MATERNAL HEALTH CARE PRACTICE AND EDUCATIONAL STATUS OF WOMEN

(A Case Study of Budhathum VDC, Dhading)

A THESIS
SUBMITED TO
THE CENTRAL DEPARTMENTAL OF POPULATION STUDIES (CDPS),
FACULTY OF HUMANITIES AND SOCIAL SCIENCES,
TRIBHUVAN UNIVERSITY (TU)
IN THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN POPULATION STUDIES

BY
LAXMI ADHIKARI

Central Department of Population Studies (CDPS)
Faculty of Humanities and Social Sciences
Tribhuvan University (TU)
Kirtipur, Kathmandu
January, 2012

DECLARATION

Except where otherwise acknowledge in the text, the analysis in this thesis represents my own original research.

…….

Laxmi Adhikari

January 2012

RECOMMENDATION

This is certify that the thesis

Submitted by

LAXMI ADHIKARI

Entitled

Maternal Health Care Practice and Educational Status of Women

A Case Study of Budhathum VDC, Dhading District

is Recommended for External Examination.

Ms. Kamala Devi Lamichhane **……**

(Thesis Supervisor)

Date: January, 2012

VIVA–VOCE SHEET

We have conducted the viva-voce examination of the thesis

Submitted by

Laxmi Adhikari

Entitled

Maternal Health Care Practice and Educational Status of Women

A Case Study of Budhathum VDC, Dhading District

and find that the thesis to be an independent work of the student written according to the prescribed format. We accept the thesis as the partial fulfillment of the requirements for Master of Arts in Population Studies.

Evaluation Committee:

Prof. Dr. Prem Singh Bisht **…….**
Head, Central Department of Population Studies

Ms. Kamala Devi Lamichhane **…….**
Thesis Supervisor

Ms. Savitra Pant **…….**
External Examiner

Date: January, 2012

ACKNOWLEDGEMENTS

This thesis is submitted to the Central Department of Population Studies (CDPS), Faculty of Humanities and Social Sciences, Tribhuvan University for the partial fulfillment of Master's Degree in Arts. This thesis is prepared under the guidance of respected lecture Ms. Kamala Lamichhane, lecture at central department of population studies. I heartily appreciate her regular supervision and useful guidance. I am very obliged to all the respondents for their cooperation.

My sincere gratitude goes Prem Singh Bisht, head of the department for his valuable input to this study. I sincerely thanks to all my respected teachers of CDPS for their helpful suggestions and I am indebted to the Tribhuvan University Central Library (TUCL) and library of the Department (CDPS) to support and provide the necessary and useful materials.

I am grateful to my brother Mr. Amrit Adhikari who helped me to collect the information in the field operations. I would also like to appreciate Mrs. Asha Thapa who helped me directly or indirectly for the preparation of this dissertation. I am extremely delighted to my husbands and all my family members whose continuous financial support and expectation of my bright future inspired me continuously.

I am grateful to Resunga Computer Service.

Laxmi Adhikari

CDPS Kirtipur

ABSTRACT

This study on "Maternal health care practice and educational status of women" in Budhathum VDC Dhading, was carried out by using the primary data collected in the field survey. The field survey covered selected wards- 4, 5 and 8 of Budhathum VDC of Dhading and 120 married women age 15-49 years were selected under the purposive sampling.

The main objective of this study was to identify the demographic and socio-economic status of women at age group 15-49 years. To analyze the situation of maternal health care practices among women of reproductive age in the study area. To analyze the relationship between women's education and utilization of maternal health care services in the study area.

The main dependent variables for this research is antenatal checkup, TT injection, receiving iron tablets, delivery assistance, use of delivery kit and post natal checkups.

This study included 529 people from 120 households which consisted 47.9 percent males and 52.1 percent females. The study shows that most of the households were involved in agriculture.

In the study, 79.77 percent respondents were literate. Higher percentage of respondents were in the age group 30-34 years. The study shows that 43.33 percent respondents have knowledge about ANC.

According to study, higher percentage of respondents received ANC from the health post. In the study 83 percent literate respondents received ANC services.

In the study, 48.34 percent respondents received TT injection 55 percent have taken iron tablet. In the study 70 percent respondents delivered their babies at home, 20 percent respondents used clean delivery kit.

In the study area, 24.16 percent respondents received post natal care services and higher percentage 58.62 of respondent received postnatal care from health post.

This study found a strong positive relationship between education and maternal health care practices. There was significant relationship between receiving iron tablets, TT injection and age at marriage, level of education of respondents.

.

TABLE OF CONTENTS

LIST OF TABLES

Page No.

ACRONYMS AND ABBREVIATIONS

ANM	:	Auxiliary Nurse Midwife
AHW	:	Assistant Health Worker
ANC	:	Antenatal Care
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population Studies
DC	:	Delivery Care
DFID	:	Department for Intentional Development
FP	:	Family Planning
HA	:	Health Assistant
HH	:	House hold
HMG	:	His Majesty of Government
IEC	:	Information Education and Communication
IMR	:	Infant Mortality Rate
ICPD	:	International Conference on Population and Development
INGOs	:	International Non-Governmental Organizations
MCHW	:	Maternal and Child Health Worker
MMR	:	Maternal Mortality Rate
MOH	:	Ministry of Health
MOPE	:	Ministry of Population and Environment
NDHS	:	Nepal Demographic Health Survey
NGOs	:	Non-governmental Organizations
PNC	:	Post Natal Care
PRB	:	Population Reference Bureau
RH	:	Reproductive Health
SAARC	:	South Asian Association for Regional Cooperation
SLC	:	School Leaving Certificate

TU	:	Tribhuvan University
TUCL	:	Tribhuvan University Central Library
TT	:	Tetanus Toxid
TBA	:	Traditional Birth Attendant
UN	:	United Nation
UNFPA	:	United Population Fund
UNICEF	:	United Nations Children Fund
VDC	:	Village Development Committee
WHO	:	World Health Organization
SBA	:	Skilled Birth Attendant

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

Without better health, it create serious problem in various sector of life. Reproductive health is directly related with women than men. Reproductive health is important for successful life. Maternal health and morbidity is serious problem especially in developing countries compare to developed countries. Weak maternal health is always harmful for individual life of women, family, Nation and World too.

“Reproductive health is a state of complete physical, mental and social well being not merely the absence of disease or infirmity, in all maters relating to reproductive system and to its functions and process” (ICPD, 1994). Reproductive health therefore, implies that people are able to have a satisfying and safe sex life and they have capability to reproduce and to have freedom to decide when and how often to do so. According to Cairo Conference 1994, it was stated that men and women have access to safe, effective, affordable and acceptable methods of family planning as well as their choice for regulation of fertility. Thus, providing couples with the best chance of having a healthy infant.

In Nepalese society, maternal health care practice is very poor because of poverty, illiteracy, poor social structure, living far form the health facilities as well as lack of awareness, lack of roads and transportation facilities. Likewise, traditional values and norms and secondary position of women in society are the major cause of maternal health problem.

About 86 percent of people are residing in rural area and only 14 percent of people are residing in urban areas (CBS, 2001). Most of the health

practice are concentrated in urban areas. So, the maternal health care situation is very poor in rural areas compared to urban areas and frequently result unhappy out comes.

The provision of care for women during pregnancy and child birth is essential to ensure healthy and successful outcomes of pregnancy for mother and her born infants. Many women in developing countries don't have the privilege to basic health care services during pregnancy and child birth. Women often deliver in unhygienic surrounding with the risk of both mother and new born baby, resulting frequently unhappy outcomes.

Maternal care implies the provision of essential care for pregnant women to ensure safe delivery including postnatal care and terminating of complications of the mother and new born baby. Maternity care starts form the times of pregnancy diagnosis and continued through delivery and postnatal period.

The maternal mortality ratio (MMR) of Nepali women was 530 per 100,000 live births in 2,000 and 281 in 2006, ranks among the highest in the world (NDHS, 2001, 2006). Maternal Mortality and morbidity are closely related to the services for the prenatal mother, delivery care and postnatal mother. Currently only 44 percent of women receive any antenatal care, though this has increased from 28 percent in 2001. And only 31 percent received postnatal service. Almost all deliveries take place at home only 18 percent are assisted by skilled birth attendant (NDHS, 2006).

The maternity care as the care provided to women and new born infants which include that provision of the following services:

- Antenatal care
- Labour and delivery care
- Post-natal care
- Neonatal care
- Emergency obstetric care
- Anesthesia care
- Obstetric referral

All pregnant women should receive basis maternity care during pregnancy, delivery and post partum period. Essential obstetric will be needed for those (about 20-40 percent of all pregnant women) who will experience difficulties or problems during pregnancy. While some (about 20 percent) will develop complications such as eclampsia post partum hemorrhage etc, and require emergency obstetric care (MOH, 1996).

Especially, ANC, PNC and Dc are the major component under the maternity care service. Different surveys and studies show that the situation of maternity care is very poor especially in rural areas of Nepal.

In the study area, the socio-economic status and literacy status of woman is very poor. During delivery, ANC visits and PNC visits are very low. Health care centre are not available and access. Most of the women do not have nutritional food during delivery. Majority of the births are delivered at home and very little of births are assisted by health professionals. Most of these people are depended on agriculture and followed by labour.

