SAFE MOTHERHOOD PRACTICE AMONG MAJHI WOMEN

(A Case Study of Hatpate VDC, Sindhuli District)

A THESIS

SUBMITTED TO

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BY

HRIDAYA MAJHI

Central Department of Population Studies (CDPS)

Faculty of Humanities and Social Sciences

Tribhuvan University (TU)

Kathmandu

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DECLARATION

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

……

HRIDAYA MAJHI

July 2012

RECOMMENDATION

This is to certify that the thesis

Submitted by

HRIDAYA MAJHI

Entitled

SAFE MOTHERHOOD PRACTICE AMONG MAJHI WOMEN

is Recommended for External Examination

Dr. Bhim Raj Suwal _____

(Thesis Supervisor)

Date: July 2012

VIVA-VOCE SHEET

We have conducted the viva-voce examination of the thesis

Submitted by

Hridaya Majhi

Entitled

SAFE MOTHERHOOD PRACTICE AMONG MAJHI WONEN

and find that the thesis to be an independent work of the student written according to the prescribed format. We recommend the thesis to be accepted 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

Dr. Bhim Raj Suwal _____

(Thesis Supervisor)

Dr. Rudra Prasad Gautam _____

(External Examiner)

July 2012

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Hridaya Majhi
CDPS, Kirtipur
Kathmandu

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ABSTRACT

The study on "SAFE MOTHERHOOD PRACTICE AMONG MAJHI WOMEN" A case study of Hatpate VDC in Sindhuli District" has been carried out using primary source of data obtained from 125 respondents of reproductive aged Women. The main objective of the study is to identify and examine the knowledge and practice of safe motherhood practices among women is Majhi Community. The main dependent variables of this research are antenatal and postnatal check up, TT vaccination, receiving iron tablets, delivery assistance, place of delivery use of delivery kits, postnatal check up, health problem after delivery etc.

This study includes 548 populations which consists 262 female and 286 male. The literacy rate is of the study population was 61.70 percent. Among the total population 32.6 unmarried, 65.2 percent married and 2.3 percent widowed. In this study area of Majhi Community only 18.4 percent of women were found to have some knowledge about safe motherhood practice. Similarly 16.8 percent of women have received and utilized antenatal services. About 15 percent of women respondent have taken TT vaccination, 15.2 percent of women had received iron tablet. Likewise 98.4 percent of respondent delivered their baby at home and 1.6 percent of women delivered at hospital. About 16 percent of respondents had utilized safe delivery kits

The finding of this study shows that there were great differences between the utilization of antenatal care and postnatal care. Among of women about 75 percent faced health problems after delivery. About 88 percent respondents got health services from Dhami/ Jhankri. Most of the respondents had not got health post in their locality, it takes 1 day to reach in hospital But adequate services were not available.

In the study area it has found that socio-economic status of studied population was very low. Most of the people in this Majhi Community are engaged in agriculture and housework. The majority of women are delivered at home. Women yet have to face many complications during the delivery period.

During pregnancy women of Majhi Community follow traditional Techniques which have harmful effects on health moreover women are more likely to have infections of anatomical structures one of the region in the quality and accessibility to maternal health care practices in that most of Nepali women in rural areas.

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ACRONYMS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AHW	Assistant Health Worker
CBS	Central Bureau of Statistics
CDPS	Central Department of population Studies
DC	Delivery Care
DFID	Department for International Development
EOC	Emergency Obstetric Care
HA	Health Assistant
HH	House Hold
HIV	Human Immunodeficiency Virus
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
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MOPE	Ministry of population and Environment
NDHS	Nepal Demographic Health Survey
NGOs	Non – Governmental organizations
PNC	Postnatal Care
PRB	Population Reference Bureau

RH	Reproductive Health
SAARC	South Asian Association for Regional cooperation
SLC	School Leaving Certificate
SSMP	Support for Safer Motherhood Program
STD	Sexual Transmitted Disease
TU	Tribhuvan University
TUCL	Tribhuvan University Central Library
TT	Tetanus Taxied
TBA	Traditional Birth Attendant
UN	United Nation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VDC	Village Development Committee
VHW	Village Health Worker
W H O	World Health Organization

CHAPTER-ONE

INTRODUCTION

1.1 General Background

Women are mothers it means they are creators. They bear the potentiality of creation. In the world more than 50 percent population is covered by female. In Nepal slightly more than half of the population was of female in 2001 A.D. Women in Nepal have remained backward in terms of social status. They have lack of education and decision making power. In the society women play the important role of reproductive and productive responsibilities. Women have child bearing power gifted by the nature. The child bearing power is a biological process which depends on women physical state. Every mother faces the complication of pregnancy and also pain of giving birth but every woman can not get a chance for giving birth and attaining good health. In Nepal maternal mortality rate is 539 per thousand live births. (Source: Field Study 2010) So the care and respect should be given to the women everyone in the family and society.

According to Webster Dictionary health or good health is defined in many ways. Health is the "condition of being sound in body, mind or spirit According to Oxford Dictionary. Health is the state of being well and free from illness. World Health organization has defined health as "Health is a state of complete physical mental and social well being and not merely the absence of disease or infirmity."

International conference on population and development held in Cairo in September 1994 focused global attention on reproductive health. Reproductive health in the ICPD document is defined as."A state of complete physical mental and social well being and not merely the absence on disease of infirmity in all matters related to the reproductive system and its function and process reproductive health implies that people are able to have satisfying safe sex life and they have capacity to reproduce and the freedom to decide when and how often to do so. In order to exercise that freedom reproductive health requires access to both family planning as well as access to health care for safe pregnancy and child birth (UN 1994).

The safe motherhood practices increase the circumstances within which a women is enabled to choose whether she will become pregnant if she does, ensuring she receives care for prevention and treatment of pregnancy complication has access to trained birth assistance has access to emergency obstetric care if she needs and care after birth so that she can avoid death or disability from complication of pregnancy and child birth (Pudasaini, 1994)

The safe motherhood initiative emerged as a powerful campaign for women's health. It highlighted the potential for improved care for pregnant women and better functioning to reduce the burden of maternal and newborn ill health. (WHO, 2000)

Safe motherhood initiative was developed globally as a result of unacceptably high maternal morality in many developing countries. Women status is very poor in Nepal. Nepali women are facing discriminatory treatment in the family and society. They are passive and treated as unequal compared to male of the family and have almost no access to choice of food and nutrition diet, even during the time of pregnancy. Only 9 percent of women utilize institution or modern health care facilities for delivery. The ministry of Health's safe motherhood program is the Nepal government's main trust to reduce maternal and neonatal mortality by addressing the issue of high rate of death and disability caused by the complication of pregnancy and child birth. MoH has celebrated the World Health Day 2005 April 11 by the slogan; Mothers and child important "Aama ra Bachcha ko mahotwo".

This study will design to examine the level of safe motherhood practice among the Majhi community, who are living in Hatpate VDC of Sindhuli district. This study will focus an antenatal care, delivery care, postnatal care and family planning practices of women of this community.

1.2 Majhi People in Nepal

According to census 2001 AD, the total number of Majhi people is about 72000 thousand in Nepal. They have been living in Nepal for ancient period. They have their own culture, language religion and custom, Hence they are indigenous caste of Nepal. They have been living for ancient period in the different part of the country Sunsari,

Jhapa, Morang, Udayapur, Ramechap, Sindhuli, Kabhre etc. Their occupations are fishing and boating. Now they are leaving their occupation due to various reasons like bridge building in river, using different chemicals in the river or lack of fish in the river etc.

Among different district (68 districts), most of Majhi people live in Sindhuli district. Most of Majhi people are uneducated, they depend on agriculture for the survived their life. They are poor caste of the country. So it is said that they are the back ward caste of the society.

1.3 Statement of Problem

Nepal is a multi-caste and multi-ethnic country, the contribution to the high level of national fertility rate made by the different caste/ethnic group needs to be addressed urgently. Women are dominated by male because of lack of women education economic condition and social norms and value Majhi people who are the backward caste of the society live in rural area in inner Terai of Sindhuli district. These people have very low socio-economic condition characterized by low literacy and education, low level of income and high level of unemployment. The education status of women of this community is even illiterate. So these factors of Majhi women' are very critical in terms of health seeking behavior.

In Nepal maternal mortality rate is estimated to be 539 per thousand live births. Every year many babies die late in pregnancy, at birth or soon after birth due to poor maternal care and inadequate management of pregnancy related complications. This is the result of poor maternal health practices especially in the rural areas or backward community.

This study attempts to find out the level of knowledge perception and utilization safe motherhood practices of these Majhi women of Hatapate VDC in Sindhuli district. It is believed that these women have low level of knowledge perception and utilization of the safe motherhood practices because these are the women who are backward caste and low socio-economic condition and health status. Since no previous research has been done; this study will consider these Majhi women as the focused population.

1.4 Objectives of the Study

The general objective of this study will examine the level of knowledge and utilization of safe motherhood practice among the Majhi women who are residing at Hatapate VDC in Sindhuli district.

The following are the specific objectives of the study

a) To study socio-economic characteristic of Majhi women in the study area.

b) To examine the knowledge of safe motherhood among Majhi women in the study area.

c) To study the level of utilization of safe motherhood services Majhi women in study area.

d) To asses the level of family planning knowledge of the Majhi women in the study area.

1.5 Significance of the Study

Maternal mortality is a social as well as economic problem in our society. The condition of maternal health is worst causing high maternal morbidity and mortality rate. The leading cause for this high MMR is lack of knowledge and practice of safe motherhood and family planning services.

