CHAPTER-I

INTRODUCTION

1.1 Back ground of the Study

Health is the most important factor for the fulfillment of human needs and improvement of quality life .Good health is considered to be the most valuable assets or essential for life. Which enables an individual to live the most and serve the best. Good health is important for the attainment of quality of life and to make the life happy, meaningful and fruitful. Health people are the backbone of a nation or wealth of nation. In fact, maternal and child health care practice is a very important component of primary health care. Now a days, most of the countries in the world has emphasized maternal and child health care. NGOS and INGOS have started maternal and child centered health programs in different parts of Nepal such as antenatal check up, immunization, safe delivery practices, postnatal care services, supplementary food programs and child immunization programs that will save mother as well as child.

Early marriage leads to the early pregnancy. In many developing countries at least 20 percent of women give their first birth within the age of 18.Because of lack of education and conservative thinking, females are compelled to produce a child after marriage, as soon as possible. There is also a pressure for mother to produce a son. Even if there are other daughters The preference to son is still prevailing in developing countries like Nepal (UNFPA, 2000).

Pregnancy is not just a matter of waiting to give birth .often a defining phase is a women. life, pregnancy can be a joyful and full filling period , for her both as an individual and as a member of society. It can also be one of misery and suffering, when 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 problem-free (WHO 2005).

According to census Nepal has 2,64,94,504 populations annual growth rate of Nepal is 1.35% and TFR 2.6 per mother.IMR is 70 per thus and about attendant and only 28.1% delivery were assisted by trained birth attendant health personal such as doctor, staff Nurse (CBS,2011)

This ranks at the highest level in the world.MMR is 90 in Srilanka and 9 per 100000 in us .In the comparison of Shrilanka in Nepal. majority of women are in risky conditions during the delivery time. In Nepal 35%of birth take place in a health facility 26% are
Delivery in a public sector health facility,2% in a nongovernment facility 7% in a private facility still 63%birth take place in home(MOHP, NEW ERA, ICF,2012).

Antenatal care (ANC) from a skilled provider is important to monitor the pregnancy and reduce the risk of morbidity for mother and baby during pregnancy and delivery. The quality of ANC can be monitored through the content of services received and the kind of information mother are given during their visit the world health organization recommend that a women should have at least four ANC visits to defect health problems associated with pregnancy (MOHP,2012).

The government of Nepal's free delivery program provides transport incentives to women who come for institutional delivery. The women receive this incentive only at the time of discharge from the health facility. The fund becomes useful women has difficulties finding money for the emergency. In these cases, families can borrow money from the fund without interest for a month (UNICEF, 2013).

In Nepal one woman was dying every found hour as a result of pregnancy and child birth. Most maternal deaths were a direct consequence of under-utilization of appropriate health services and low quality of care, especially in rural areas. Other factors include traditional beliefs held by women, their families and communities and the lack of awareness off service and their utilization (UNICEF, 2013).

Reproductive health is defined by WHO as a state of physical mental and social well being in all matters relating to the reproductive system at all state of life. Reproductive health implies

that people are able to have a satisfying and safe sex and that they have a capability to reproduces and the freedom to decided if, when and how often to do so. Implicit in these are the right of man and women to be informed and to have access to safe, effective, affordable and acceptable method of family planning of their choices and the right to appropriate health care services that enable women to safely go through pregnancy and child birth (European commission, 2014)

The maternal and child health care practices have been changing past to present has been health service and facilities are increasing in Nepal. As a result the situation of maternal infant health is improving but the situation of maternal and infant mortality found higher as compare with other countries .In study area different kinds of people such as Brahmin, Chetri, Newar and Magar are the major castes. Tharu is backward in all aspects in other castes. The socio economic status and literacy rate of their caste is very low. In this situation education is one of the most important factors which effect behaviour knowledge and child health care practices.

1.2 Statement of the problem

Maternal Mortality is a global health problem in the present context. This is also burning health problem of our country too. Every minute of every day women die due to the complication of pregnancy child birth and many suffer from illness and complication. Nepal has diversity ethnic group. There are 125 ethnic groups. One of them in Tharu they have different traditions and value regarding health care practices so to promote maternal and child health care practices. Poverty, lack of education, poor health practices, an early marriage, low women literacy rate, unhygenice manner preference of son, lack of proper health service and facilities are the root causes of maternal morbidity and mortality.