1.2 Statement of the problem

Maternal health problem is major problem in Nepal. Large numbers of people are living in rural areas. They are suffering from poverty, illiteracy, lack of awareness, unhygienic behavior, traditional values and norms, secondary position of women in rural society and less access to health facilities. So, the result of high maternal mortality and morbidity.

Every minute of every day women are dying due to complications of pregnancy, child birth and many more suffer from illness of disability. Risk of death is 100 times higher in developing countries.

Due to the cause of early marriage, superstitions belief, low women literacy, unhygienic health behavioral practices, maternal health and child health have not improved. Most of the women do not utilize health services properly and they are not aware of available health services in this VDC. So this study will to seek answer to following questions.;.

- What is the socio-economic status of women at age group 15-49 years of age.
- What are the maternal health, care practices among them?
- What is the relationship between maternal health care practice and educational status of women in the study area?

1.3. Objectives of the Study

The general objective of the study is to analyze the relationship between women's education and maternal health care practices among women of Budhathum VDC, Dhading district.

The specific objectives are as following:

- To identify the demographic and socio-economic status of women at age group 15-49 years.
- To analyze the situation of maternal health care practices among women of reproductive age in the study area.
- To analyze the relationship between women's education and utilization of maternal health care services in the study area.

1.4 Rationale of the Study

Maternal health is an essential part of life for both mother and new born baby. Without good maternal health the mother would not be able to contribute for newly born baby, her family and society. It creates frequently unhappy outcomes. In rural areas, maternal health care practice and educational status is very low. This study will be able to find out the actual situation of women about maternal health care practice and educational status of women in Budhathum VDC, Dhading. This study will useful to find out the socio-economic status of women in Budhathum VDC, Dhading at age group 15-49 years.

- This study will be useful to find out the socio-economic status of women in Budhathum VDC, Dhading at age group 15-49 years.
- This study will be useful to create awareness for women to care their own health.
- Findings of this research will be useful for planner and policymaker to improve maternal health.
- This study will be useful to various NGOs and INGOs for lunching maternal health programmes at grass root level.

- It provides the useful base for government to establish the health care center.
- It also provides the useful base for further research.

1.5 Limitation of the study

- This study is limited within the Ward No.4, 5, 8 of Budhathum VDC of Dhading district.
- This study is limited to respondents from child bearing women of reproductive age 15-49 years having at least one child during 5 years preceding the time of survey.
- This study cannot represent the whole nations as regards to maternal health care practice and educational status of women.

1.6 Organization of the Study

This study is organized in six chapters. Chapter one presents the introduction, statement of the problem, objectives, significance of the study and limitation and organization of the study. Second chapter deals with the review of the literature. The third chapter presents that the methodology of research with technique of data analysis. The forth and fifth chapter deal about the maternal health care practices and socio-economic status of households. The fifth chapter deals about maternal health care related aspects (food, various habits, types of work, number of live births etc) during the time of any last pregnancy, this chapter also describes maternal health care practice difference between literature and illiterate women of the study are. The sixth chapter consist summary, conclusion, recommendations and also consists of area of further study.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with some selected studies relevant to the maternal and child health care practices. The socio-economic and literacy status of women and traditional practices have played in important role on maternal and child health care practices. Some of the facts, opinions, principles and study reports directly or indirectly related to this study are reviewed and presented here.

2.1 Definition of Review

Antenatal care is the care of the women during pregnancy to bring the mother. There are different component of maternal health care. Among them antenatal care is the important one. Antenatal health care services are the health care facilities that a women gets during her pregnancy period. Under antenatal health care, TT immunization, receiving iron tablets quality and frequency of food intake and physical work are included in this care

Delivery care in one of the most important components of maternity care. Delivery cares refers to the care of mother during the period of delivery. This period starts from the anesthesia to post partum periods. It is the risky period for mother and they can sufferer from different type of problem so, that time the proper care of mother in essential.

Safe delivery services is to protect the life and health of the mother and her child by ensuring the delivery of a baby safely. Proper medical attention under hygienic condition during delivery can reduce the risk of complication and infections.

Maternal health has long been an implicit goal and concern of national governments by virtue of MCH program. To the limited extent, which has translate in effective service for the specific benefit of mother rather than their children was high-lighted almost a decade age (Rosen field and Maine, 1985). Since the mid 1980s there has been a dramatic increase in developing countries and particularly to pregnancy related morbidity and mortality. This has been stimulated and driven forward by the safe motherhood initiative lunched at the first international conference especially focusing on the health of women held in Nairobi in 1987 (Mahler, 1987 Cited in Pokharel, 1997).

Similarly, Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being through preventing and solving reproductive health problems (UNFPA, 1997).

“Maternity care is the care of women during pregnancy, delivery and child after delivery” (MOH, 1996).

Maternal and child health care is very important to the fulfillment of primary health care in all countries in the word. WHO emphasized maternal and child health care through family planning, immunization, safe delivery services. Parental and postnatal care, nutritional food programme. In this time the country care so many governmental and non-governmental agencies that participate to protect the maternal and child health (WHO, 1995).

Antenatal care can be defined much different ways. WHO defines antenatal care as dichotomous variable, having had one or more visits with trained personal during pregnancy or none. It may be taken to mean only that care which is routinely provided for all pregnant women a

primary care level or aspect of care from screening to incentive life support provided to any women provided at primary or secondary level varies widely even within developing countries.

2.2 Theoretical and Empirical Review

This sub chapter includes global and Nepalese maternal and child health care practice.

2.2.1Global Situation

In industrialized countries delivery with trained birth attendance is almost universal. There is a significant variation in various places. For example, it ranges between 55 to 98 percent in Latin America and Caribbean, 2 to 77 percent in sub-Saharan Africa and between 16 to 97 percent in North Africa and west Africa. More than 500,000 women die each year from pregnancy related causes. More than 95 percent of these deaths occur in the less developed counties, particularly in Africa and Asia (UNFPA, 1997).

There are several studies in the field of maternal mortality unlike safe motherhood in global study, in according along with counties level. Among the SAARC counties the practice of safe motherhood unlike antenatal and postnatal care is very poor, only 33 percent births are attended by trained personnel (WHO, 1991:12). In Nepal and Bangladesh the situation is still lower but in Sirlanka the percent is greater than 90 percent (WHO, 1991) cited in HMG/MOPE, 1998),

Birth spacing is one of the most powerful ways of improving the health of women and children. Births are to many, too close to women who are below 20 years and past 35 years are responsible for approximately one third of all infants (UNICEF, 1998).

Every year, about 210 million women becomes pregnant. An estimated 30 million or about 15 percent of these women develop complications which are total in 515,000 or 1.7 percent of causes of all health statistics. Those for maternal mortality represent the greatest disparity between developing and develop countries. More than 99 percent of maternal deaths occurring in developing countries where as women runs average risk of dying from a pregnancy related disorder about 250 fold greater than women in the most developed counties. More than 70 percent maternal deaths are caused by just five conditions, bleeding after delivery (25 percent), infection after delivery (15 percent), unsafe abortion (13 percent), hypertension disorders (12 percent) and obstruct labour (8 percent) (WHO, 2002).

In the world Health Report 2005, WHO estimates that out of total 136 million births year worldwide, less than two third of women in less developed countries and only one third in the least developed countries, have their babies delivered by a skilled attendant. The report says this can make the difference between life and death for mother and child 17. Complication arise (WHO, 2005).

In the world 300 million women currently suffer from long tern or short term illness by pregnancy or child birth. The 52,900 annual maternal death including 68,00 deaths due to unsafe abortion are even more unevenly spread than new born or child deaths. There is sense of progress backed by the tracking of indicators that show in uptake of care during pregnancy and child birth in all regions except sub-Saharan Africa (WHO, 2005).

Maternal deaths are highest in regions where few women received basic maternity care, including parental, delivery and post partum care. At least

35 percent of women in developing countries give birth without a skilled attendant and 70 percent receive post-partum care in the six weeks following delivery (WHO, 1997). In the context of Nepal for majority of births mothers received two or more doses of tetanus taxied during pregnancy (Pathak and Gurung, 2002).

2.2.2 Nepalese Situation

Nepal Family Health Survey (NFHS, 1996) has reported that about 24 percent women received antenatal care services form doctor, nurse or wild life and only 33 percent women received two or more doses of TT vaccination and additional 13 percent only single does and 54 percent did not received any does of TT vaccinations. About 8 percent of pregnant women delivered under health facility and 92 percent of births are delivered at home.

Similarly, Nepal demographic Health Survey, 2001 reported that only 28 percent women received antenatal care services form doctor, nurse or wild wife. About 55 percent of births to mother received TT injected, 45 percent of births to mother received two or more injection, while 9 percent received one does of TT injection. Regarding delivery care 89 percent of births are delivered at home and les than 10 percent at health facilities. Only 11 percent of births to mother are attended by doctor or nurse/ANM.

The utilization of antenatal care services is positively associated with mother's level of education. Ninety five percent of women with SLC and above received antenatal care services, compared with 39 percent of women with no education, use of a doctor for antenatal care increases form 10 percent among women who have complete their SLC (NDHS, 2001).