This study will collect information about the knowledge and practices of safe motherhood services by the women of Majhi community. This study will provide important information about the extent of utilization of safe motherhood and family planning services by the Majhi women in the study area. This study helps researchers, policy makers and program planners NGOs, INGOs, and the Government in developing appropriate policy and programme. The finding can also be used to understand reproductive health problems of Majhi community.

1.6 Limitations of the Study

This study will be limited to married Majhi women of reproductive age (15-49 years) who are living with their husband or family in Hatapate VDC of Sindhuli district. This study only focuses on the following cases.

a) Antenatal care (receiving regular antenatal check up TT Vaccination and Iron Tablets).

b) Delivery care (assistance by trained person use of clean delivery).

c) Post natal care (care of mother and the new born child in weeks-42 days).

d) Family planning services (help the mother spacing the birth and unwanted pregnancy).

This study covers only a limited number of Majhi women who are residing in the Majhi women in Hatapate VDC in Sindhuli district. Thus the finding of this study can not be generalized to other areas.

1.7 Organization of the Study

This study will be divided into 6 chapters. The first chapter deals with the introduction of the study Majhi people in Nepal, statement of the problem, significance, limitation and organization of the study. The second chapter will be the review of relevant of literature. The third chapter will describe research methodology of the study. Similarly fourth chapter presents socio-economic and demographic characteristic of the population study. Knowledge and perception about safe motherhood will present in fifth chapter. Chapter six will present the summary conclusion and recommendation of the study.

CHAPTER-TWO

LITERATURE REVIEW

2.1 Theoretical Literature

Antenatal Care

Antenatal care from a trained provider is important in order to monitor the risks associated with pregnancy and delivery for the mother and her child. According to the 2011 NDHS, 58 percent of women who gave birth in the 5 years preceding the survey received antenatal care at least once for the last live birth from a health professional, that is, a doctor, or nurse/midwife. This is an increase of 33 percent compared with that reported in the 2006 NDHS, when the percentage of women receiving antenatal care from a doctor, or nurse/midwife was 44 percent (MOHP, New ERA and Macro International Inc., 2007).

88 percent of women in urban areas and 55 percent of women in rural areas received antenatal care at least once during their pregnancy from a skilled provider. There has been a remarkable improvement in antenatal care from health professionals in the rural areas than in the urban areas which has increased by 46 percent and 4 percent, respectively.

Antenatal care for the last live birth in the five years before the survey is lower in the Mountain (52%) and Hill (53%) zones compared with the Terai zone (63%).

Education impacts use of antenatal care from health professionals, with use ranging from 42 percent among women with no education to 89 percent among those with SLC and higher levels of education. (Preliminary NDHS report-2011)

Delivery Care

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the baby. Although 58 percent of mothers received antenatal care from

a doctor or nurse/midwife for their most recent birth, only 36 percent of babies are delivered by a doctor or nurse/midwife, and 28 percent are delivered at a health facility indicating that Nepal has a long way to go to meet the Millennium Development Goal of 60 percent births attended by a skilled provider (Table 7). However, it is encouraging to note that the proportion of babies attended by skilled provider over the last five years has nearly doubled, from 19 percent in 2006 to 36 percent, while the proportion of babies delivered in a health facility has increased from 18 percent in 2006 to 28 percent (MOHP, New ERA and Macro International Inc., 2007).

Women who give birth at a younger age (<20 years) are more likely to receive assistance from health professionals during delivery and also more likely to have delivery at a health facility than women who give birth at an older age 14.

Women's utilization of delivery services varies markedly by place of residence. Delivery by health professionals is more than two times higher in urban areas (73 %) than in rural areas (32 %).

Deliveries in the Terai zone are most likely to be assisted by a health professional. A similar pattern is seen for delivery in a health facility which ranges from 17 percent in the Mountain zone to 31 percent in the Terai.

A state of complete physical, mental and social well being and not merely the absence of disease of infirmity in all matters related to the reproductive system and its function and process. Reproductive health implies that people are able to have satisfying safe sex life and they have capacity to reproduce and freedoms to decide if when and how often to do so. In order exercise that freedom reproductive health requires access to both family planning as well as access to health care for safe pregnancy and child birth (UN 1994).

Barriers to women empowerment remain despite the efforts of government as well as non-governmental organization and women and men everywhere. Vast political economic and ecological crisis persists in many parts of the world. Among them are wars of aggression armed conflicts civil wars and terrorist These violation of a failure

to protect all human rights and fundamental freedoms at all women and their civil cultural, and economic, political and social rights. Including the right to development and ingrained prejudicial attitudes towards women and girls rights are but few of the impediments encountered since the world conference to review and appraise the achievements of the UN decade for women, equality development and peace in 1995 (Beijing conference 1995).

Maternal Care

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. In 2011 NDHS, women who had given birth in the five years preceding the survey were asked a number of questions about maternal health care. For the last live birth in that period, mothers were asked whether they had obtained antenatal care during the pregnancy and whether they had received tetanus taxied injections or iron supplements during pregnancy. For each birth in the same period, the mothers were also asked what type of assistance they received at the time of delivery and where the delivery took place.

Similarly, they were asked about postnatal care, and whether they received vitamin A capsules and iron supplements postpartum. Table presents information on some key maternal care indicators.

2.2 Empirical

Pregnancy is not just a matter of waiting to give birth often a defining phase in a women's life. Pregnancy can be a joyful and fulfilling period, for her both as an individual and as a mother of society. It can also be one of misery and suffering, when the pregnancy is unwanted or mistimed, or when complications or adverse circumstances compromise the pregnancy cause ill health or even death pregnancy may be natural but that does not mean it is problems free (2005).

Rarely is a pregnancy greeted with indifference. When a pregnancy occurs, women, their parents, families most often experience a mixture of joy, concern and hope that out come will be the best of all a healthy mother and a healthy baby. All societies strive to ensure that pregnancy is indeed a happy event. They do so by providing

appropriate antenatal care during pregnancy to promote health and cope with problems, by taking measures to avoid unwanted pregnancies and by making sure that pregnancies takes place in socially and environmentally favorable conditions. Women rely on care and help from health services, as well as on support systems in the name and community. Exclusion, marginalization and discrimination can severely affect the health of mother and that of their babies (WHO-2005).

In the world 300 million women currently suffer from long term or short term illness by pregnancy or child birth. The 52900 annual maternal death occur including 68000 death due to unsafe abortion are even more unevenly spread than new born or child deaths only one percent countries. There is a sense of progress backed by the trafficking of indicators that show in uptake care during pregnancy and child birth in all regions (WHO, Report 2005).

2.2.1 Reproductive

Reproductive right is the basic right of all couples and individuals to decide freely and responsibility the number, spacing and limiting of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their rights to decision concerning reproduction free of discrimination, correction and violence as expressed in human rights documents. In the exercise of this right they should take into the needs of their living and future children and their responsibility towards the community (ICPD, 1994).

2.2.2 Maternity Care

Maternity care implies the provision of essential care for pregnant women to ensure safe delivery including postnatal care and termination of complications of the mother and the new born. Maternity care starts from the time of pregnancy diagnosis and continues through delivery and postnatal period.

2.3 Situation in the World

In the 21st century world already entered into a new millennium along with the advanced medical technology and scientific invention, pregnancy, child birth and abortion continues to be unnecessary hazards for the majority of world's women.

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

There is a complex interplay of socio-economic, environmental and cultural factors that contribute to the reproductive ill health of population particularly women in developing countries. Poverty ignorance, illiteracy and malnutrition are major determinants of women's health status. Also significance are the age at marriage and pregnancy, the number and Number of child bearing and the number of unwanted pregnancies and abortion that contribute to morbidity and mortality amount women and their babies. The backward status and worth of women in society the higher the maternal mortality and least important are the health service related factors such as lack of access to quality reproductive health services (WHO, 1948-98). There is an inverse relationship between the life time risk of maternal death and the availability of the services of trained health workers during pregnancy and at the time of delivery (WHO, 1999).

In the developing countries, world maternal and child mortality is higher than the developed countries and the world. On the world per year 60000 child and women get death by the completion of delivery. Similarly 1060000 is child death rate per year in the world. According to WHO report (2005) 40 percent death is under one month of the total child death 106000 in the world per year. Ninety five percent women face by pregnancy complication in the developing countries. In the world 20000000 women have need for good family planning services. In African and Sub-Saharan 16 percent women face the pregnancy complication death per total pregnant women. In the developed countries only one percent of total pregnant women face the complication

of death which lies in the 3800 total pregnant women. In the developing world 42 percent women has not got a safe motherhood services (WHO & MOH- 2005).

2.4 Situation in Nepal

In Nepal since the commencement of the safe motherhood program in 1997, it has grown significantly in terms of development of the policy. Protocols are the expanded role of service providers like the maternal and child health workers an improvement to life saving facilities. With an increasing Number of donors and NGOs getting involved in the safe motherhood program, there will be focus to the overall program. Thus the family Health Division of Department of Health service developed the Notional Safe Motherhood plan (2002-2017) which lays out various levels of outputs and activities. The long term goal of 15 year plan envisages establishment of BEOC and CEOC services in 50 hospitals during the tenth five year plan period. Similarly (BEOC) service need to be established in 10 primary health care centre's within this period. The tenth five year plan also proposes the establishment of comprehensive essential obstetric care (CEOC) services 10 hospital in the countries.

