	5	3.3	-	-
3	Partial dose	75	50	100	66.7
4	No response	-	-	2	1.3
Total		**150**	**100.0**	**150**	**100**

Table 40 shows that respondents who having vaccine their previously baby are found; full dose 32 percent, partial dose 66.7percent and 1.3percent has no response. Similarly, by giving vaccine their newly baby; full dose 46.7percent, partial dose 50percent and 3.3percent has no any dose.

4.3.19 Bath of the newly baby faced by respondent women

After child bearing couple most know the child care. Child bathing also including the child care practice. If do like so his/her (children) physical condition is being well. Some of people bath their newly baby once a week, some twice in a week, some once in a forth night and some people bath some time only in their child. But this study selected area's people how often they bath their newly baby according to question reported by respondent women (15-49 years) of Chamar cast. Their details are given below in the table no.41

Table No.41: Bath of the newly baby faced by respondent women

S.N.	Descriptions	Number of women	Percent
1	Once a week	15	10
2	Twice in a weak	30	20
3	Once in the fortnight(15 days)	45	30
4	Sometime only	60	40
5	Never	-	-
Total		**150**	**100**

Table 41 shows that respondents how often bath their previously baby are found; 30percent bath their baby after 15 day, 40percent respondents has been bathing their baby some time only and 20percent respondents has said twice in a weak and 10 percent respondents has said once in a weak. So the data indicates that the Chamar community's women have no idea about child care.

4.3.20 Kinds of measure by using the bath by respondent

Various types of measure were experienced by users of bathing as like cold water, cold water and shop, hot water and shop, water and shampoo and others. But what's type of measure used by select respondent. They are shown in the table no. 42

Table No.42: Kinds of measure by using the bath by respondent

S.N.	Descriptions	Number of women	Percent
1	Cold water only	24	16
2	Cold water and shop	33	22
3	Hot water and shop	15	10
4	Water and shampoo	76	50.7
5	Others	-	-
6	No response	2	1.3
Total		**150**	**100.0**

Above mentioned table no 42 show that 16percent respondents were used the only cold water to bath their baby, 22percent respondents were used cold water and shop, 10percent respondents

were used the hot water and shop , 50.7percent respondents were used water and shampoo. And so 1.3percent respondents hasn't response-means they do not bath their baby. It can also show that chart:

Above mentioned chart shows in this community maximum percentage (76%) of responded were bath their babies by water and shop.

4.4 Summary of findings

The major findings of the study are as follows

4.4.1 Knowledge of Birth-Spacing

a. Higher percent of respondents are (98%) are illiterate and (2%) respondent women are literate.
b. All respondents are belief Hindu religious on this community.
c. Majority of respondent said that their occupation was found 13.3% agriculture.20% service (factory or labor class work), 30 percent business (jungle) and 36.7 percent others (housewife).
d. Higher percent of respondents are (56.7%) marriage at 15 years old at first marriage. And 23.3 percent get at first marriage at 16 years, 14.7% get at marriage at 14 years old and 5.3 percent respondents are found 17 years.

e. It was found that 6.7 percent respondents said that having one child, 16 percent respondents said that having two children, 45.3 percent respondents said that having three children, 28.7percent respondents said that having four children and 3.3percent respondents said that having more than four children.

f. The entire respondent were found having knowledge about birth-spacing. Most of the respondents 46.7 percent respondent said birth-spacing is a less child bearing, 6.7 percent respondents said more child bearing, 25. 3 percent respondents said birth-spacing is a year child bearing and 21.3 percent respondent said birth-spacing is a gap between two children. The date clarifies that most of the respondent 32 or 21.3 percent responds said only correct answer.

g. On the basis of field study, 43.3 percent Chamar women respondent are found to be keeping birth-spacing where as 56.7 percent Chamar respondent are not found to be keeping birth spacing.

h. It was found that 46.7 percent respondents said that the birth-space between two children should be one year, 26.7 percent two years, 17.3 percent three years, and 6 percent said four years and above four years.

i. It was found that 14.7 percent of respondents were found to reply reason of birth-spacing as such as not available contractive device, 21.3 percent of respondents unknown about reasons of birth-spacing. 30.7 percent reasons of husband desires which are higher percent, 13.3 percent to solve the economics problem.

j. It was found that 21.3 percent respondents are subscripted on birth-spacing by the sources of friends and followed by 52 percent health workers.