In Nepal, an overall one is two pregnant women receives antenatal care. As, DHS reported that, 28 percent of mother received antenatal care either form a doctor (17 percent) or nurse of auxiliary nurse widwife (11 percent) in 2001. Another 11 percent of mothers receive antenatal care form a health assistant or Auxiliary Health Workers (AHW), village health worker provided ANC to 6 percent of women are maternal and child health worker provided care to 3 percent of mothers. Traditional births attendants provided ANC to less than one percent likewise. At the national level, only 9 percent of births are delivered at health facilities compare to 89 percent at home majority of mothers (79 percent) delivered outside the health facilities or did not receive any PNC checkups less thant one in five mothers receive PNC with in the first tow days after delivery (NDHS, 2001:141-153).

Almost 50 percent women used delivery Kit during delivery but the placenta of 86 percent children was cut by sterilized blade. About 38 percent of women were suffering form different problems during delivery and 73.07 percent women had begged help during labour period (Dhungel, 2000).

According to census report 1991, maternal mortality rate was 8.5 per thousand live births. In fact, mortality rate was 107 per thousand live birth and children with reference to their health care service is much considerable now. Female literacy rate is only 25 percent and women have les decision making power in family. Maternal and child health care is not sufficient for them. Due to lack of knowledge women can not utilize health services properly. Pregnant women immunized against tetanus were only 12 percent in 1990-1993 and percentage of births were attended by trained health personnel was only 9 percent (UNICEF 1991).

It was observed that nearly 47 percent reposted two times heath checkup was done during pregnancy followed by one time (10 percent) and more than three times only (5 percent) reported more than three times checkup. Most of the respondents (72 percent) delivery their birth at home. Majority of mothers i.e. 65 percent were assisted by family members during delivery and rest were assisted by heath professionals and TBAS (Khanal, 2001).

It is reported that about 82 percent of birth occurred during the last five years received no continental care, only 15 percent received antenatal care by trained health personal and 9 out of 10 births were delivered at home. Fifth eight percent of women who give birth in last five years had not receive TT injection at all. Only 20 percent of children had shown immunization cards about 44 percent of the currently married women did not intend to use contraceptives in further (NDHS, 1991).

Abortion complication is major health problem in Nepal because 20 percent of mother's deaths in health facilities are due to complication of abortion. The maternal mortality and morbidity study 1998shows that in the community 5 percent of the deaths are due to abortion (MOH, 2003/04).

The number of women of reproductive age is expected to increase by 71 percent between 1999 and 2001 less than half of women of all caste/ethnic groups are able to get health checkups during pregnancy (NDHS 2001). In survey of antenatal care it was found that 72 percent of Brahmins and Chetries and 67 percent of Newars used modern methods of antenatal care compared to 41 percent of Hill Janajaties and Dalits women who had less access to doctors and technical professionals for ANC (DFID, 2007).

2.3 Theoretical Review

Education is one of the most influential factors affecting an individuals attitude, knowledge and behavior in various factors of life. Not surprisingly, educational attainment in Nepal is very low among women. The overall literacy rate in 2001 was 54.1 percent for both sexes, 65.5 percent for males and 42.8 percent for females (CBS, 2001). Education has been found to influence reproductive behavior, the use of contraceptive, the health of mothers and children and hygienic habits. The lower literacy rates among female are the historical, economic and social reasons. Social prejudices against female education restriction on mobility of female. Low social status granted to the females, the system of early marriage and low participation of females in formal education are main reasons for low female literacy rate. But not the situation is rapidly changing. Females have not greater access to primary as well as upper levels of education. There is wide gap between urban and rural areas in educational attainment. 20 percent of males and 57 percent of females in rural areas have never attended school compared with 10 percent of male and 30 percent of females in urban areas (NDHS, 2006).

Educated women are likely to marry later, have their first pregnancy later and fewer children. They are more likely to know about contraceptives and to attend for antenatal, delivery and postnatal care. The increasing level of education of women help to decrease the early age of marriage and the first pregnancy age is late for higher educated women the secondary and primary level educated mother (Subedi, 2001).

There is positive association between educational attainment and age at marriage because educated boys and girls may also consider early age at marriage as an obstacle to achieve social and economic mobility and

therefore my postpone their marriages until they have a stable career path and a permanent source of income. And this process could delay the age at marriage of educated boys and girls. For men the simulate mean age at marriage is 21.2 for the illiterate and 23.6 for the literate. The corresponding figures for women are 17.6 and 20.8 percent respectively (CBS, 2001).

Cause death or series illness either to the mother or the baby or both. Place of delivery practice is a major component of maternal and child health care practice. Traditionally, Nepalese children are delivered at home either without assistance or with the assistance of TBAS relatives and friends.

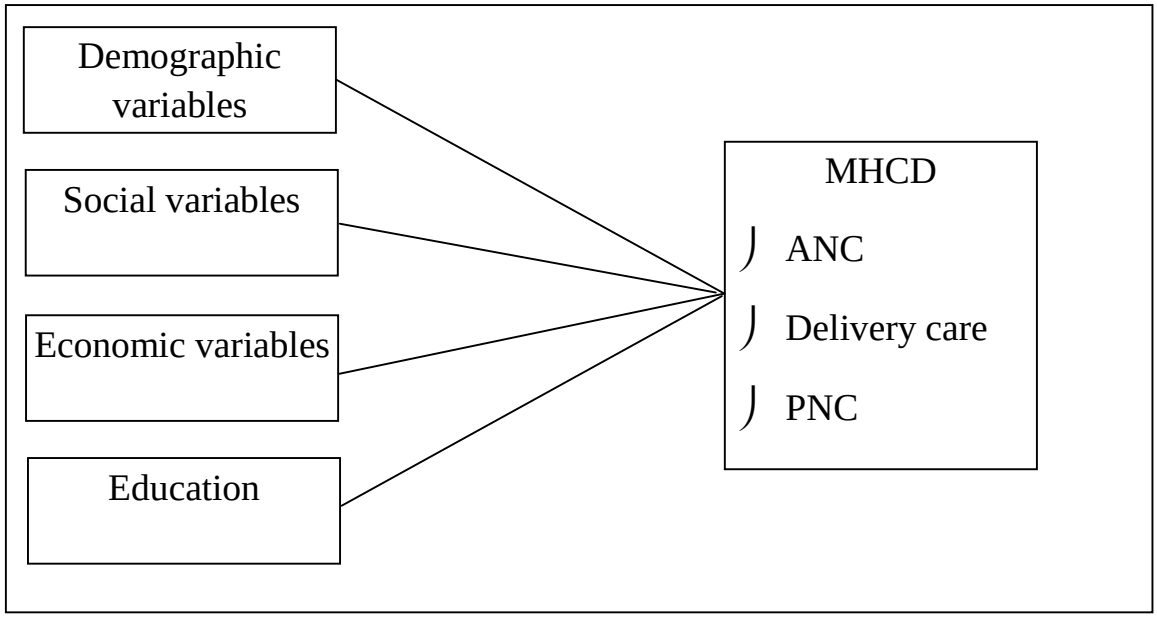
2.4 Variable Identify

There are two types of variable, they are dependent and independent variables. This study includes socio-economic and some demographic factors which is age group, social norms and values, and educational attainment. Above factors influenced maternal health care. Education, social values and norms and age are the important factor for the maternal health care sector which are as follow:

1. Independent variable:
    a. Education and income
    b. Age group
2. Dependent variable:
    a. Antenatal care
    b. Delivery care
    c. Postnatal care

2.5 Conceptual Framework

Figure1: Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.2 Research Area

The study area of this research is Budhathum VDC of Dhading district which lies in central development region of Nepal. It is one of the fifty VDCs of the district. Budhathum is located in the north part of Dhading. Dhading District is surrounded by Gorkha in Eastern Part, Rasuwa in northern part, Nuwakot in western part and Makawanpur in southern part. This VDC is located at 76 Km far-East from the Kalu-pandey Highway.

In Dhading District there are total fifty VDCS and one municipality. The total are of this district is 1,709 sq km where 3,38,658 population live and the annual rate of growth of population is 1.95 percent per year a total 1,049 households exist in the VDC. The VDC population is 4,992 of which 2,531 (50.71 percent)are males ad 2,461 (49.29) are females. Budhathum VDC is located at hill area and its boundary is defined by Fulkharka VDC in Eastern part, Mulpani VDC is northern part Gumdi VDC in southern part and Aruchanaute VDC in west part.

In Budhathum VDC, there are six schools. Among them one is higher secondary school, four primary schools and one is lower secondary school. There is one health post which is near by the research field. We have 45 minutes time to reach the health post from research field. In Budhathum VDC, there are three private clinics also. That means there people have solved health facility as well as education. We conclude that the condition of health and education of Budhathum VDC is neither bad nor good.

3.2 Nature of Data

This study is based on primary data. Data was obtained by using direct structures interview among women of reproductive age of Budhathum VDC, Dhading.