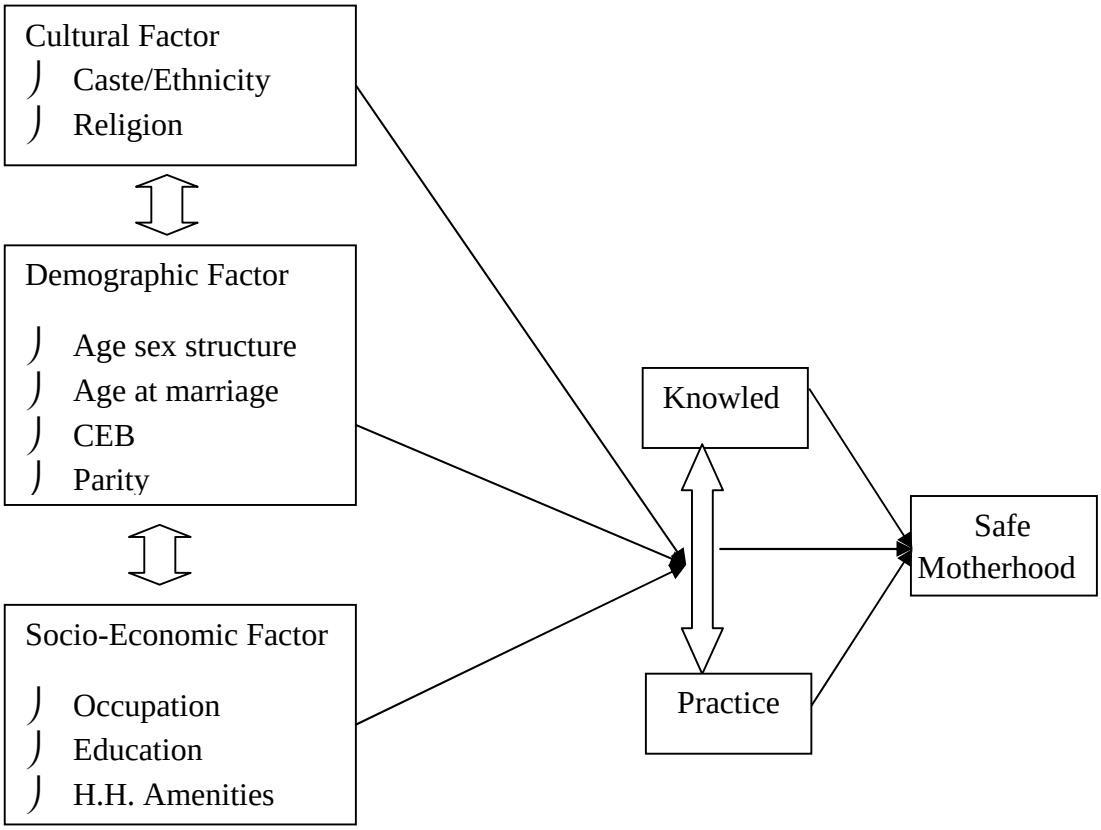
In Nepal per day 12 percent women die by the complication of delivery. Every two hour is women dies with pregnancy complication in Nepal. In Nepal 64 children dies per 1000 live birth under one year and 63 children dies per 1000 live birth under 1 month.

In our society mother in-law and family member play the important role in the utilization of maternal health care facilities. Because mother in law the key person in the family and responsible for making household division about health care. The mother in-law is often found to be a source of assistance in delivery (Khanal; 1998).

2.5 Conceptual Framework

Following conceptual framework is used in this study. The framework suggests that socio-economic, demographic and participatory are intermediate variables which affect dependent variables i.e. safe motherhood practices.

There are three types of variables which are affecting the knowledge and practice of safe motherhood services. There are different demographic variables i.e. age of women, CEB, age at marriage, age at first birth which affect on safe motherhood directly or indirectly likewise socioeconomic variables i.e. education, family type, occupation, household, gender role at home. These variables help to determine and practice of safe motherhood.



CHAPTER-THREE

METHODOLOGY

3.1 Introduction to the Study Area

Sindhuli district is one of the nineteen districts of central development region. This district has the most Number of Majhi community. Majhi people have been living since ancient time in this district. There are 1 municipality and 53 VDCs. Among 53 VDCs Hatapate is one of Majhi women in Sindhuli District. Information has collected from women, which age are (15-49) as well as married.

3.2 Research Design

Descriptive, exploratory as well as analytical research design described present pattern of safe motherhood among Majhi women. Exploratory research designs the major causes of unsafe motherhood. Analytical research design has examined the consequences of unsafe motherhood.

3.3 Nature and Sources of Data

This study is based on primary sources of data which was collected by the field work. The information listed according to structured questionnaire was identified and analyzed. Secondary sources of data quarto used through the review of relevant literature from published and unpublished books, journals, newspaper and web base information from internet.

3.4 Sampling Procedure

This study is based on primary data collection of Majhi women of Hatpate VDC in Sindhuli district. In this study, Hatapate VDC was selected where convince sampling method was use. A total of 125 women are selected from about total 300 women in the VDC.

3.5 Data Collection

Two types of questionnaire ever use for data collection comes the socio-economic factors affecting on safe motherhood practices of Majhi community. Two types of questionnaire are designed:

a) Household questionnaire

b) Individual questionnaire

The household questionnaires are designed to collect information on family members, age, se, marital status and socio-economic and demographic characteristics of the household. The individual questionnaires are designed for married women aged, 15-49 years from the household population under study.

3.6 Data Management Analysis

After the collection of data from the field, the data was entered on the software processed with the help of data analysis was lone in SPSS.

The data are presented in the form of suitable number tables, charts or bar diagrams. Simple statistical like percentage, ratio and average has been used during the analysis.

CHAPTER-FOUR

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD POPULATION AND RESPONDENTS

This chapter deals with socio-economic and demographic background characteristics of the study areas population. Back ground characteristics not only show the position of an individual but also influences their other activities. Socio-economic condition of the household reflects in assessing the general living condition of the people. Factors like available of electricity, radio, mobile, television, sanitation facility defects the way of living of people. The agriculture and possessed by the family gives the economic status of the people. This chapter also deals with the age, sex, marital status, occupation status and educational status of the household population and respondents.

4.1 Age and Sex Composition

The percentage of male and female population in different age group is known as age and sex composition of population. Age and Sex composition play an important role in determining the population distribution of the study area (This study covers a total of 548 populations from 125 household of Hatpate VDC of Majhi community in Sindhuli District). The household population of the study area has been classified 5 year age group. The Tables shows the percent distribution of household population by age and sex.

Table 4.1 shows that distribution of population according to age group which indicated the highest percentage of males and females are in 5-9 year age group (16.4% and 18.7%). The lowest percentage of males and females are in 55-59 year age group (0.7% and 0.00%).

Table 4.1: Distribution of Household Population by Age and Sex

Age group	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	Percent
0-4	24	8.4	32	12.2	56	10.2
5-9	47	16.4	49	18.7	96	17.2
10-14	46	16.1	26	9.9	72	13.1
15-19	22	7.7	23	8.8	45	8.2
20-24	23	8.0	34	13.0	57	10.4
25-29	44	15.4	40	15.3	84	15.3
30-34	25	8.7	21	8.0	46	8.4
35-39	22	7.7	14	5.3	36	6.6
40-44	7	2.4	5	1.9	12	2.2
45-49	7	2.4	10	3.8	17	3.1
50-54	12	4.2	7	2.7	19	3.5
55-59	2	0.7	-	-	2	0.4
60+	5	1.7	1	0.4	6	1.1
Total	**286**	**100.0**	**262**	**100.0**	**548**	**100.0**

Source: Field Survey, 2010.

4.2 Source of Information

Mass media is the most effective source to disseminate the public awareness program regarding the safe-motherhood Services. Almost of the people and household have access of some sort of mass media like television, radio and newspaper. The people are getting safe-motherhood education through various mass media.

Table 4.2 shows that 8.7 percent respondents got information of safe-motherhood from mother-in-law and 47.8 percent respondents go information of safe-motherhood from Radio, Similarly 69 percent respondent got information of safe-motherhood by health worker recently.

Table 4.2: Distribution of Respondents by Source of Information on Safe-Motherhood

Sources	Number	Percent
T.V.	9	39.1
Radio	11	47.8
Health worker	16	69.6
Private Clinic	7	30.4
Family	9	39.1
Mother-in-law	2	8.7
Neighbour	5	21.7
Friend	13	56.5
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.3 Occupation

The Occupational status of population indicates the level of development of countries economy. Occupational status of respondents is also important component to protect health at individual as well as community. It plays vital role in promoting a socio-economic status.

Table 4.3 shows that out of 125 female only 0.8 percent female involve in the business and largest number of people involve in the agriculture due to lack of education. They can't escape from agriculture. This is the traditional occupation of the Majhi Community in this study area.

Table 4.3 Distribution of Respondent by Occupation

Occupation	Number	Percent
Agriculture	97	77.6
Service	6	4.8
Business	1	0.8
House work	8	6.4
Daily wage	13	10.4
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.4 Income Group

People can earn money/property. It studies income of the household. If the people have handsome income, they can increase living standard. Income is the major aspects of the life.

Table 4.4 shows that out of 125 households 16.0 percent female don't have their own income. They depend on husband and 16.8 percent people have their own income. They earn more than 5000 thousand in a month.

Table 4.4: Distribution of Respondent by Income Group

	Number	Percent
No income	20	16.00
Less than 3000	41	32.8
3000-5000	43	34.4
More than 5000	21	16.8
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.5 Heard Safe Motherhood Services

Table 4.5 shows that out of 125 respondents 18.4 percent household had heard about safe motherhood service and rest at 81.6 percent. They had not heard about safe-

motherhood services. According to table they are very far from health services as well as other facilities.