4.4.2 The gap between the previously baby to the next

a. From the total number of respondents around 30 percent of the respondents have keeping birth-spacing by use of contractive device, 18.7 percent by absence husband , 20 percent to use natural prevalent and 31.3 percent respondents do not have keeping birth-spacing.

b. It was found that the contraceptive users women are 70 percent and non-user women are 30 percent. Among the respondents 36 percent have used naturally, pills user present is found 16 percent, condom users are 10.7 percent, nor plant users are 7.3

present respectively and 30 percent of women(15-49 years) has no response about uses contractive device.

c. The respondents are getting information on effect contractive device. Many women are found that they no idea (30.7% percent) according to felt the question. The respondents who aren't any effect by using contractive in the study area is found 11.3percent, 4.7 percent respondents has other problem like headache, vomiting and so many and 30 percent respondents has no response effect of by using contractive device.

d. It was found that that the highest number of the respondents (14.7 %) felt irregular menstruation using family planning methods. Similarly 6.7 percent were facing pen in lower stomach, some of respondent (4.6%) faced of noisier.44 % and 30% respondent are said nothing and no response.

e. It was found that 26.7 percent respondents were informed with doctor suggestion,4.7 percent by herbs, 3.3 percent by health workers counseling and any one and 62 percent respondents hasn't any response.

f. It was found that most of the respondents were informed with doctor suggestion. It may be appropriate but 62 percent of Chamar couples gave no response that's may not any problem by using contractive device.

g. It was found that 66.7 percent respondents known about maternal child health programmed in their locality. Similarly, 20.7 percent have no idea, 8.7 percent did not side about programmed, similarly 4 percent respondent said as same.

4.4.3 Effect of birth spacing on maternal and child health

a. In this study 56.7 percent Chamar women (15-49 years) found to be faced the problem about their previously baby in this year , 8.7 percent has not faced about it, 22.7 percent have no idea and 10 percent found to be other problem and 2 percent has not reply anything founded by study .

b. It was found that among the total respondents 67.4 percents women said their previously baby had problem and 32. 7 percents hadn't problem. Among 67.4 are classified four categories having fever, stomachache, weakness and other problem. In this study 19.3 percent said having fever, 16.7 percent said stomachache, 14.7 percent said weakness and 16.7 percent said others problem of their previously baby.

c. It was found that that 18 percent respondents said the problem was one time effected in their previously baby, 23.3 percent said frequently, 20 percent said once in two month and 9.3 percents respondents said four time in a month. And 29.3 percent respondents had no response.
d. In this study 86.7 percent Chamar women (15-49 years) found to be faced the problem about their newly baby in this year and 13.3 percent has not faced about it.
e. It was found that among the total respondent's 86 percents women said their newly baby had problem and 14 percents hadn't problem. Among 86 percents are classified four categories weakness, headache, body ache and other problem.
f. In this study 32.7 percent said weakness, 10 percent said head ache, 13.3 percent said body ache and 30 percent said others problem of their newly baby.
g. It was found that 28.7 percent respondents said the problem occurred twice in a month effected in their newly baby, 27.3 percent said once in two month, 24.7 percent said four times in a month and 6 percents respondents said once in four month. And 13.3 percent respondents had no response.
h. It was found that 90 percent receive TT vaccine and 10 percent did not get TT vaccine.
i. Among total respondents 20percent had received iron tablet pills for ;latest baby and 80 percent have not received during their pregnancy period and 12 percent respondent had received iron pills and 19 percent have not receive iron pills for previously baby in the study area.
j. It was shows majority of respondents (94.7%) reported that they worked as usual during pregnancy, 4 percent reported that they worked less than earlier and 2 had no response because they have only one child for their previously baby.
k. For their newly baby; 90 percent reported that they worked as usual during pregnancy 10 percent reported that they worked less than earlier.
l. In this study shows majority of respondents (89.3 %) reported that they has been eaten nutrition as usual during pregnancy,10 percent has been eaten more than earlier and 0.7 had no response for their previously baby.
m. For their newly baby; 82 percent reported that they has been eaten as usual during pregnancy 18 percent reported that they has been eaten more than earlier.

n. It was found that 10 percent delivery occurred at hospital, 28.7 percent occurred through traditional way, 3.3 percent respondent done delivery through mid wife and 56percent occurred at home for their previously baby.

o. It was found that 20percent delivery occurred at hospital, 14.7 percent occurred through traditional way, 16.7 percent respondent done delivery through mid wife and 48.6percent occurred at home for latest baby.

p. Among the all respondent mother majority of them 66 percent were found new knife had been used to cut their placenta, 29.3 percent had been used new blade and 3.3 percent had been used old blade to cut their placenta. And 1.3 has only one child so they do not have any response by respondents for previously baby

q. For latest baby; 22.7 percent were found new knife had been used to cut their placenta, 66.7 percent had been used new blade and 1.3 percent had been used old blade to cut their placenta.