3.3 Research Design

The design of this research study is basically non experimental. It is based on field study methods in which the researcher himself collected data. The data were collected on socio-economic, maternal health care practice and relationship between educational status and maternal health care practice among women, like antenatal care, labour and deliver care and postnatal care.

3.4 Sample Size Determination

The target sample population was equally distributed in three words of the VDC. The sample is taken on the basic of nearly 25 percent women from one word (word no. 4,5 and 8). The sample is taken on the basic census method of ward no. 4. Simple random sampling method is used for ward no. 5 and 8.

3.5 Method of data collection

Quantitative techniques of data collection have been used. Questionnaire is the main tool of obtaining the information form research area and respondents. Fifty questionnaires are designed to obtain two types of information i.e. household information and individual information. These two types of questionnaire were administered among the respondents. Individual questionnaire was designed to obtain the information on maternal health practices and educational status of women. On the other

hand, household questionnaire was designed to obtain the information on age, sex, education and demographic characteristic of the household members.

3.6 Validity and Reliability

To increase the validity and reliability of the information following measures were taken.

- All the data were collected by the researcher himself.
- Questions were asked in simple language.
- Researcher himself completed all forms and checked. If any information was missing and doubtful revision was made for completion.

3.7 Technique of data analysis

The collected information was processed with the help of computer software excel. This study is based on primary data. The analysis process of data includes frequency table, cross tabulation for only some variables which are consistent with objectives. Percentage was calculated to present the information more effectively.

CHAPTER FOUR

SOCIO-ECONOMIC CHARACTERISTICS OF THE STUDY POPULATION

This chapter presents the socio-economic characteristics of literate and illiterate women in Budhathum VDC, Dhading. Socio-economic status play important role in the development of the society. The characteristics include educational attainment, occupation, toilet facilities, income source, size of land holding, monthly income in cash and sources of light and media exposure in the study area.

4.1 Socio-Economic Characteristics

4.1.1 Educational Status of Households Population and Respondents

Education makes person perfect. Education is one of the most important means of empowering women with knowledge, skill and self confidence and helps to involve fully participate in development process. Educational level directly affects the various aspects of life such as, civilization, occupation and income participation in society and to bear the quality of life own self, society, nation and the world too.

Table 1: Distribution of Population Aged 6 Years and above by Education Status

Literacy	**Number**	**Percent**
Literate	422	79.77
Illiterate	107	20.23
Total	529	100.00
Level of education	**Number**	**Percent**
Non formal education	85	16.06
Primary	186	35.16

Lower Secondary	107	20.23
Secondary	29	5.48
Higher education	14	2.65
Total	422	79.77

Source: Field survey, 2011

In this study, out of 120 households and 529 population aged six years and above, 79.77 percent are literate and 20.23 percent are illiterate. The survey further reveals that 35.16 percent were literate primary level, 20.23 percent lower secondary, 16.06 percent were literate without formal education, 5.48 percent secondary level and 2.65 percent have higher education.

4.1.2 Age of Respondent

Age is the main component of population dynamics. Getting marriage is universal in the world. Early marriage practice is being common all over the world. Marriage makes the point in women's life at which child bearing becomes socially acceptable. Women who marry early at younger age has longer exposure to the risk of becoming pregnant and therefore early age at marriage often implies early age of child and higher fertility in a society as well as in a country also.

Table 2: Distribution of Respondents by Five Year Age Group

Age group (in years)	Number	Percent
20-24	15	12.5
25-29	20	17
30-34	32	27
35-39	23	20
40-44	14	11.5
45-49	16	12
Total	120	100.00

Source: Field survey, 2011

Table 2 shows that highest proportion of respondent (27 percent) are in age group 30-34 years. The lowest proportions (11.5 percent) in age group 40-44 years. The proportions in age groups 20-24, 25-29, 35-39 and 45-49 are 12.5, 17, 20 and 12 percent respectively.

4.1.3 Occupational Status of Respondents

Income is another important part of life. It determines the economic level of households. In the context of Nepal the main source of income is agriculture, service and business are major occupation of the respondents.

Table 3: Distribution of respondents by literacy and occupational status

Occupational status	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Service	15	22.5	3	5.77	18	15
Agriculture	40	58.82	32	61.54	72	60
Business	4	5.88	1	1.92	5	4.17
Housewife	7	10.30	10	19.23	17	14.17
Daily waged	2	2.95	6	11.54	8	6.66
Total	68	100	52	100	120	100

Source: Field survey, 2011

Table 3 shows that the main source of income of literate 58.82 percent, illiterate 61.54 percent and total 60 percent is agriculture. In service sector there is 22.5 percent literate women, 5.77 percent illiterate and 15 is total percent. Literate women 10.30 percent, illiterate women 19.3 percent and total 14.17 percent women are housewife. Illiterate 2.95 percent, illiterate 11.54 percent and total 6.66 percent are daily waged. Literate 5.88 percent, illiterate 1.92 percent and total 4.17 percent are business.

4.1.4 Marital Status of Respondents

Marriage is universal in Nepalese society. Marriage is one of the major social factor affecting fertility performance as well as use of maternal and child health care services. Without marriage the maternity care is meaningless.

Table 4: Distribution of respondents by marital status

Marital status	Number	Percent
Widow	15	12.5
Currently marred	102	87.5
Total	120	100

Source: Field Survey, 2011.

Table 4 shows that, the large proportion of respondents are 87.5 percent are currently marriage and another 12.5 percent are widow.

4.1.5 Status and Size of Landholding

Nepal is an agricultural country, where 80 percent people are engaged in agricultural sector (CBS, 2001). But economic growth has not improved markedly over time to over take population growth. The size of land holding also represents the level of economic status of people. The size of land holding under study area is presented in table 5.

Table 5: Distribution of respondents by land holding status

Cultivated land	Number	Percent
Yes	114	95
No	6	5
Total	120	100
Size of land		
Less than 1 Ropani	5	4.39
2 Ropani	22	19.29
3-5 Ropani	46	40.36
6-10 Ropani	21	18.43
About 10 Ropani	20	17.53
Total	114	100

Source: Field survey, 2011.

Table 5 shows large number of respondents have their own cultivated land. About 95 percent have their own land and 5 percent respondents are landless. The highest proportion of households 40.36 percent has 3.5 ropani, 19.29 percent has 2 ropani, 18.43 percent has 6-10 ropani, 17.53 percent has above 10 ropani and 4.39 percent has less than 1 ropani.

4.1.6 Land in Rent

The size of land holding also represents the level of economic status of the population.

Table 6: Distribution of respondents by operating other land in rent

Land in rent	Number	Percent
Yes	25	20.84
No	95	79.16
Total	120	100

Source: Field survey, 2011.

Table 6 reveals that 79.16 percent respondents have not operate other's land in rent and 20.84 percent respondents operate other land in rent.

Table 7: Distribution of respondents who have given land another in rent for others

Land rented out	Number	Percent
Yes	37	30.84
No	83	79.17
Total	120	100

Source: Field survey, 2011

Table 7 shows that 69.16 percent respondents did not give the land in rent to other and 30.84 percent respondents had given the land to other in rent.

4.1.7 Source of Light and Facilities of Mass Media

The light and media are another aspect of human life. Media makes the world very near and it makes people a wren every aspect of life. So, light and media are the very important part of life and also determines the quality of households.

Table 8: Source of light and facilities

	Yes (percent)	No (percent)	Total Number
Electricity	97.5	2.5	120
Radio	83.34	16.66	120
TV	44.17	55.83	120
Telephone	57.17	45.83	120

Source: Field survey, 2011

According to the households respondents 97.5 percent have electricity. Similarly 83.34 percent households have radio, 54.17 percent households have telephone and 44.17 percent households have television.

4.1.8 Types of house

House is the basic and fundamental requirement of human being. It is one of the basic measures of quality of life of people. Good housing means good living standard and also makes life comfortable. Pakki house use cement and rod, wall and concrete plaster. Half Pakki house use still pata roof, soil and Kacchi house use rounding wood and and zink roof.

Table 9: Distribution of households by the type of house

Types of house	Number	Percent
Pakkii	34	28.34
Half Pakki	66	55
Kachchi	20	16.66
Total	120	100

Source: Field survey, 2011.

Table 9 shows that large proportion of households are half Pakki house 55 percent, 28.34 percent are Pakki house and 16.66 percent household are use Kachchi house.

4.1.9 Toilet Facilities

Some of the people don't know the human excrete is means of communicable disease due to lack of awareness. There may not be proper use of toilet this study has tried to get information from respondents about use and non use and types of toilet facilities.

Table 10: Distribution of households by toilet facilities

Types of toilet	Number	Percent
Traditional toilet	30	25
Pakki toilet	40	33.34
Jungle/Open field	50	41.66
Total	120	100.00

Source: Field survey, 2011.

Table 10 shows that, large proportion of households have Jungle open/field 41.66 percent, 33.34 percent used Pakki toilet and 25 percent have used Traditional toilet.

1.1.10 Food production

Food is another basic need of living beings. Better food determines the better and health life of people. The situation of food production and support of study area is presented in following table.

Table 11: Distribution of households by the support of food in family.