Table 4.5: Distribution of Respondent by Heard Safe Motherhood Services

Particular	Number	Percent
Yes	23	18.4
No	102	81.6
Total	**125**	**100**

Source: Field Survey, 2010.

4.6 Health Services in Your Locality

Table 4.6 shows that out at 125 respondents 8 percent household had got health services and 92 percent household had not get health services in this locality in the reporting period.

Table 4.6: Distribution of Respondent by Health Services in Your Locality

Particular	Number	Percent
Yes	10	8
No	115	92
Total	**125**	**100**

Source: Field Survey, 2010.

4.7 Occupation and Practices of Antenatal Care

Occupational status of respondent is also an important component to protect health of individuals. If helps promoting a socio-economic status. It also affects in practice of Antenatal Care.

Table 4.7 shows that 100 percent respondents who are engaged in services, business and students have practiced ANC services, 95.4 percent respondents who are engaged in agriculture have received ANC, 85.7 percent respondents who are engaged in housewife have received ANC. Similarly, 77.7 percent respondents who are engaged in daily wage in agriculture received ANC.

Table 4.7: Distribution of Respondents by Occupational Status and Practices of Antenatal Care

Occupation	Antenatal Care Practice				Total
	Yes		No		
	Number	Percent	Number	Percent	
Housewife	6	85.7	1	14.3	7
Agriculture	63	95.5	3	4.6	66
Daily Wage	14	77.8	4	22.2	18
Business	3	100	0	0	3
Services	5	100	0	0	5
Students	3	100	0	0	3
Total	**94**	**92.2**	**8**	**7.8**	**102**

Source: Field Survey, 2010.

4.8 Postnatal Care

Postnatal care refers to the kinds of services the mother receives after the delivery. Postnatal care is a care provided after the delivery period. A large proportion of maternal and neonatal deaths occur during the 24 hours.

Table 4.8 shows that 63.7 percent respondent had not received postnatal care services and 36.2 percent respondent had received postnatal care services.

Table 4.8: Distribution of Respondents by Practices of Postnatal Care

Postnatal Care	Number	Percent
Yes	37	36.3
No	65	63.7
Total	**102**	**100**

Source: Field Survey, 2010.

4.9 Educational and Practices of Postnatal Care

The bivariate affects of female schooling show a strong positive association between education and practices of postnatal care.

Table 4.9 shows that, the highest percentages (50%) of postnatal care services received are in those respondents who have got secondary education. The lowest rate (20%) of postnatal care received is found among illiterate respondents. The practice of postnatal care increases by level of education.

Table 4.9: Distribution of Respondents by Educational and Practices of Postnatal Care

Level of Education	Practices of Postnatal Care Services				Total
	Yes		No		
	Number	Percent	Number	Percent	
Illiterate	2	20	8	80	10
Literate, but not schooling	3	23.1	10	76.9	13
Primary	7	28	18	72	25
Lower Secondary	8	40	12	60	20
Secondary	9	50	9	50	18
SLC and above	8	50	8	50	16
Total	**37**	**36.3**	**65**	**63.7**	**102**

Source: Field Survey, 2010.

4.10 Occupation and Practices of Postnatal Care

Occupation also affects in taking postnatal care. The women who are engaged in non-agriculture occupation have better practice of postnatal service than agriculture.

Table 4.10 shows that four in five (80%) respondents who are engaged in service have taken postnatal check up. About 67 percent respondents who are engaged in business have taken postnatal care. One-third respondents (33.3%) who are engaged in agriculture have taken postnatal care. More than one in five (22.2 %) respondents who are engaged in daily wage has taken postnatal check up.

Table 4.10: Distribution of Respondents by Occupation and Practices of Postnatal Care

Occupation	Practices of Postnatal Care				Total
	Yes		No		
	Number	Percent	Number	Percent	
Housewife	3	42.8	4	57.1	7
Agriculture	22	33.3	44	66.6	66
Daily Wage	4	22.2	14	77.7	18
Business	2	66.6	1	33.3	3
Services	4	80	1	20	5
Students	2	66.6	1	33.3	3
Total	**37**	**36.2**	**65**	**63.7**	**102**

Source: Field Survey, 2010.

4.11 Educational Status

Education is one of the important factors which affect all aspects of human life. Educated people are more aware of their family and health.

Table 4.11 shows that among the 492 population, illiterate are 42.3, Primary are 43.5, Lower Secondary 7.5, Secondary are 6.1 and PCL + above are 0.6 in percentage of level education.

Table 4.11: Educational Status of Household Population Age 5 and Above

Education	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	Percent
Illiterate	88	33.6	120	52.2	208	42.3
Primary	130	49.6	84	36.5	214	43.5
L. Secondary	23	8.8	14	6.1	37	7.5
Secondary	26	7.6	10	4.3	30	6.1
PCL +	1	0.4	2	0.9	3	0.6
Total	**262**	**100.0**	**230**	**100.0**	**492**	**100.0**

Source: Field Survey, 2010.

4.12 Marital Status of Household Population Age 10 and Above

Marriage is the union of two opposite sex. They live in same house as well as eat together. It deals that respondents are married or unmarried in this study area. It shows that percentage of marital status of the respondents.

Marital status is one of the most important variables in human community. Out of total population aged 10 above about 65.2 percent people were found married, 32.6 percent people were unmarried and 2.3 people were widow.

Table 4.12: Distribution of Respondents by Marital Status of Household Population Age 10 and Above

Marital Status	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	Percent
Unmarried	77	35.8	52	28.7	129	32.6
Married	133	61.9	125	69.1	258	65.2
Widow	5	2.3	4	2.2	9	2.3
Total	**215**	**100.0**	**181**	**100.0**	**396**	**100.0**

Source: Field Survey, 2010.

4.13 Main Occupation of Household Population Age 10 and Above

Occupation status plays a main role to raise the socio-economic condition of the study area as well as society. It is also important component to protect health of individual as well as community. Different occupational status was observed in the study population age five years and above.

Table 4.13 shows that out of 396 people 25 percent people work in agriculture, 3.0 percent people involve in service, 2.3 people do business, 30.8 percent people are household 6.3 percent people work daily wage, 30.8 percent people study and 1.8 percent people work in different occupation in this area.

Table 4.13: Main Occupation of Household Population Age 10 and Above

Occupation	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	Percent
Agriculture	94	43.7	5	2.8	99	25.0
Service	8	3.7	4	2.2	12	3.0
Business	9	4.2	-	-	9	2.30
Household	1	0.5	121	66.9	122	30.8
Daily wage	25	11.6	-	-	25	6.3
Student	77	35.8	45	24.9	122	30.8
Other	1	0.5	6	3.3	7	1.8
Total	**215**	**100.0**	**181**	**100.0**	**396**	**100.0**

Source: Field Survey, 2010.

4.14 Sex of Household Head

Household head means that who lead the family. He/She has responsibility to manage everything of the family. It shows the status of sex of household head in the family.

Table 4.14 shows that out of 125 household head 99.2 percent males are the household head and only 0.8 percent female is household head in this study area. It means females don't have chance to get responsibility of the household in the Majhi community.

Table 4.14: Distribution of Respondents by Sex of Household Head

Sex	Number	Percent
Male	124	99.2
Female	1	0.8
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.15 Source of Drinking Water

Water is essential thing for living creature. It deals the condition of the drinking in the Majhi community and people of Majhi community; they are getting or not getting fresh drinking water.

Table 4.15 shows that, out of 125 household 1.6 percent households use drinking water from piped, 2.4 percent households use drinking water from covered well, 74.4 household use drinking water from uncovered well and 21.6 percent households used drinking water from river/stream. It means, they are not getting fresh drinking water in this study area.

Table 4.15: Distribution of Respondents by Source of Drinking Water

Drinking water	Number	Percent
Piped	2	1.6
Covered well	3	2.4
Uncovered well	93	74.4
River/Stream	27	21.6
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.16 Land Group

Land is the property of the human being for survival; land provides different things for survival of human being. It deals the condition of the land their own name (property). It also explains personal property of the respondents in the study area.

Table 4.16 shows that out of 125 households 80 percent household don't have their own land, 11.2 percent households have less than 3 Ropani land, 28.8 percent households have 3-5 Ropani land, 52 percent households have more than 5 Ropani their own land. The above data shows that, they don't have necessary land for survive their life.

Table 4.16: Distribution of Respondent by Land Group

Land group	Number	Percent
No land	10	8.0
Less than three Ropani	14	11.2
3-5 Ropani	36	28.8
More than 5 Ropani	65	52.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.17 Household Facilities

Household facilities mean that which help to the people for survival like electricity, radio, television etc. which increases the living standard of the Households.

Table 4.17 shows that out of 125 household 94.1 percent household have got electricity, 5.9 percent household have used Bio-gas facilities, 55.5 percent household have got Radio facilities, 7.6 percent household have got Television facilities and 7.6 percent household have used Toilet facilities in this Majhi community.

Table 4.17: Distribution of Respondent by Household Facilities

HH facilities	Number	Percent
Electricity	112	94.1
Bio-gas	7	5.9
Radio	66	55.5
Television	9	7.6
Bicycle	-	-
Toilet	9	7.6
Total	**119**	**100.0**

Source: Field Survey, 2010.

4.18 Types of House

House is that place where family members live and work together. It studies that whether they have their own house or not.

Table 4.18 shows that out of 125 households 92 percent households have their own house and 8 percent households don't have their own house but they are living on their relative's houses.