r. It was found that 41.3% family supported are average good, 36 are good 12 are bad,10.7 are others and 1.3 respondents has no response for their latest baby. It was found that 46 % family supported are average good, 32.7% good and 8% others for previously baby.

s. It was found that respondents who having vaccine their previously baby are found; full dose 32 percent, partial dose 66 percent and 1.3 percent has no response. Similarly, by giving vaccine their newly baby; full dose 46.7 percent, partial dose 50percent and 3.3 percent has no response.

t. It was found that 1.3 percent bath their baby after 15 day, 93.3 percent respondents has been bathing their baby some time only and 5.3 percent respondents has said never.

CHAPTER-V

CONCLUSION AND RECOMMENDATIONS

This study analyzed birth –spacing and its effect on maternal child health care among the couple of Chamar community of Inaruwaa municipality ward no.6 of Sunsari district . This study based on primary data from purposive sampling method in ward no 6. In order to meet the objective of the study is considers quantitative information from the respondents.

5.1 Conclusion

Birth-spacing and maternal health is a burning issue even modern society. These problems due to the rural areas, lack of appropriate knowledge, poverty and careless and other outer factors. These problem affected wellbeing of human being. Human sexual desire is socially and culturally diverse and determined by different factors.

In this study, respondents knowledge about Birth-spacing and its effect on maternal health. Birth-spacing and maternal child health both are equally importance factors in population study on quality of life. If the coupe haven't use contractive device than fertility rate not come down because most of currently women have strong desire for sex performance that encourages large family size. Similarly, the education status is very low in Nepalese women especially in rural areas. They do not realize the need for birth control and also unknown that what is birth-spacing. What types of consequences comedown.

Majority of respondents has keeping birth-spacing two years differences only and regions were unknown. Among the respondents majority were used to get information of birth-spacing by friends. Majority of respondents has done breastfeeding thrice in a day of one-half year's duration of time in their latest and previously baby. Altogether the respondents had known about health workers.

Majority of respondents has used contractive device for keeping birth-spacing these are condom, pills and natural also and they haven't any idea to used and effect. If they have any effect they faced their problem with doctors. Because of health facilities available.

Majority of respondents hadn't known about maternal child health care because more respondent hasn't response. Majority of respondent's women used nutrition as it of their economics problem and a little respondent used T.T vaccine and iron pills full dose during pregnancies.

Overall, respondents had little knowledge about birth-spacing and maternal child health problem. Due to social and cultural values they do not feel about their problems to Chamar women. So this condition should be avoided by responsible agencies.

5.2 Recommendations

On the basis of fact findings, some recommendations for the improvement and for the further study in the related field are given below.

5.2.1 Recommendations for the Improvement

a. The awareness programme or seminar on the Birth-spacing and its effect on Maternal-child health should be given to all chamar woman by government or INGOs.
b. In this community researcher found Chamar woman very poor and there economic condition is very low, they depend on labor for livelihood. So the policy can format to give them skillful training to eradicate their poverty.
c. In this community we have do some charity work and awareness programme for easily axis of free delivery tools.

5.2.2 Recommendations for the National Policy

a. In this study age at marriage is very low in this community is lead to higher fertility. Therefore different kind of effective programmed should be conducted for avoiding early marriage system.
b. The literacy rate was found very low so the policy can format to raise their literacy rate.

5.2.3 Recommendation for the Further Research

a. These research covers large study sample area for future research.
b. Experimental study should be carried out to find out the knowledge on Birth-spacing and its effects on maternal child health
c. This research help to find out there were any improving about family planning in Chamar community were practicing high fertility rate so the policy must be format to decrease fertility, to keeping birth spacing and increasing awareness.

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APPENDICES

QUESTIONARE

Janta Multiple Campus

Department of HPE, Itahari Sunsari

Birth Spacing And Its Effect on Maternal ChildHealth Care

Chamar Community, Inaruwa Ward no. 6

The reported view will be kept highly undisclosed. It will be used only for the research purpose.

GROUP 'A' INDIVIDUAL CHARATISTICS

Date: ……..

Name:……..