Support of food	Number	Percent
Whole year	67	55.84
For six months	28	23.34
For three months	20	16.67
No food productions	5	4.15
Total	120	100.00

Source: Field survey, 2011.

Table 11 clears that the production of their own food support whole year 55.84 percent, for six months 23.34 percent, for three months 16.67 percent and no food production 4.15 percent.

4.1.11 Monthly Income of Households in Cash

Income determines the saving and investment capacity of households high income facilitates result high quality of life of the people.

Table 12: Distribution of Households by Monthly Income in Cash According to Literacy of the Respondents

Monthly income	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Less than 2,000	32	47.06	36	69.24	68	56.67
2000-5000	17	25	12	23.08	29	24.17
5000-10000	10	14.70	4	7.68	14	11.66
10000-	9	13.24	-	-	9	7.5
Total	68	100	52	100	120	100

Source: Field survey, 2011.

Table 12 presents that monthly income in cash. Literate women 47.06 percent, illiterate women 23.08 percent and total 56.67 percent earning less than 2,000. Monthly income in cash 2000-5000 literate women 25 percent, illiterate women 23.08 percent and total 24.17 percent. Monthly income 5000-10000 literate women 14.70 percent, illiterate women 7.68 percent and total 11.66 percent. Literate women whose income is 10,000 and above is 13.24 percent and total 7.5 percent and illiterate have zero percent.

CHAPTER FIVE

ANALYSIS OF MATERNAL HEALTH CARE PRACTICE BY LITERACY

Maternity care implies the provision of essential pregnant women to ensure safe delivery including post natal care and termination of complications of mother and the new born. Maternity care starts form pregnancy diagnosis and continuous through delivery and postnatal period.

5.1 Number of Live Birth

Conception and birth are biological process. Especial care is needed for successful outcome for both mother and baby in terms of their health. Good health determines healthy baby and mother's health also. Healthy mother gives healthy baby than unhealthy mother.

Table 13: Distribution of respondents by number of live birth according to literacy

Live birth	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
1	19	27.95	5	9.62	24	20.00
2	21	30.89	7	13.46	28	23.34
3-5	25	36.78	31	59.62	56	46.66
6-7	-	-	5	9.62	5	4.16
8 and above	3	4.2	4	7.69	7	5.84
Total	68	100	52	100	120	100

Source: Field survey, 2011.

Table 13 shows that large proportion of 46.66 percent women have 3-5 child where literate 36.78 percent and illiterate 59.62 percent. 23.34 percent women have 2 children where 30.89 literate and 13.46 illiterate women. 20 percent women have 1 child where 27.95 percent literate and 9.62 percent are illiterate women 4.2 percent and illiterate 7.69 percent. 4.16 percent women have 6-7 children.

5.2 Ante-natal Care Practice

5.2.1 ANC Visit

Pregnant women should take four time ANC visit during their pregnancy period. ANC visit help to find the health status and care of mother during their pregnancy period.

Table 14: Distribution of Respondents by Utilization of ANC Service during Last Pregnancy According to Literacy

ANC service during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	42	61.76	10	19.23	52	43.33
No	26	38.24	42	80.77	68	56.67
Total	68	100	52	100	120	100

Source: Field survey, 2011.

Table 14 shows that total 100 percent 56.67 percent women don't take ANC services and 43.33 percent take ANC services at the time of last pregnancy. Table shows that 61.76 percent literate women take the antenatal care and only 19.23 percent illiterate women take antenatal care service. This table clears that 38.24 percent literate and 80.77 percent illiterate women don’t take antenatal care service.

5.2.2 Place of ANC Visit

Institutional deliveries are not common Nepal. Antenatal car service can be received from hospital. Primary health care centre, health post and private clinic. Nepalese children are delivered at home either without assistance or with the assistance of TBAS or relatives and friends.

Table 15: Distribution of respondents by place of ANC visit during pregnancy according to literacy

Place of ANC visit for any pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Hospital	5	11.90	2	20	7	13.46
Health post	27	64.28	6	60	66	63.47
Private clinic	10	23.82	2	20	12	23.07
Total*	42	100	10	100	52	100

Source: Field survey, 2011

*Note: those who visited health institution during pregnancy.

In total 63.47 percent take ANC service form health post, 23.07 percent form private clinic and only 13.46 percent from hospital respectively. Table 20 shows that, the utilization of ANC service, large proportion from health post is 64.28 percent for literate and other 60 percent for illiterate women, from hospital literate 11.90 percent and illiterate 20 percent take ANC service respectively. Likewise, only 23.82 percent literate women and 20 percent illiterate women take ANC service form private clinic.

5.2.3 Number of ANC Visit

Table 16: Distribution of respondents by number of receiving ANC services during pregnancy according to literacy

No. of ANC services received	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
One time	4	9.53	5	50	9	17.30
Two times	9	21.43	2	20	11	21.16
Three times	11	26.19	2	20	13	25
Four times	18	42.85	1	10	19	36.54
Total*	42	100	10	100	52	100

Source: Field Survey 2011

*Note: Only those who visited health institution during any pregnancy.

Table 16 presents that the literate women take the ANC service is higher 42.85 percent for literate and 10 percent for illiterate women total 36.54 percent women at 4 times. Literate 26.19 percent and illiterate total 21.116 percent are two times. 9.53 percent literate and 50 percent are illiterate total 17.30 percent take 1 time take ANC service.

5.2.4 ANC Service Providers

ANC checkup is very important in order to maintain the health of mother during their pregnancy period

Table 17: Distribution of Respondents by ANC Service Providers Pregnancy According to Literacy

Service provided for any pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Doctor	4	9.53	2	20.00	6	11.54
Nurse	9	21.43	3	30.00	12	23.08
Health assistant	29	69.05	5	50.00	34	65.38
Total*	42	100	10	100	52	100

Source: Field survey, 2011

*Note: Those who got ANC service during pregnancy.

Above table shows that ANC service that is taken from various health personnel. This service is 65.38 percent by health assistance, 23.08 percent by nurse and 11.54 percent by doctor.

5.2.5 Check Weight and Pressure at the Time of Pregnancy

Pregnancy is the very critical stage of women health so we should never careless about this time. By the care of health pregnancy a nation get a good had healthy citizen.

Table 18: Distribution of Respondents by Various Activities during last Pregnancy According to Literacy

Activities during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Weight measure	7	16.66	1	10	8	15.39
Weight and height	9	21.43	2	20	11	21.15
Blood pressure	6	14.28	4	40	10	19.23
Weight and blood	8	19.04	2	20	10	19.23
All measures	12	28.59	1	10	13	25.00
Total*	42	100	10	100	52	100

Source: Field survey, 2011.
*Note: Those who visited health institution during any pregnancy

Table 18 present that 16.66 percent literate women measure weight, 21.43 percent measure weight and height, 14.28 percent measure blood pressure, 19.04 percent measure weight and blood and 28.59 percent take all the activities. Likewise, illiterate women 10 percent measure weight only, 20 percent measure weight and height, 40 percent measure blood pressure another 20 percent measure weight and blood and only 10 percent take all the activities respectively. Literate women 24 percent take all activities and illiterate women of only 10 percent take all activities during any pregnancy.

5.2.6 Tetanus Toxoid Injection and Doses

Tetanus toxide is an important ingredients of Antenatal care service. Due to various socio-economic factors rural women have not take TT vaccine.

Table 19: Distribution of respondent by receiving TT vaccines coverage during last pregnancy according to literacy

TT coverage during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	46	67.64	40	23.07	58	48.34
No	22	32.36	-	76.93	62	51.66
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011.

Table 19 shows that, above TT vaccine coverage of respondents. The situation of TT vaccine 48.34 percent respondent take TT vaccine and 51.66 percent respondent do no take TT vaccine. Literate women 67.64 percent take TT vaccine and other 32.36 percent women do not take TT. Likewise illiterate women only 23.07 percent take TT vaccine and 76.93 percent women do not take TT vaccine respectively. The literate women's proportion is very high with compare to illiterate women.

5.2.7 Does of TT Injection

Tetanus Toxoid (TT) injection, an important components of antenatal care, given to women during pregnancy primarily \for the preservation of neonatal tetanus. Neonatal tetanus is one of the major causes of Infant death in Nepal. For protection, it is recommended that a pregnancy women should received at least two dose of tetanus toxoid during her first pregnancy, administrated one month apart from booster shot during each subsequent pregnancy. Five does of tetanus toxoid injection are considered to provide life time protection.

Table 20: Distribution of respondents by receiving number of doses of TT vaccine during pregnancy according to literacy

Dose of TT vaccine during pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
1 dose	20	43.47	5	41.66	25	43.11
2 doses	25	54.35	6	50	31	53.44
3 doses	1	2.18	1	8.34	2	3.45
Total	46	100.00	12	100.00	58	100.00

Source: Field source, 2011.

Note: Only those who received TT vaccine during pregnancy.

According to above table 43.11 percent take TT vaccine only one dose 53.44 percent only take two doses and 3.45 percent only take two plus doses of TT vaccine. The table further shows that, in literate women 34.47 percent take one dose, 54.35 percent women two doses and 2.18 percent take two plus doses of TT vaccine likewise, illiterate women 41.66 percent take one doses. 50 percent two doses and 8.34 percent women take two plus doses of TT vaccine. The large proportions of women who are literate or illiterate take the TT vaccine two doses. Two doses of TT is basic need for pregnant women.