Table 4.18: Distribution of Respondent by Types of House

Types of House	Number	Percent
Own	115	92
Relative	10	8
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.19 Food Sufficient Group

Food is essential for living creature. They cannot live without food. It studies that people of Majhi Community, They have been getting enough food or not.

Table 4.19 shows that out of 125 household 8 percent households food get for less than 3 month, 76 percent households have get 3 to 9 month and only 16 percent get 9 month and above in Majhi community of the study area.

Table 4.19: Distribution of Respondent by Food Sufficient Group

Food Sufficient Group	Number	Percent
Less than 3 month	10	8
3-9 month	95	76
9 and above month	20	16
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.20 Age Group

Age is classified in different groups like 0-4, 5-9, 10-15 etc which helps us to analysis in the study area of Majhi Community.

Table 4.20 shows that out of 125 household 2.4 percent people area age of 15-19, this is the lowest number of other group similarly the highest number of people of 22.4

percent at the age of 20-24 groups. It is the highest number of people in this study area.

Table 4.20: Distribution of Respondent by Age Group

Age group	Number	Percent
15-19	3	2.4
20-24	28	22.4
25-29	38	30.4
30-34	24	19.2
35-39	16	12.8
40-44	8	6.4
45-49	8	6.4
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.21 Age at Marriage

Marriage is the social Phenomena of the society. People get married when they are matured. It is our culture. It deals the age at marriage of the female of the Majhi community in this study area.

Table 4.21 shows that out of 125 household, 6.4 percent people get married at the age of below 15 years, 78.4 percent household get marriage at the age of 16-18 years, similarly only 15.2 percent people only get marriage above the age 18 years in the study area. The highest number of people gets marriage at the age of 16-18 years due to lack of education in this study area.

Table 4.21: Distribution of Respondents by Age at Marriage

Age group	Number	Percent
Less than 16 years	9	6.4
16-18 years	98	78.4
18 above years	19	15.2
Total	**125**	**100.0**

Source: Field Survey, 2010.

4.22 Household Level of Education

Education is major aspect of the society, which affects the every part of life. It studies the level of education of respondent husbands in Majhi Community.

Table 4.22 shows that out of 125 people (husband of female) 38.4 percent husband of female are literate and 61.1 percent husband of female are illiterate. It means the largest number of people (male) they don't have the knowledge of education.

Table 4.22: Distribution of Respondents by Household Level of Education

Group	**Number**	**Percent**
Literate	48	38.4
Illiterate	77	61.6
Total	**125**	**100.0**

Source: Field Survey, 2010.

CHAPTER-FIVE

KNOWLEDGE AND PRACTICE OF SAFE MOTHERHOOD SERVICES

This chapter deals with knowledge and practice about safe-motherhood components like antenatal care, delivery, Health Service, Health facilities etc.

5.1 Practices of Antenatal Services

Antenatal Care services are the health care facilities that women get during her pregnancy, which includes health check up, TT vaccine; Iron Tables and vitamin "A" receive. Antenatal Care is essential for the good health of mother and fetus. It plays a role it identify danger signs or predicting complication around delivery by screening for risk factors and arranging for appropriate delivery care. It helps to reduce the maternal mortality as well as the death of newborn baby.

Table 5.1 shows that about 92 percent respondents had received or practiced the antenatal services while only about 8 percent respondents had not received antenatal services.

Table 5.1: Distribution of Respondents by Practices of Antenatal Care

Antenatal Care	Number	Percent
Yes	94	92.2
No	8	7.8
Total	**102**	**100**

Source: Field Survey, 2010.

5.2 Practice of Antenatal Care by Age

Antenatal care is very important for pregnant women. It is treatment which is done before delivery. It protects the life of mother and there child. Table 5.2 shows out of 102 respondents 92.1 percent get Antenatal Care and 7.8 percent, they don't know about Antenatal Care in this study area.

Table 5.2: Distribution of Respondents by Age and Practices of Antenatal Care

Age Group	Antenatal Care Practice				Total
	Yes		No		
	Number	Percent	Number	Percent	
15-19	6	85.7	1	14.2	7
20-24	33	94.2	2	5.7	35
25-29	32	96.9	1	3.0	33
30-34	12	85.7	2	14.2	14
35-39	8	88.8	1	11.1	9
40+	3	75.0	1	25.0	4
Total	**94**	**92.1**	**8**	**7.8**	**102**

Source: Field Survey, 2010.

5.3 Practices of Antenatal Care by Education

Education is one of the important factors responsible for determining the practice of antenatal care. Educated persons are more aware in Antenatal Care practices. There is positive relationship between education and ANC practices.

The highest rate of practices of Antenatal Care is in those respondents who have got secondary and SLC and above level of education. The lowest rate of practices of ANC is found among illiterate respondents. From the above table, it was found that, the antenatal check up was not only depending on literate and illiterate, but it also strongly depended on educational level.

Table 5.3: Distribution of Respondents by Educational Status and Practices of Antenatal Care

Level of Education	Knowledge about Antenatal Care Practices				Total
	Yes		No		
	Number	Percent	Number	Percent	
Illiterate	6	60	4	40	10
Literate, but not schooling	11	84.6	2	15.4	13
Primary	24	96	1	4	25
Lower Secondary	19	95	1	5	20
Secondary	18	100	0	0	18
SLC and above	16	100	0	0	16
Total	**94**	**92.2**	**8**	**7.8**	**102**

Source: Field Survey, 2010.

5.4 Place of Postnatal Care Check up

Major maternal health care center in Nepal are hospital, health-post, sub-health post and Private Clinic.

Table 5.4 shows that 40.5 percent respondents got check up from health post, 27.0 percent got check up from hospital, 13.5 percent got from Private Clinic, 10.8 percent were check up from sub health post, and only 2.7 percent got check from PHC.

Table 5.4: Distribution of Respondents by Place of Postnatal Checkup

Places	Number	Percent
Home	2	5.4
Hospital	10	27.1
PHC	1	2.7
Health Post	15	40.5
Sub-Health Post	4	10.8
Private Clinic	5	13.5
Total	**37**	**100**

Source: Field Survey, 2010.

5.5 Respondents after the Delivery of the First Check Takes

Table 5.5 shows that about 27 percent of respondents received postnatal check up within 24 hours of delivery, 13.5 percent of respondent received postnatal check up next day after delivery, 18.9 percent respondent received postnatal check up weeks after delivery, 32.4 percent respondent received postnatal check up 15 days after delivery which was the highest percentage and 8.1 percent respondent didn't know postnatal check up.

Table 5.5: Distribution of Respondents after the Delivery of the First Check Takes Places

Days or Weeks of First Check up	Number	Percent
Within 24 hours	10	27.1
Next Day after Delivery	5	13.5
Weeks after Delivery	7	18.9
15 days after	12	32.4
Don't know	3	8.1
Total	**37**	**100**

Source: Field Survey, 2010.

5.6 Knowledge about Antenatal Care

Antenatal care includes the care of mother during pregnancy or before delivery. It is essential for the good health of both mother and fetus. It helps to reduce the maternal mortality as well as the death of new born baby.

Table 5.6 shows that about 94 percent respondents had knowledge about ANC only about 6 percent did not have knowledge about antenatal care.

Table 5.6: Distribution of Respondents by Knowledge of Antenatal Care

Antenatal Care	Number	Percent
Yes	96	94.1
No	6	5.9
Total	**102**	**100**

Source: Field Survey, 2010.

5.7 Knowledge about Safe-Motherhood

This study was conducted to find out the knowledge about Safe-motherhood among the women in Hatpate VDC in Sidnhuli district (only Majhi Community) total number of 125 respondents were asked whether they had heard about safe-motherhood or not.

Table 5.7 shows that 18.4 percent people or respondent didn't have knowledge about safe-motherhood and 81.6 percent respondent only had knowledge about safe-motherhood in this study area.

Table 5.7: Distribution of Respondents by Knowledge about Safe-Motherhood

Knowledge of Safe-motherhood	Number	Percent
Yes	23	18.4
No	102	81.6
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.8 Age at First Birth

Birth is the Starting point of the Living being. It is the major aspect of them. It analyses the first birth of the respondents in the Majhi Community. It explains the age of respondent after marriage in this Majhi Community.

Table 5.8 shows that out of 125 respondent 7.2 percent female give first birth at the age of less than 16 year old similarly 16.0 percent female give first birth at the age of above 20 years and the highest number of female give first birth at the age of 17-19 years. This is the 76.0 percent of the study area.

Table 5.8: Distribution of Respondent by Age at First Birth

Age group	Number	Percent
Less than 16 years	9	7.2
16-19 years	95	76.0
20 and above	21	16.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.9 Current Pregnancy Status

Pregnancy is that which is called before delivery in the family (husband and wife). It studies, respondent are got pregnant or not (in reporting period of Majhi Community.

Table 5.9 shows that out of 125, 8.8 percent female are pregnant in reporting time and 91.1 percent female are not.

Table 5.9: Distribution of Respondent by Current Pregnancy Status

Pregnancy	Number	Percent
Yes	11	8.8
No	114	91.2
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.10 Necessary to Utilize Safe-Motherhood Services to Pregnant Women

Safe-motherhood service is essential for respondent (pregnant women) during pregnant stage or period, which help to save to mother and their child.

Table 5.10 shows that out of 125 respondents 88.8 percent female utilize safe-motherhood Service to pregnant, Similarly 4.0 percent respondents, they don't necessary to utilize Safe-motherhood service, and 7.2 percent female don't know about necessary to utilize safe-motherhood service to pregnant.