Now a days, there are many problems faces in Tharu community but this study has related only solves these problems. What are the situation of MCH in Tharu community? What are the practices of antenatal, natal and postnatal care practices in married Tharu women? How to care

pregnant women by family member in Tharu community? How to provide healthy environment and nutritional food at home for mother and new born baby? What measures are taken for maternal child care in Tharu community? This study is based on this questions. The maternal and child health care services like primary health care, MCH clinic, mobile clinics and private clinics are available in Koshi Haraincha Municipality but MCH care practices in Tharu community are not satisfactory there. A woman has to do the household works and outside works during pregnancy and after pregnancy herself. There is lack of nutrition food before and after pregnancy . she has to deliver an infant at home due to lack of hospital. There is no use of delivery kit after delivery. A researcher has selected this topic because of the no health check up, no use a vacation are used by woman in Koshi Haraincha Municipality ward no. 15. Thus, maternal and child health status has not well in Tharu community of Koshi Hraincha Municipality. Therefore the researcher has selected this problem.

1.3 Significance of the study

The study examine the Maternal and child Health Care Practices of Tharu Community in Koshi Haraincha Municipality. The maternal and child health care practices including antenatal, natal and postnatal care practices. Maternal and child health care practices is one of the importance factors for the mother and child health. This study has provided guideline for improving MCH programme. It has baseline information further researcher. It has help the national health policy makers. It has help to improve cultural misconceptions and harmful practices. It has provided basic information to Tharu community about MCH. It has provided information how to provide safety major about MCH. It helps to increas number of women who goes to health institution for check up. It provided knowledge for good MCH care practices.

1.4 Objectives of the Study

The main objectives of this studies is to assess the maternal and child health care practices. However, the specific objectives of the studies are as follows:

a. To identify the practices of antenatal care in Tharu community.

b. To analyzed the natal care practices in Tharu community.

c. To Suggest the preventive measures of postnatal care practices in Tharu community.

1.5 Research question

To fullfillment the objectives of this research the researcher's has based on the following research questions:

a. How to care pregnant women in Tharu community?

b. How to care of women in delivery period?

c. How to care newborn baby at home?

d. What measures are taken for maternal health care practices?

e. What measures taken for child health care practices?

f. How to provide health environment and nutritional food at home for mother and new born child?

1.6 Delimitation of the study

1. This study has delimited on prenatal, natal and postnatal care practices.
2. This study has delimited in wars no. 15 Kosi Haraincha municipality of Morang district.
3. This study has delimited in married tharu women between 15-49 yrs who gave atlest one child.
4. This study was delimited in the women having under five years children.

1.7 Definition of Term

Antenatal Care : Antenatal care is the care of women during pregnancy. The aim of this care is to achieve a healthy mother and baby and the end of a pregnancy.

Child mortality Rate : Child mortality rate is the annual number of dealth of child under five years of age per thousand live births.

Delivery (labour) : The process by which the fetus and the placenta are expelled from the uterus.

Every married Women: Those women who have married once in their reproductive age i.e. 15-49 years.

Maternal Mortality: The dealth of women while pregnancy or 42 days of termination of pregnancy respective of the duration from any causes related to or aggravated by the pregnancy or its management but not from accidental or incidental.

Natal care : Natal care is care of women during (labour). The aim of this care is to achieve a healthy mother, healthy baby and avoid complication during delivery.

Postnatal care : It is the care after delivery to achive a healthy mother and baby.

Pregnancy : The condition of having a developing embryo or fetus in the body, after union of an ovum and sperm. In women duration of pregnancy is about 280 days.

CHAPTER-II

REVIEW OF RELATED LITERATUR AND THEORITICAL FRAMWORK

This chapter in general deals with the review of some selected studies relevant to maternal and child health practices. The economy and education of women, traditional practice and customs have played an importance role on maternal and child mortality. However, some studies carried out in the past are reviewed in two groups viz. theoretical literature and empirical literature.