5.2.8 Coverage of Iron Tablets

Iron tablets prevents to pregnant mother from diseases like anemia and malnutrition. Iron deficiency anemia has reminded a public health problem in Nepal. In the study area, respondent are asked whether they have received Iron tablet during their pregnancy.

Table 21: Distribution of respondents by taking iron tables during last pregnancy according to literacy

Iron tablet during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	44	47.71	22	42.31	66	55
No	24	35.29	30	57.69	54	45
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011.

Above table shows that, the taking of iron tablet is nearly 55 percent and another 45 percent don't take in average. In total 55 percent women take iron and 45 percent women don't take the iron tablets during the time of pregnancy. Likewise, literate 64.71 percent of women take iron with compared to 42.31 percent of illiterate women and literate 35.29 percent don't take iron with compare to 57.69 percent of illiterate women. The habit of taking iron tablet is very poor but iron is distributed freely by the government.

5.2.9 Food Intake during Pregnancy

Nutritious food is very essential for pregnant women and baby. Sufficient and nutrition food play vital role for mother and baby's health to develop physically and mentally for the happy outcomes.

Table 22: Distribution of Respondents by Food Intake during Last Delivery According to Literacy

Food intake during last delivery	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Usual food	11	16.17	18	34.62	29	24.16
Extra nutrition food	55	80.88	32	61.53	87	72.5
Others	2	2.95	2	3.85	4	3.34
Total	68	100	52	100	120	100

Source: Field survey, 2010.

The table 22 shows that the large proportion of literate and illiterate women 80.88 percent and 61.53 percent in total 72.5 percent respectively took the extra nutrition food during last pregnancy. Likewise 16.17 percent literate and 34.62 percent illiterate total 24.16 percent women took usual food intake and 3.34 percent are others.

5.2.10 Types of Work during Pregnancy

Heavy work of women at the time of pregnancy is very dangerous for both mother and baby. At the time of pregnancy the women need sufficient rest for health and successful outcomes.

Table 23: Distribution of respondents by the types of work done during last pregnancy according to literacy.

Types of work during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Usual period	25	36.76	42	80.76	67	55.83
Short period	38	55.88	10	19.24	48	40
No any work	5	7.36	-	-	5	4.17
Total	68	100	52	100	120	100

Source: Field survey, 2011.

It is clear that large proportion of illiterate women are involved in usual work 80.76 percent and 36.76 percent literate women total 55.83 percent involved in usual work. The short period work is low among illiterate women 19.24 percent with compared to 55.88 percent literate women. At the time of pregnancy 7.36 percent literate women didn't do any work but the there was not such illiterate women in total 40 percent. There is huge difference between literate and illiterate women with reference to work during pregnancy.

5.2.11 Smoking During pregnancy

Smoking during pregnancy increases the risk of having a small or low weight baby births. It may cause abortion during pregnancy. The use of smoking at other times also adversely affects women's health and may increase respiratory illness.

Table 24: Distribution of respondents by habit of smoking last pregnancy

Smoking habit during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	11	16.17	33	63.46	44	36.66
No	57	83.83	19	36.54	76	63.34
Total	68	100	52	100	120	100

Source: Field survey, 2011.

Smoking habit is the indicator that shows the difference between literate and illiterate women. Among 83.83 percent women literate and 36.54 percent women are literate. Total 63.34 percent had not smoking habit. 16.17 percent women illiterate and 63.46 percent women are illiterate,

total 36.66 percent had smoking habit. In an average the smoking habit is higher among illiterate with compared to literate women.

5.2.12 Alcohol Habit during Pregnancy

Alcohol is another problem of pregnancy. Alcoholism during pregnancy also increases small or low weight baby birth and create psychological and physical problems for both pregnant mother and new born baby.

Table 25: Distribution of respondents by drinking alcohol during last pregnancy according to literacy

Alcohol habit during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	30	4.41	18	34.61	21	17.5
No	65	95.59	34	65.39	99	82.5
Total	68	100	52	100	120	100

Source: Field survey, 2011

Table 25 reveals that the alcohol habit among literate 95.59 percent and 65.39 percent women are illiterate total 82.5 percent women don't drink alcohol and 4.41 percent literate and 34.61 percent women literate, total 17.5 women used to drink alcohol during their last pregnancy.

5.3 Reason for not Taking ANC Services

The main reason for not taking ANC service were poor economic condition, cultural values, lack of knowledge and lack of health facilities about the services.

Table 26: Distribution of respondents by main reason for not utilizing ANC services during last pregnancy according to literacy

Reasons during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Poverty	3	11.53	11	26.19	14	20.28
Lack of knowledge	2	7.69	6	14.29	9	13.06
Cultural values	14	53.85	14	33.35	28	40.58
Lack of health facilities	7	26.93	11	36.19	18	26.08
Total*	26	100.00	42	100.00	69	100.00

Survey: Field survey, 2011.

*Note: Only those who didn't visit health institution during any pregnancy.

Table 26 shows that, the large proportion of women who have not utilized the ANC services by the reason of cultural values is 40.58 percent, lack of health facilities is 26.08 percent, 20.28 percent are lack of knowledge, most of the literate women literate women's proportion is higher than illiterate for taking ANC services but in literate women, not taking of ANC by the reason of cultural values 53.85 percent, poverty is 11.53 percent, lack of knowledge is also 7.69 percent, and 26.93 percent is due to the reason of lack of health facilities. Among illiterate women poverty is 26.19 percent, lack of knowledge 14.29 percent, cultural values 33.35 percent and lack of health facilities is 26.19 percent.

5.4 Complication during Pregnancy

Complicating during pregnancy and Solution Complication during pregnancy is a social, economic and demographic problem in these community. Maternal and child death can be related with the complication during pregnancy. The study in survey area showed that out of total respondents, 89.1 percent replied that they faced complication during the pregnancy. Among the total respondents who faced complication during pregnancy, they solved their problem by visiting, hospital, Dhami/Jhakri and Baidhya.

Table 27: Distribution of respondents by facing any complications during last pregnancy according to literacy

Complication during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	27	39.71	21	40.38	48	40
No	41	60.29	31	59.62	72	60
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011.

Table 27 reveals that, the proportion of women at the time of pregnancy face any complication. During the time of pregnancy large proportion of women 60 percent didn't face any complication and 40 percent women at the time of pregnancy face complications.. Among literate 39.71 percent face different types of complications with compared to 40.38 percent literate women. Another 60.29 percent literate women didn't face any complications with compared to 59.62 percent illiterate women.

5.5 Way of Solving Complication

Complication during pregnancy is a social, economic and demographic problem in any community. Maternal and child death can be related with the complication during pregnancy.

Table 28: Distribution of respondents by person/place where complications was solved during the time of last pregnancy according to literacy

Complication solved during last pregnancy	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Visited hospital	9	33.34	45	23.81	14	29.17
Dhami/ Jhakri	14	51.85	11	52.38	25	52.08
Baidhya	4	14.81	5	23.81	9	18.75
Total*	27	100.00	21	100.00	48	100.00

Source: Field survey, 2011.

*Note: Only those who visited for solving pregnancy complications for any pregnancy.

Table 28 shows that total 40 percent women who face complications during pregnancy, solved the problem 52.08 percent by Dhami/Jhakri, which is highest. Another 29.17 percent solved by visiting hospitals and 18.75 percent solve the problem by Baidhya respectively. Likewise literate women (33.34 percent) solved the complications by visiting hospitals, (51.85 percent) by Dhami/Jhakri and 14.81 percent by Buidhya. Illiterate women 23.81 percent solved the complications by visiting hospital, 52.38 percent by Dhami/Jhakri and 23.81 percent by Baidhya respectively. The higher proportion of women solved the problems by Dhami/Jhakri with compare to other.

5.6 Delivery Care

The objective of providing safe delivery service is to protect the life and health of the mother and he child by ensuring the delivery of a by ensuring the delivery of a baby safely (NDHS, 2001). An important component of efforts to reduce the health risk to mother and children is to increase the proportion of babies delivered under the supervision of health professionals. Delivery care is the care of mother at the time of labouring starts. It is very critical period for mother and baby to save the life. So, delivery care is an another central component of reproductive health.

5.6.1 Place of Delivery

Place of delivery play important role to safe the life of mother and new born baby. Nepalese women were delivered at home either without assistant or with the help of TBA relatives of friends. Despite an increase in the number of health facilities offering delivery services, use of delivery care is still minimal among Nepalese society.

Table 29: Distribution of respondents by place of delivery for last birth according to literacy

Place of delivery for last birth	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Home	35	41.47	49	94.23	84	70
Hospital	12	17.64	1	1.93	13	10.83
Health post	21	30.89	2	3.84	23	19.17
Total	69	100.00	52	100.00	120	100.00

Source: Field survey, 2011

According to NDHS, 2001, 89 percent of women delivered at home and only 11 percent women delivered with the supervision of health

personnel. Above table 29 clears that the situation is some what good with compared to national level. Among literate women 41.47 percent are delivered at home, 17.64 percent delivered at hospital and 30.89 percent at health post. Likewise, illiterate women 94.23 percent at home 1.93 percent at hospital and another 3.84 percent at health post respectively. Some of them are delivered at home by supervision of health personnel.