Table 5.10: Distribution of Respondent by Necessary to Utilize Safe-Motherhood Services to Pregnant Women

Necessary	Number	Percent
Yes	111	88.8
No	5	4.0
Don't know	9	7.2
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.11 Health Facilities

Health is very important aspect of people. People cannot do any thing without health. It studies the condition of the health of the Majhi women in the study area.

Table 5.11 shows that out of 125 household 8.0 percent household are getting health facilities in their localities and 92 percent households are not getting health in their localities. The highest number of people is deprived from the health facilities. It increases the number of child death rate.

Table 5.11: Distribution of Respondent by Health Facilities

Available	Number	Percent
Yes	10	8.0
No	115	92.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.12 Places for Health Services

Place of health Service affects the respondent's life style. If they get health service, nearby the have they will be healthy otherwise their life will be very difficult.

Table 5.12 shows that 66.7 percent household get health service from Health Post, 4.8 percent household get health service from hospital and only 23.8 percent people get health service form FCHV.

Table 5.12: Distribution of Respondents by Places for Health Services

Places	Number	Percent
Health post	14	66.7
Hospital	1	4.8
T.B.A.	1	4.8
FCHV	5	23.8
Total	**21**	**100.0**

Source: Field Survey, 2010.

5.13 Iron Tablets Got

Iron Tablets is a kind of nutrient food for pregnancy period. It helps to keep health of pregnant women. Pregnant women must take iron Tablets for the growth of fetus and it also prevents mother from diseases like anemia, Night blindness and malnutrition. Every pregnant women and after delivery during weeks they need of iron Tablets for their good health.

Table 5.13 shows that out of 125 household 15.2 percent household get iron Tablets and 80.8 percent household don't get iron Tablet. Rest of 4.0 household, they don't know about iron Tablet in this Majhi Community.

Table 5.13: Distribution of Respondents by Received Iron Tablets

Got	Number	Percent
Yes	9	15.2
No	101	80.8
Don't Know	5	4.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.14 Night Blindness during Pregnancy

Night blindness is a disease which occurs due to vitamin A. It may affect to pregnant women lack of nutrition. It reduces light of eyes in the evening.

Table 5.14 shows that out of 125 household 5.6 percent household got Night blindness during pregnancy period and rest of 94.4 percent household didn't get Night blindness during pregnancy.

Table 5.14: Distribution of Respondent by Night Blindness During Pregnancy

Suffered	Number	Percent
Yes	7	5.6
No	118	94.4
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.15 Place of Delivery

Proper medical attention and hygienic condition during delivery can reduce the risk of complication and indention that may cause death or serious illness of mother and the baby. Most of the Nepalese women give birth at horse with the help of untrained attendants i.e. neighbor, friend, and family member: The home deliveries take place in extremely unhygienic condition, which is dangerous for the mother and newborn child.

Table 5.15 shows that out of 125 respondent 98.4 percent female gave birth on their own home and 0.8 percent female gave birth in health posts, similarly 0.8 percent female gave birth in hospital. It means the largest number of people don't know about health post and hospital.

Table 5.15: Distribution of Respondents by Place for Delivery

Places	Number	Percent
Home	123	98.4
Health Post	1	0.8
Hospital	1	0.8
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.16 Use of Safe delivery Kits

A safe delivery kits is a small medical but and use at the time of delivery. It contains a razor blade a cutting surface, a sheet of plastic, a piece of scrap, a string and practical instruction assembled by maternal and child health for safe delivery practices.

Table 5.16 shows that out of 125 respondents, 15.2 percent they used Safe-motherhood (delivery kits) and 11.2 percent female, they didn't use safe delivery kits. Similarly 73.6 percent female, they didn't know about use of safe delivery kits.

Table 5.16: Distribution of Respondents by Used of Safe Delivery Kits

Used	Number	Percent
Yes	19	15.2
No	14	11.2
Don't know	92	73.6
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.17 Assessed Person during Delivery

Person who assisted at the time of delivery and utilization of safe delivery kit, The place where the delivery take place and assistance by trained personnel is one of the most important expect of the safe motherhood.

Table 5.17 shows that out of 125 household, 0.8 percent households only assess to Doctor during delivery, 3.2 percent households access to their neighbor/friend during delivery, 6.4 percent households assess to Mother-in-law during delivery and 89.6 percent households access to their family members in during delivery.

Table 5.17: Distribution of Respondents by Assessed Person during Delivery

Assessed person	Number	Percent
Family members	112	89.6
Mother-in-law	8	6.4
Doctor	1	0.8
Neighbor/friend	4	3.2
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.18 Instrument Used to Cut Cord

Table 5.18 shows that out of 125 households 16.8 percent people use sterilized blade to cut cord, 52 percent people use non-sterilized blade to cut cord, similarly 31.2 percent people use other instruments to cut cord.

Table 5.18: Distribution of Respondents by Instrument Used to Cut Cord

Instruments	Number	Percent
Sterilized blade	21	16.8
Non sterilized blade	65	52.0
Other knives	39	31.2
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.19 Face any Problem during Delivery

During the period of child delivery, mother will have complicated physiological and psychological problem like prolong labour retained, excessive bleeding etc.

Table 5.19 shows that out of 125 households, 80 percent households face various health problems (anemia, bleeding weakness) during delivery and 20 percent households didn't face any health problems during delivery.

Table 5.19: Distribution of Respondents by Face any Problem during Delivery

Faced problems	Number	Percent
Yes	100	80.0
No	25	20.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.20 Types of Problems

During period of delivery, mother will nave complicated physiological and psychological problems like prolong labour, retained, excessive bleeding night blindness etc.

Table 5.20 shows that out of 125 households 10 percent face prolong labour, 1.6 percent face retained placenta and 74 percent face the obstructed labour and rest of 15 percent face exclusive bleeding labour problem in this Majhi Community.

Table 5.20: Distribution of Respondents by Types of Health Problems

Problems	Number	Percent
Prolong labour	10	10.0
Retained placenta	1	1.0
Obstructed labour	74	74
Excessive bleeding labour	15	15
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.21 Status of Check up Within 6 Week after Delivery

Table 5.21 shows that out of 125 households, 70.4 percent get check up within 6 week after delivery and 29 percent don't get check up within 6 week after delivery.

Table 5.21: Distribution of Respondents by Status of Check up within 6 Week after Delivery

Check up	Number	Percent
Yes	88	70.4
No	37	29.0
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.22 Health Service Obtained Places

Table 5.22 shows that out of 88 household, 11.4 percent people go health service from Hospital and 88.6 percent people go health service from Dhami/Jhakri in this Majhi Community.

Table 5.22: Distribution of Respondents by Obtained Places

Places	Number	Percent
Hospital	10	11.4
Dhami/Jhankri	78	88.6
Total	**88**	**100.0**

Source: Field Survey, 2010.

5.23 Health Problem after Delivery

It was observed that 94 respondents who faced problems after delivery and similarly 31 respondents did not face the problem after delivery. There was not available health service easily in the study area. In the care of health checkup it is also very poor. That means women life is very risky and they are fighting to death.

Table 5.23 shows that out of 125 household 75.2 percent people go health problems after delivery and 24.8 percent household (respondent) didn't get health problem after delivery in this Majhi Community.

Table 5.23: Distribution of Respondents by Health Problem after Delivery

Health Problem	Number	Percent
Yes	94	75.2
No	31	24.8
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.24 Knowledge of Family Planning

Family planning is one kind of method which controls the population growth. It balances the population in specific area. Most of the respondent, they did not know knowledge of the family planning method.

Table 5.24 shows that out of 125 households, 86.3 percent knew about family planning devices and 13.7 percent did not know about family planning devices/methods in this Majhi Community.

Table 5.24: Distribution of Respondents by Knowledge of Family Planning

Knowledge	Number	Percent
Yes	117	86.3
No	8	13.7
Total	**125**	**100.0**

Source: Field Survey, 2010.

5.25 Types of Family Planning Method

There are two types of family planning methods. They are permanent and temporary methods permanent method stop birth for ever life and Temporary stop for certain period. Vasectomy and Minilab are the methods of permanent and pills, condome; Depo-Provera etc are the methods of Temporary.

Table 5.25 shows that out of 101 households 66.3 percent people followed f-sterilized family planning method, 31.7 percent household/respondent follow Depo-Provera

family planning methods and only 1.9 percent use pills for family planning devices in this Majhi Community.

Table 5.25: Distribution of Respondents by Types of Family Planning Method Used by Female

Types of Method	Number	Percent
F-Sterilized	67	66.3
Depo-Provera	32	31.7
Pills	2	1.98
Total	**101**	**100.0**

Source: Field Survey, 2010.

5.26 Current Used Method of Family Planning

Table 5.26 shows that out of 39 households, 15.4 percent are using Sterilized method current 71.8 percent are using Depo-Provera method and rest of 12.8 percent are using pills method/device of family planning current time during reporting period.

Table 5.26: Distribution of Respondents by Current Used Method of Family Planning

Methods	Number	Percent
F-Sterilized	6	15.4
Depo-Provera	28	71.8
Pills	5	12.8
Total	**39**	**100.0**

Source: Field Survey, 2010.

5.27 Reason of Using Family Planning Method

Table 5.27 shows that out of 39 households 92.3 percent used method of family to control birth and 7.7 percent used method of family planning to birth spacing in the Majhi Community of the study area.