1. Ethnicity/caste :……
2. Age in year:……
3. Education:……..
4. Religion:……..
5. Occupation:……..

GROUP 'B' KNOWLEDGE ON BIRTH-SPACING

6. How old are you when you got married?

   ……

7. How many children do you have?

   ……

8. Do you know what is birth-spacing?

   a) Less child bearing b) More child bearing

   c) After a year child bearing d) Gap between two child

9. Have you kept birth-spacing in your child?

   a) Yes B) No

10. What is the appropriate age for birth-spacing?

    a) One year b) Two year

    c) Three year d) Four years and above

    e) Don't know

11. Do you know what is the perfect age of your first child when you planning for another child?

    a) One year b) Two year

    c) Three year d) four years and above

e) No response

12. What the reason behind you doesn't keep birth-spacing?

a) Not available contraceptive device b) Unknown

c) Husbands desire d) To solve economics problems

e) No response

13. How did you know about birth-spacing?

a) By health workers b) By radio/tv

c) By friends d) By study

14. What times in a day have you Brest feeding to your newly born baby?

a) Twice a day b) Thrice a day

c) Four times or more d) No response

15. How long you have breast feeding to your child?

a) Half year b) One and half year

c) Two years d) More than two years

e) No response

16. Are you suffering from any problem during Brest feeding like……

a) No sufficient time b) Breast feeding problem

c) Fear to disease d) Fear to damage body

e) No response

17. Do you know there are any health workers in your ward?

a)Yes b) No

c) No Idea d) Other

18. What is temporary family planning measure you have use for keeping birth-spacing?

a) Contraceptive b) Absence of husband

c) Natural prevalent d) I don't use anything

19. What kind of contraceptive device you have use?

a) Condom b) Pills

c) Natural d) Norplant

e) No response

20. Do you face any heath problem using contraceptive device?

a) Yes b) No

c) No idea e) No idea

f) Other g) No response

21. Do you face any side effects using contraceptive device?

a) Irregular menstruation b) Pain in lower stomach

c) Nosier d) Nothing

e) No response

22. How did you get ride from effect by using contraceptive devices?

a) With doctor suggestion b) Counseling by health workers

c) Herbs d) Other

e) No response

23. Do you know what maternal-child health care is?

a) Yes b) No

24. In your opinion what is meant maternal child health care?

a) Safe motherhood b) Maternal child health

c) Without disease d) No response

e) Health child and mother

25. From your society any maternal-child health programme in your community?

a) Yes b) No

c) No idea d) No response

26. From any organization did any maternal – child health programme in your community?

a) Yes b) No

c) No idea d) No response

27. What kind of maternal-child health programme held in your community?

a) Strict Play b) Knowledge about nutrition

c) Plans for mother and child d) about contraceptive device

e) No response

28. Have you face any health problem previously in your baby?

a) Yes b) No

c) No idea d) Other

29. What kind of health problem face your baby in previous year?

a) Having fever b) stomach pain

c) Weakness d) Other problem

30. What times your baby affected by illness?

a) One time b) Frequently

c) One in two months d) four time in a day

e) No response

31. Have you face any health problem in your newly born baby?

a) Yes b) No

32. What kind of problem face in your newly born baby health?

a) Diarrhea b) Malnutrition

c) Body ache d) Other problem

e) No response

33. What times your newly born baby affected by health problems?

a) Twice in a month b) Once in two month

c) Four times in a Month d) Once in four month

e) No response

34. What about Your child's mental and physical condition?

Physical health

a) General b) Better

c) Weak d) No response

Mental health

a) Better b) General

c) Weak d) No response

35. What is reason behind poor health condition of your baby?

a) No idea b) Short gap in birth

c) Economic problem d) Both a and b

36. Did you have TT vaccinating during pregnancy?

a) Yes b) No

37. Have you eat Iron Pills during pregnancy?

a) Yes b) No

38. Have you done all the house works during your pregnancy?

a) As it b) More than earlier

c) Less than earlier d) No response

39. Have you eat nutrition food during pregnancy?

a) As it b) More than earlier

c) Less than earlier d) No response

40. How and where you get birth to your child?

a) Hospital b) Traditional way

c) Mid wife d) Home

e) No response

41. What tools you have used to cut the placenta?

a) New knife b) New blade

c) Old knife d) old blade

e) No response

42. What kind of affect have you faced during pregnancy?

a) As it b) more than earlier

c) Less than earlier d) No respondent

43. Have you got support by your family during pregnancy?

a) Average b) Good

c) Bad d) Other

e) No respondent

44. Do you think baby boy is better than baby girl child?

a) Yes b) No

c) No respondent

45. Have you given your baby all vaccination?

a) Full dose b) No

c) Partial dose d) No respondent

46. What times do you bath your baby?

a) Once a week b) Twice a week

c) Once in the fourth night d) Sometime only

47. How did you bath your baby?

a) Cold water only b) Cold water and shop

c) Hot water and shop d)No respondent