5.6.2 Assistance of Delivery

Assistance of delivery is a major component of maternity health care practice. Traditionally Nepalese children are delivered at home either without assistance of TBAS or relatives home. Despite an increase in the number of health facilities offering delivery services. Use of health facilities during delivery services.

Table 30: Distribution of respondents by assistance during the time of delivery according to literacy

Assistant during any delivery	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Doctor	3	4.42	3	5.76	6	5
Nurse	9	13.23	5	9.61	14	11.67
Health assistant	17	25	6	11.54	23	19.16
Relatives	38	55.88	32	61.54	70	58.34
TBAS	1	1.47	6	11.55	7	5.83
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011.

Table 30 shows that the proportion of women during delivery 5 percent are assisted by doctor, 11.67 percent are assisted by nurse 19.16 percent are assisted by health assistant another 58.34 percent women are assisted

by relatives and 5.83 percent are assisted by TBAs during the time of delivery. The large proportion of literate women or illiterate women is assisted by relatives who is 55.88 percent and 61.54 percent respectively. The small number of women are assisted by doctor literate or illiterate which is 4.42 percent and 5.76 percent respectively. TBAS assisted during delivery literate 1.47 percent and 11.55percent.

5.6.3 Use of Safe Delivery Kits

Safe delivery kits are very important factor at the delivered time. It saves the life of mother and new born baby from tetanus and other infection. Since most women are delivered with out safe delivered with out safe delivery kits then neonatal tetanus and infection can be seen.

Table 31: Distribution of Respondents by It Using Delivery Kits at the Time of last Birth According to Literacy

Delivery Kit during last birth	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	41	60.29	12	23.08	53	44.16
No	27	39.71	40	76.92	67	55.84
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011

Table 30 shows that the proportion of women using delivery kit at the time of delivery. Only 55.84 percent have not used and 44.66 percent women use delivery kit. Likewise, literate women 60.29 percent used and 39.71 percent women have not. In the other hand, illiterate women 23.08 percent use delivery kit and another 76.92 percent women had not used. The proportion of using delivery kit is higher of literate women with compare to illiterate women.

5.6.4 Meal Per-day After Delivery

Table 32: Distribution of respondents by frequency of meal per day after last delivery according to literacy

Frequency of meal after last delivery	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Two times	5	7.35	4	7.69	9	7.5
Three times	41	60.29	40	76.92	81	67.5
More than three times	22	32.36	8	15.69	30	25.00
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011

The table 32 presents that the frequency of meal for women after the time of delivery. The table further shows that the large proportion of women 967.5 percent taking meal three times, three times 25 percent and more than three times 25 percent and two times 7.5 percent take meal respectively. The situation of meal per day for women after the time of any delivery is satisfactory on in average. There is huge difference more than three times literate 32.36 and 15.39 percent for literate women respectively.

5.7 Postnatal Care

Postnatal care is uncommon in Nepal. Seventy nine percent of mothers who delivered outside the health facility don't receive any postnatal checkup. Less than five mothers receive postnatal care within the first two day after delivery (NDHS, 2001). Postnatal care is one of the central components of reproductive health. But Nepal has rural and remote area,

people are far from the access of health facilities and lack of knowledge of people. So, postnatal care service is uncommon in Nepal.

5.7.1 PNC Service after Last Delivery

Table 33 Distribution of respondents receiving postnatal care after last delivery according to literacy

PNC service after last delivery	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	25	36.76	4	7.69	29	24.16
No	43	63.23	48	92.31	91	75.84
Total	68	100.00	52	100.00	120	100.00

Source: Field survey, 2011.

Table 33 shows that, the situation of postnatal checkup is presented. The postnatal care services are very low. Literate 36.76 percent women take postnatal care and 63.23 percent women have not taken postnatal checkup. Illiterate women only 7.69 percent take PNC care and 92.31 percent have not taken postnatal checkup. In total 24.16 percent women take PNC and 75.84 percent women have not taken the PNC service respectively.

5.7.2 PNC Checkup the Number of Days after the Time

Table 34: Distribution of respondents receiving PNC checkup the number of days after the time of last birth according to literacy

PNC checkup last birth	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
2 days	15	60	2	50	17	58.62
2-7 days	5	20	-	-	5	17.24
15 days	5	20	2	50	7	24.14
Total	25	100	4	100	29	100

Source: Field survey, 2011.

Note: For those who received PNC after any birth.

Above table shows the postnatal checkup at the time of last delivery. In total 58.62 percent women take PNC at 2 days after delivery, 17.24 percent women at the time of 2-7 days after delivery and 24.14 percent women take PNC service 15 days after delivery respectively. Among literate women 60 percent take PNC service 2 days after delivery and 50 percent illiterate take PNC 15 days after delivery.

5.7.3 Place of Utilization of PNC Service

Table 35: Distribution of respondents by place visit for PNC services after last birth according to literacy

Institution of PNC after last birth	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Health post	15	60	2	50	17	58.62
Hospital	5	20	2	50	7	24.13
Private clinic	5	20	-	-	5	17.25
Total*	25	100	4	100	29	100

Source: Field survey, 2011.

*Note: Only those who visited of PNC after only birth

Table 35 shows the PNC service taken is 58.62 percent from health post. 24.13 percent form hospital and only 17.25 percent women take PNC service form private clinic respectively. Among literate women 60 percent taken from health post, 20 percent from hospital and another 20 percent from private clinic. Among illiterate women the PNC from health post is 50 percent and 50 percent form hospital respectively.

5.7.4 Family Planning and Contraceptive Use

Family planning is an important aspect of reproductive health. 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 36: Distribution of respondents who heard about methods of family planning according to literacy

Methods of family planning	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	63	92.64	34	65.38	97	80.83
No	5	7.36	18	34.62	23	19.17
Total	68	100	52	100	120	100

Source: Field survey, 2011.

Table 36 shows the knowledge about the methods of family planning in total 80.83 percent women heard about contraceptive methods and only 19.17 recent women have not heard about the methods of contraception. Large proportion of literate women 92.64 percent heard about contraceptive methods and only 7.36 percent women have not heard about the methods of contraception. In illiterate women 65.38 percent heard about contraceptive methods and 34.62 percent women have not heard about the methods of contraception respectively.

Table 37: Distribution of respondents who currently used/non used the method of family planning according to literacy

Methods/used/non used	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	29	46.03	6	17.65	35	36.08
No	24	53.97	28	82.35	62	63.92
Total	63	100	34	100	97	100

Source: Field survey, 2011.

Note: Only those who have heard about FP methods.

It is clear that 63.92 percent of women have not used the contraceptive method and 36.08 percent women use the method of contraception. Likewise, 53.97 percent women don't use any method of contraception and 46.03 percent literate women used the contraceptive methods. In the other hand, 82.35 percent have not used the method of contraceptives and 17.65 percent illiterate women used contraception respectively. It is clear that the knowledge about contraceptive of respondents is satisfactory but practice is low in both literate and illiterate women.

Table 38: Distribution of respondents by types of family planning methods used according to literacy

Types of F.P. methods	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Condom	17	58.62	2	33.33	19	76
Pills	6	20.69	1	16.67	7	28
Sterilization	6	20.69	3	50.00	9	36
Total	29	100	6	100	25	100

Source: Field survey, 2011.

Note: Only those who currently used FP method

Table 38 presents, the used contraceptive method. In total percent 76 percent used condom, 36 percent sterilization and 28 percent used pills. Likewise literate women 58.62 percent used condom, 20.69 percent used pills and 20.69 percent used sterilization respectively. On the other hand in illiterate women 33.33 percent used condom, 16.67 percent used pills and 50 percent used sterilization. Literate couple used large proportion of condom and illiterate couple used sterilization large proportion.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This study has analyzed the maternal health practice and educational status among married women of reproductive ages having at least one child of Budhathum VDC, Dhading. This study is based on primary data from purposive sampling method in (4, 5 and 8 wards) of this VDC. IN order to meet the objectives of the study. It considers quantitative information form the respondents.

6.1 Summary

The major findings of this study are as follows:

6.1.1. Socio-economic Characteristics of Households and Respondents in Study Area

- Out of 529 population of 120 households 6 years and above 107 (20.23) are illiterate and 422, (79.77 percent) are literate. The large proportion of this literate population that is 35.16 percent is found at primary level.
- The highest proportion of respondents belonged to age group 30-34 years 27 percent and lowest in age group 20-24 and 45-49 year of age 12.5 percent and 12 percent.
- Out of total 120 respondents, 56.7 percent are literate and 43.3 percent are illiterate. Out of total 68 respondents, higher percentage (26.5) was found a secondary level and lowest percentage were found higher education (11.8 percent) only.
- The major occupation of both literate and illiterate is found agriculture 58.82 percent and 61.54 percent and lower in literate

respondents daily wage 2.95 percent and illiterate respondents 1.92 percent in business sector.