Table 5.27: Distribution of Respondent by Reason of Using Family Planning Method

Reasons	Number	Percent
Birth control	36	92.3
Birth spacing	3	7.7
Total	**39**	**100.0**

Source: Field Survey, 2010.

5.28 Availability of the Services

People of the Hatpate VDC (Majhi Community) they are very far from health services as well as medicine. There was not any health post, clinic near the study area. It was the backward community so they did not have access to health services.

Table 5.28 shows that out of 39 households 87.2 percent got easily health services in near health centre, and 12.8 percent household/respondent didn't get health services in the study area.

Table 5.28: Distribution of Respondents by Available These Services near Health Centre

Availability	Number	Percent
Yes	34	87.2
No	5	12.8
Total	**39**	**100.0**

Source: Field Survey, 2010.

5.29 Received Vitamin A

Table 5.29 shows that out of 125 respondent, 15.2 percent households got vitamin A, 83.2 percent household did not get vitamin A and rest of 1.6 percent households, they didn't know about vitamin A in this Majhi Community.

Table 5.29: Distribution of Respondent by Received Vitamin A

Particular	Number	Percent
Yes	19	15.2
No	104	83.2
Don't know	2	1.6
Total	**125**	**100**

Source: Field Survey, 2010.

5.30 Types of Problem

Table 5.30 shows that out of 94 respondents, 7.4 percent households suffered from weakness, 8.5 percent household suffered from body paining, 1.1 percent households suffered from bleeding in Majhi Community of the study area.

Table 5.30: Distribution of Respondents by Suffered Types of Health

Particular	Number	Percent
Weakness	85	7.4
Body paining	8	8.5
Bleeding	1	1.1
Total	**94**	**100**

Source: Field Survey, 2010.

5.31. Visit Health Facilities to Check up this Problem

Table 5.31 shows that out of 94 respondents, 7.4 percent household visited health facilities to check up during health problem and 92.6 percent household did not visit health services during health problems in the Majhi Community.

Table 5.31: Distribution of Respondents by Visit Health Facilities to Check up This Problem

Particular	Number	Percent
Yes	7	7.4
No	87	92.6
Total	**94**	**100**

Source: Field Survey, 2010.

5.32 Ever Used Family Planning Devices

Table 5.32 shows that out of 117 respondents, 86.3 percent household ever used family planning method and 13.7 percent households had never used family planning method in this Majhi Community.

Table 5.32: Distribution of Respondent by Ever Used Family Planning Device/Method

Particular	Number	Percent
Yes	101	86.3
No	16	13.7
Total	**117**	**100**

Source: Field Survey, 2010.

5.33 Current Using Family Method

Table 5.33 shows that out of 101 respondent 38.6 households are using current family planning method and 61.4 percent household are not using family planning method in the reporting period in this Majhi Community.

Table 5.33: Distribution of Respondent by Current Using Family Method

Particular	Number	Percent
Yes	39	38.6
No	62	61.4
Total	**101**	**100**

Source: Field Survey, 2010.

5.34 Received ANC

Table 5.34 shows that out of 125 respondents, 16.8 percent household had practiced of Antenatal care and rest of 83.2 percent household had not practiced of Antenatal care in the study area.

Table 5.34: Distribution of Respondent by Practice at Antenatal Core

Particular	Number	Percent
Yes	21	16.8
No	104	83.2
Total	**125**	**100**

Source: Field Survey, 2010.

5.35 Suggested Person to Receive ANC Services

Table 5.35 shows that out of 21 respondents 66.8 percent got suggestion from HW/Nurse/Doctor of Antenatal care similarly, 19 percent got suggestion from FCHV, 19 percent household got suggestion from husband, 4.8 percent got suggestion from mother in law. 14.3 percent respondent got suggestion from friends/neighbor in the study of Majhi Community.

Table 5.35: Distribution of Suggested Person to Receive ANC Services

Suggested Person to Receive ANC	Number	Percent
HW/Nurse/Doctor	14	66.8
FCHV	4	19
Husband	4	19
Mother in law	1	4.8
Other family member	-	-
Friends/Neighbor	3	14.3
Total	**125**	**100**

Source: Field Survey, 2010.

5.36 Got TT Injection

Table 5.36 shows that out of 125 respondents 14.4 percent got TT injection and 83.2 percent household did not get TT injection and rest of 2.4 percent household they don't know about TT injection in the study area of the Majhi Community.

Table 5.36: Distribution of Respondent by Got TT Injection

Particular	**Number**	**Percent**
Yes	18	14.4
No	104	83.2
Don't know	3	2.4
Total	**125**	**100**

Source: Field Survey, 2010.

CHAPTER-SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

This study has analyzed the safe-motherhood practice among Majhi women among married women of reproductive age having at list one child of Hatpate VDC of Sindhuli district. This study is based on primary data from purposive sampling method in Majhi Community of Hatpate VDC in order to meet the objectives of the study considers qualitative and quantitative information from respondents. The major findings of this study are as follows.

There are 286 male populations and 262 female population out of 548 population and 125 respondents, The highest proportion of population is found in (5-9 years of age 17.2%).This study shows that out of 125 respondents 42.3 percent illiterate, Where the 43.5 percent primary level, 7.5 percent Lower Secondary Level, 6.1 Secondary level and only 0.6 percent PCL level and above. Among total population about 32.6 percent are married living together, 65.2 percent are unmarried living together and only 2.3 percent widow/widower. Among the 125 respondents 25 percent people work in agriculture, 3 percent do services, 2.3 percent do Business, 30 percent people are household, 6.3 percent people work daily wage and 30.8 percent people are student. Among out of 125 household or respondents 99.2 percent male are the household head of the house and 0.8 percent female only household head in the Majhi Community. There are 1.6 percent respondent use drinking water from piped, 2.4 percent respondent use covered well, 74.4 percent respondent use drinking water from uncovered well and 21.6 percent people use drinking water from river/stream. There are 8 percent respondent don't have their own land, 11.2 percent respondent have less than three ropani, 28.8 percent respondent have 3 to 5 ropani and 52 percent respondent have more than 5 ropani. There is 94.1 percent respondents use electricity, 5.9 percent respondent use bio-gas, 7.6 percent people use television and only 7.6 percent people use toilet.

In the Majhi women 92 percent respondents have their own land and 8 percent respondents don't have their own land. There are 8 percent respondent get food sufficient for less than 3 month, 76 percent respondent get sufficient food for 3 to 9 month and 16 percent respondent get sufficient food above 9 month. The highest age group of respondent is 30.4 percent (25-29).There are 6.4 percent people get marriage at the age of less than 15 years, 78 percent people get marriage at the age of 16-18 years and 15.2 percent people get marriage at the age of 19 year above. There are 38.4 percent husbands of respondent are literate and 61.6 percent husband of respondent are illiterate. There are 18.4 percent respondent have the knowledge of safe-motherhood and 81.6 percent respondent don't have the knowledge of safe-motherhood of the study area. They get information of safe-motherhood from radio, T.V. Health worker family mother-in-law friend, husband etc. There are 7.2 percent respondent give first birth at the age of less than 16 year, 76.0 percent respondent give first birth at the age of 17-19 year and 16 percent respondent give first birth at the age of 20 year above. There are 8.8 percent responds get pregnant during reporting period and 91.2 percent respondent don't get pregnant. There are 88.8 percent people feel necessary utilize safe-motherhood service to pregnant women, 4 percent people was not necessary utilize safe-motherhood service to pregnant women and 7.2 percent people did not know about safe motherhood service to pregnant women. There are 8 percent people are getting health facilities and 92 percent people are not getting health services in this Majhi community. There are 66.7 percent people are getting health service from health post, 4.8 percent people are getting health service from hospital and rest of people are not getting proper health service in the study area people. There are 15.2 percents respondent got iron Tablets 80.8 percent people did not get iron Tablet and 4 percent respondent did not know about iron Tablet. There are 5.6 percent respondents face the nigh blindness diseases during pregnancy and 94.4 people did not face with night blindness during pregnancy. There are 98.4 percent respondent got delivery in their home, 0.8 percent health post and 0.8 percent respondent got delivery in the hospital, There are 15.2 percent respondent use safe delivery kits, 11.2 percent did not use safe-delivery kits and 73.6 percent respondent did not know about safe delivery kits.

There are about 80 percent respondent faced health problems during delivery and 20 percent respondent did not face any problem, and 70.4 percent respondent check up health after delivery and 29 percent respondent did not check up after delivery. There are 11.4 percent people visited to Doctor for health check up and 88.6 percent visited to Dhami/Jhankri. There are 86.3 percent respondents had the knowledge of family planning and 13.7 percent respondent did not have the knowledge of family planning. Similarly 66.3 percent respondent adopted f-sterilized method of family planning, 31.7 percent respondent adopted Depo-Provera and 1.98 percent respondent adopted pill for method of family planning and 92.3 percent respondent use family planning method for birth control and 7.7 percent respondent use family planning method for birth spacing.

6.2 Conclusion

This study found that the socio-economic status of the study population was very poor. The analysis shows that the change in socio-economic characteristics has a substantial in fluency in the safe mother-hood practices. People who occupy relatively low social position are poor in economic term, which also contribute for the low acceptance of safe-motherhood service. The socio-economic economic status of the community people was also poor with comparison national level and many household had no basic infrastructure facilities. Women were also engaged in the household work and in agriculture. There was not engaged in the works outside the home like labours. Most of respondent were illiterate.

As explainer by the study majority of the respondents did not have knowledge about safe-motherhood and those respondents had hardly consumed the safe motherhood practice from the health facilities.

Practice of main component of safe-motherhood is poor in study area. TT injection, iron Tablet and calcium utilization were very poor on respondents. More than 98 percent respondents were delivered at home. Postnatal care was uncommon on respondents.

Furthermore early marriage is highly preferred by Majhi community in the study area.

Literacy, occupation, age at marriage knowledge and accessibility are the major components which plays a vital role in determining the practice of safe-motherhood services on the basis of result it can be concluded that the practice of safe-motherhood services in Majhi community in Hatpate VDC is not satisfactory.

6.3 Recommendations for Further Research

This study is not a complete study of socio-economic demographic and cultural characteristics of whole Majhi Community of Hatpate VDC and cannot be completely pictured out the entire situation in a short study. So there are many topics for further research. Other areas such as detail, risk analysis of maternal health care, child health care and mortality, personnel hygiene, STDs AIDS, unsafe abortion family planning services etc. Thus it is assumed that the study provides detail findings of the target society. So in future, the study helps to plan integrated health programme for the betterment of this society.

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Tribhuvan University

Central Department of Population Studies (CDPS)

"Safe Motherhood Practice Among Majhi Women"

(A study of Hatpate VDC, Sindhuli District)

Section I : Background Information

A. Household Questionnaire Schedule:

District: Sindhuli VDC, Hatpate Ward Number ..... HH Number: .....

Tole: .....

Name of HHs head: .....

Name of respondents: .....

Sex of HH: .....

Date of interview: .....

Household Roster

I.D.	Name of family members	Sex	Age	Education	Marital status	Main Occupation	Currently at home	Circle 15-49 married women
1.								1.
2.								2.
3.								3.
4.								4.
5.								5.
6.								6.
7.								7.
8.								8.
9.								9.
10.								10.
11.								11.
12.								12.
13.								13.
14.								14.
15.								15.

Code : Education	Marital status	Occupation	Sex
Illiterate 0	Single/unmarried 1	Agriculture 1	Male 1
Primary 1	Currently married 2	Service 2	Female 2
Lower sec. 2	Separate 3	Business 3	
Secondary 3	Widow/widower 4	House work 4	
PCL 4	Divorces 5	Daily wages 5	
Bachelor+ 5		Students 6	
		Others 7	

S.N.	Question	Main Occupation			Remarks
1.	What is the main source of drinking?	Piped .....1 Covered Well .....2 Uncovered well .....3 River/stream 4			
2.	Does your household have following facilities?		Yes	No	
		Electricity Bio-gas Radio Television Bicycle Toilet Others	1 1 1 1 1 1 1	2 2 2 2 2 2 2	
3.	Does your household have own land?	Yes .....1 No 2			go to 5
4.	If yes how much land?	Bigha .....1 Kattha .....2 Dhur 3			
5.	Which type of your house?	Own .....1 Rental .....2 Relative .....3 Others 4			
6.	How many months do household from your land supports to your family in a year?	1			

Section II : Individual Information

These questions will be asked only married women of age 15-49 years who have at least one child of age below 5 years.

Name of Respondents :

ID :

S.N.	Question	Opinion	Remarks
1.	How old are you?	Age	
2.	What was your age when you got married?	Age	
3.	Can you read and write?	Yes .....1 No 2	Go to 5
4.	What is your educational level?	Primary .....1 Lower Sec.....2 Secondary.....3 PCL.....4 Bachelor +2.....5	
5.	What is your husband's educational level?	Level.....1 Illiterate.....2	
6.	What is your occupation?	Agriculture.....1 Service.....2 Business.....3 House work.....4 Daily wages.....5 Students.....6 Others.....7	
7.	How much do you earn per month?	.....	
8.	What was your age when you gave birth to child?	Age.....	
9.	How many children have you ever born?	.....	
10.	Are you currently pregnant?	Yes.....1 Number.....2	

Section III

Type 2: Knowledge and Practice of Safe Motherhood

S.N.	Question	Opinion	Remarks
1.	Have you ever heard about safe motherhood?	Yes.....1 Number.....2	Go to 4
2.	What services does it include?	Regular checkup during pregnancy.....1 Receiving TT vaccination.....2 Receiving vitamin A & Iron Tablets.....3 Delivery assistance by trained medical personnel.....4 Use of home delivery kits.....5 Advice Counseling services.....6 Others.....7	
3.	What is the source of your knowledge?	Radio.....1 Television.....2 Health workers.....3 Private clinics/doctors.....4 Family.....5 Mother-in-law.....6 Neighbour.....7 Friends.....8 Others.....9	
4.	Do you think it is necessary to utilize safe motherhood service by pregnant women?	Yes.....1 Number.....2 Don't know.....3	Go to 5 Go to 6
5.	If yes. Why?	.....	
6.	If not why?	.....	

Section IV

Type 3: Available and Accessible of Safe Motherhood Services

S.N	Question	Opinion	Remarks
1.	Are there any health facilities in your locality?	Yes.....1 Number.....2	End of Chapter
2.	What type of health facility is available?	Hospital.....1 Health post sub health post.....2 Private clinic.....3 TBA (Student).....4 FCHV.....5 Dhami/Jhakri.....6 Others 7	
3.	What types of safe motherhood service are provided in that health facility?	Regular check up during pregnancy.....1 TT vaccination.....2 Availability of vitamin 'a' and iron Tablets.....3 Deliver assistance by trained medical personnel.....4 Others.....5	

Section V

Type 4: Antenatal Care Utilization

S.N.	Question	Opinion	Remarks
1.	Did you receive antenatal care during pregnancy?	Yes.....1 Number.....2	
2.	Who suggested you to get these services?	HW/Nurse Doctor.....1 FCHV.....2 Husband.....3 Mother in law.....4 Other family member.....5 Friends/Neighbour.....6 Others.....7	

3.	Where did you go for the services?	health centers/health post.....1 Hospital.....2 TBA.....3 FCHV.....4 Private Clinic.....5 Others.....6	
4.	What type of safe ANC related services did you get at these facilities?	Balance Food.....1 Iron Tablets.....2 Vitamin 'A'.....3 IT Vaccination.....4 Prepare for safe delivery.....5 Refer to next check up.....6 Refers to TBAs.....7 Advice about pregnancy and safe delivery.....8 Take rest.....9 Others.....10	
5.	Did you get tetanus injection during pregnancy?	Yes.....1 Number.....2 Don't Number.....3	Go to 7
6.	How many times did you get tetanus injection?	.....	
7.	Did you receive any iron Tablets?	Yes.....1 Number.....2 Don't Number.....3	Go to 9
8.	If yes how long did you take iron Tablets (in months)?	During pregnancy..... After delivery.....	
9.	Did you have a night blindness during pregnancy?	Yes.....1 Number.....2 Don't Number.....3	
10.	Did you receive vitamin 'A' during pregnancy?	Yes.....1 Number.....2 Don't Number.....3	End
11.	If yes how long did you take it?	During pregnancy..... After delivery.....	

Section VI

Type 5: Safe Delivery Service System

S.N.	Question	Opinion	Remarks
1.	Where did you deliver your baby?	Home.....1 Health post.....2 Hospital.....3 Private clinics.....4 Others.....5	Go to 3
2.	Did you use a safe delivery kit for the birth of the child?	Yes.....1 Number.....2 Don't Number.....3	Go to 4
3.	Who assisted in the delivery of your child?	Family members.....1 Mother in law.....2 TBAs (Student).....3 FCHV.....4 Doctors.....5 Neighbors/Friends.....6 Others.....7	
4.	What instrument was used to cut the cord?	Sterilized blade.....1 Non sterilized blade.....2 Others.....3	
5.	Did you face any problems during delivery?	Yes.....1 Number.....2	Go to 7
6.	If yes what were the problems?	Prolonged labour.....1 Retained placenta.....2 Obstructed labour.....3 Excessive bleeding labour.....4 Others.....5	
7.	Did you have to pay for the above mentioned device?	Yes.....1 Number.....2	

Section VII

Type 6: Postnatal Care Services System

S.N.	Question	Opinion	Remarks
1.	Did you receive a check up within 6 weeks following delivery of your last child?	Yes.....1 Number.....2	Go to 3
2.	If yes where did you receive the check up?	TBA.....1 FCHV.....2 Health post.....3 Hospital.....4 Private clinics.....5 Dhami/Jhakri.....6 Others.....7	
3.	Did you get any health problem after the delivery of your last child?	Yes.....1 Number.....2	Go to 5
4.	If yes what were the problems?	.....	
5.	Did you visit any health facility for check up?	Yes.....1 Number.....2	

Section VIII

Type 7: Family Planning Services

S.N.	Question	Opinion	Remarks
1.	Have you ever heard about family planning?	Yes.....1 Number.....2	End
2.	What was the source?	Radio TV.....1 Friends.....2 Health person.....3 Husband.....4 Others.....5	
3.	Have you ever used a method of family planning?	Yes.....1 Number.....2	
4.	If yes, which method?	Male sterilization.....1 Female sterilization..2 Condom.....3 Copper T.....4 Norplant.....5 Depo-Provera.....6 Pills.....7 Others.....8	
5.	Are you currently using any method family planning?	Yes.....1 Number.....2	End
6.	Which method?	Male sterilization.....1 Female sterilization..2 Condom.....3 Copper T.....4 Norplant.....5 Depo-Provera.....6 Pills.....7 Others.....8	
7.	What is the reason for using family planning?	For birth control.....1 For safe sex.....2 For birth spacing.....3 Others.....4	
8.	Are these available in H.P/P.Clinics/Hospital or near area?	Yes.....1 Number.....2	