- Higher proportion of respondents are currently married 87.5 percent and lower percentage are widow 12.5 percent.
- The land holding households are 95 percent and landless households are 5 percent only.
- The size of land, less than one Ropani is (4.39 percent) households and 17.53 percent percent households have more than 10 ropani cultivated land.
- Only 20.84 percent households give land to another for rent.
- Out of 120 households 97.5 percent have used electricity, 83.34 percent households have used Radio, 54.17 percent households have used telephone and 44.17 percent households have used television.
- Large proportion of households is half Pakki 55 percent and only 28.34 percent house is pakki.
- The majority of toilet facilities are jungle open field 41.66 percent and 25 percent household have traditional toilet.
- The support of own food production 55.84 percent and no food production households are 4.15 percent.
- The majority of households monthly income in cash in less than 2,000 are 56.07 percent and monthly income in cash 10,000 and above are 7.5 percent respectively.

6.1.2 Maternal Health Care Practice

- The child having 3-5 are 46.66 percent respondents and 8 and above respondents are 5.84 percent respectively.

- Having smoking habits respondents during last pregnancy are 36.66 percent for both literate and illiterate women.
- Alcohol habit respondents during last pregnancy are 17.5 percent and 82.5 percent no using alcohol for both literate and illiterate women.
- Among the total respondents, 55.83 percent have done usual works and only 4.17 percent respondents did not do any work during the time of last pregnancy according to literacy.
- Overall respondents 72.5 percent take extra nutritious food and 24.16 percent take usual food during last pregnancy.
- Overall respondents, only 43.33 percent take ANC services during last pregnancy for both literature and illiterate.
- Of those who received the ANC services 13.46 percent from hospital, 63.47 percent from health post and 23.07 percent from private clinic. Likewise, by doctor 11.54 percent by nurse 23.06 percent and 65.38 percent by health assistant.
- Out of 52 respondents, one time ANC visit 17.30 percent, two times 21.16 percent, three times 25 percent and four times 36.54 percent respectively.
- Among 52 respondents 15.39 percent measure weight only, 21.156 percent measure weight and height, 19.23 percent measure blood pressure, 19.23 percent weight and blood and another 25 percent have done all activities for both literate and illiterate.
- Out of 68 respondents, the main cause for not taking ANC service cultural values 40.58 percent and lack of knowledge 13.06 percent respectively.
- Overall respondents, 40 percent face complications during the time of pregnancy both literate and illiterate.

- Out of 48 respondents 52.08 percent solved the complication by Dhami/Jhakri and 29.17 percent solved by visiting hospital during the time of pregnancy.
- Overall respondents, only 38.34 percent utilized the TT vaccine during pregnancy. And overall TT vaccine receive two plus dose is 3.45 percent respondents respectively.
- Overall 55 percent respondents reported they had received iron tablet during any pregnancy.
- Overall respondents, 70 percent are delivered at home. Total them, using delivery kit 44.16 percent during the period of delivery for both literate and illiterate.
- At the time of delivery 58.34 percent respondents are assisted by relatives, 5 percent by doctor, 11.67 percent by nurse, 19.16 percent b y health assistant and 5.83 percent by TBAs respectively.
- Overall respondents, 67.5 percent take meal three times and 7.5 percent only two times after any delivery according to literacy.
- Out of 29 respondents, 58.62 percent take PNC service two days after delivery, 17.24 percent 2-7 days and other 24.14 percent 15 days after delivery.
- Overall respondents 80.83 percent have heard about the methods of contraception.
- Out of 97 percent respodnetns 36.08 percent have used the methods of contraception among literate and illiterate women.
- Out of them, 76 percent used condom, 28 percent used pills and 36 percent used sterilization respectively for both literate and illiterate.
- Out of 97 respondents, 36.08 percent used FP and another 63.92 percent didn’t use FP method for both literate and illiterate women.

6.2 Conclusion

This study was conducted to find out the socio-economic status, maternal health care practice and the level of education of women and maternity care practice in Buddhathum VDC, Dhading. On the basis of above analysis, the utilization of maternal health care practice is not satisfactory because it is worse than national level. Socio-economic status (housing, income level, land holding status, access of media) are poor but only some what good only literate women. Women who are literate involved in professions are found in better situation with compare to illiterate women in the study area.

Practice of main components of maternal health care (antenatal care, labour and delivery (are and postnatal care) is poor in study area. These practices were found better among educated and compared to illiterate respondents. TT vaccine, iron tablet and vitamin utilization are very poor on illiterate women but literate women's position is found to be some better. Smoking, alcoholism prevalent rate is higher in and illiterate respondents. More than 70 percent women both literate and illiterate are delivered at home. Postnatal care is uncommon both literate and illiterate respondents. The use of contraceptive method practice is very low in illiterate with compare to literate women. From this study, finally, it can be concluded that the women's situation of study area is some what equivalent to national level for literate women whenever poor on illiterate women.

6.3 Recommendations

- Economic crisis is one of the major problems of low level of maternal and child health. So, income generation programmes should be launched for them.
- Basic awareness programmes (education, trainings) should be implemented.
- The government of Nepal should create collaboration programme with NGOs, INGOs to provide basic facilities to them.
- Maternal health care practices are highly influenced by education, socio-economic status, age at marriage and media. Different programmes like seminar, pictoral demonstrative programmes, should be carried.
- Due to lack of information many women are not found practicing maternal health care. So, information, education and communication (IEC) programmes should be implemented.
- Focus to establish health institution especially in rural areas by the government is necessary.
- Status of women should be raised by supporting on their health, economic, educational, social sectors as well as increasing their decision making role on family and society.

6.4 Area for Further Research

- Multi-sectoral research is more helpful to explore the facts.
- Other aspects of reproductive health issues such as STDs, HIV/AIDS etc.
- Knowledge, attitude and practice of family planning service.

REFERENCES

Acharya, J. (2009). Maternal Health Care Practice and Education Status of women. An Unpublished M.A. Thesis Submitted to the Central Department of Population Studies, TU. Kirtipur.

Central Bureau of Statistics (CBS), (2001). *Population of Nepal Village Development Committee*, Kathmandu: CBS.

Department of International Development (DFID). (2005). *Nepal Gender and Social Exclusion assessment*, June 2005. Lalitpur: DFID.

Dhungel, S. (2000). Utilization of Safe Motherhood Service in Nepal, An Unpublished MA Thesis Submitted to the Central Department of Population Studies, TU Kirtipur.

Eelizabeth, I, Ranson and Nancy V. Yinger. (2002). *Making Motherhood Safer; Overcoming obstacles on the Pathway to care*. Washington DC: Population Reference Bureau.

International Conference on Population and Development (ICPD). (1994). *Population and Development*, United Nations.

Khanal K.R. (1998). The Determinant of Maternal Health care utilization in Nepal. In Bal Kumar K.C. (Ed.). *Nepal Population Journal*. Vol, 7 (6). Kathmandu Population Association of Nepal.

Khanal, M.K. (2001). Maternal and Child Health care Practice of Gandarva and Pode Castes of Kaski District. An Unpublished MA Thesis Submitted to the Central Department of Population Studies, TU, Kirtipur.

Manandhar T.B. and Shrestha K.P. (2003) Population Growth and Educational Development. In *Population Monograph of Nepal*, Kathmandu:Central Bureau of Statistics.

Ministry of Health (MoH), (1998). *Safe Motherhood Policy*. Kathmandu: MoH.

Ministry of Health (MoH), New ERA and ORC Macro. (2001). *Nepal Demographic and Health Survey 2001*. Kathmandu: MoH, New ERA and ORC Macro.

Ministry of Health (MoH). (1996). *National Maternity Care Guidelines Nepal*. Kathmandu: MoH. Family Health Division.

Ministry of Health (MOH). (1996). *Nepal Family Health Survey 1996.* Kathmandu: Ministry of Health.

Pathak, R.S., Gurung, Y.B. (2002). *Why FP Maters in Reproductive Health: A Comparative Study of South Asian Countries, A final Report Submitted to UNFPA*, Nepal February 2002, Kathmandu: CDPS.

Pokharel, R. (1999). Maternal Health Care in Nepal. An Unpublished MA Thesis Submitted to the Central Department of Population Studieds, TU, Kirtipur.

Pokharel, T. (2003). Male Involvement in Reproductive Health: Urban Rural Differential, An Unpublished MA Thesis submitted to Central Department of Education, Tribhuvan University, FOE, Kathmandu.

Subedi, B.P. (2001). Maternal and Child Health Care Practice with Relation to the Education of Mother's. An Unpublished MA Thesis Submitted to Central Department of Education, Tribhuvan University, FOE, Kathmandu.

United Nations Children Fund, (1991). *Children and Women in Nepal: Situation Analysis*. Kathmandu: UNICEF.

United Nations Children's Fund. (UNICEF). (1998). Health Seeking Behaviour of Women In Five Safe Motherhood District in Nepal.

United Nations Population Fund. (UNFPA). (1997). Right for Sexual and Reproductive Health, The state of World Population, New York: UN.

World Health Organization. (2005). Valuing Pregnancy: A Matter of Legal Protection, WHO Report.

xv