2.1. Theoretical Related Literature

The kits designed for home use are easy to use and convenient, especially for women who are not trained as birth attendants. At a minimum, the essential items in these kits include a razor blade for cutting the infant's umbilical cord, soap, cord ties, a plastic sheet, and pictorial instructions. The primary focus is clean cord care. Consequently, programs should not use the words safe birth to describe the basic delivery kit, because these kits do not address causes of neonatal and maternal mortality other than tetanus and sepsis (PATH, 2001).

Women are the primary caregivers for children and family as well. When women die the overall health and productivity of nation suffers. Evidence shows that infants whose mothers die are more likely to die before reaching their second birthday than those whose mother survive. Children without mother are less likely to receive proper nutrition, health care and education, leading to be continued cycle of poverty and poor health. Issues of maternal health are also directly likely to women's social and economic status, including their opportunities for education employment and social participation (UNFPA, 2005).

In the context of Nepal, where the poorest families often live long distances from a facility that can provide emergency obstetric care, it is important to encourage women to deliver in

facilities with skilled attendants with access to Emergency Obstetric Care (EmOC). This will require 24 hours a day and 7 days a week, “women-friendly” services that are culturally sensitive and affordable to all families, especially those in poor and underserved areas (MOHP, 2006).

Millions of women who survive child birth suffer from pregnancy related injuries infection on disease and disabilities often with lifelong consequences. the truth is that most of these death and conditions are preventable research has shown that approximatly 80% of maternal death could be averted if women had access to essential maternity and basic health care service (UNICEF, 2009).

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%t) 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 (CBS, 2011).

In 2008, there were only 16 health facilities in 5 UNICEF districts providing BEmONC services according to national standards. Today, there are 201 delivery sites in 11 UNICEF focus districts open all the time, of which 78 per cent are in the most disadvantaged village development committees. Access to delivery sites in these 11 districts has increased significantly from less than 10 per cent to 36 per cent. Out of the total institutional deliveries conducted in the 11 districts, 56 per cent took place in disadvantaged village development committees. The majority of the delivery sites in 11 districts (95 per cent) have at least one trained SBA. The micro-planning workshop helped the community stakeholders develop ownership and commitment (UNICEF, 2013).

USAID'S approach focuses on night- impact evidence- based interventions that address the

leading causes of mortality .key interventions such as iron supplementation, prevention and treatment of malaria, safe and clean delivery and prevention and treatment of obstetric and newborn complication aer improving health outcomes for mothers and newborns around the word.

- By 2015,we will increase access to and scale up proven interventions that address the specific major cause of maternal deaths. This includes changing policies where needed. updating health personnel and community- based workers with the necessary knowledge and skills, ensuring the availability of commodities necessary to deliver in need.

-By 2015/ we will scale-up interventions such as family planning and birth spacing, prevention and treatment of mother to child transmission of HIVI malaria and, TB, acl key to improving maternal and child health.

- By 2015,to protect children in the first five years to life, we will focus on interventions that have a greatest impact, such as low- cost, easy to use treatments for prieumonia, diarrhea ,birth asphyxia, malaria and newborn .Sepsis (UASID,2015)

2.2 Empirical Related Literature

Devkota (2005) studied about "health belief and practice of Tharu Community of Tamsariya VDC of Nawalparasi" .Which was descriptive type of study. The objectives of this study were to find out the main causes of health problems of the Tharu community. To identify the health care practices of Tharu community. The finding of this study are out of 204 families 39.24 percentage families were check up their health during pregnancy, Where as 60.78 percentage families never went to health check up during percentage .The majority of the population have wrong concept about the age of first time pregnant .More than 50 percentage women give births before the age of 20 year.

Chaulagain, (2006) studied about "Role of different agencies on maternal and child health promotion on Churiyami V.D.C, Makawanpur district."Which was descriptive type of study. The objectives of this study were to find out the involved agencies in health promotion for MCH, to find out the major function and programs of different for MCH, to analyze the achivement of the different agency which works for MCH. The finding of this study are sub health post Nepal family planning association Mira project and community women development centre were found as MCH health agencies. To promote health status of MCH, different health agencies have provided nutrition, immunization, sanitation, awareness health education programs.

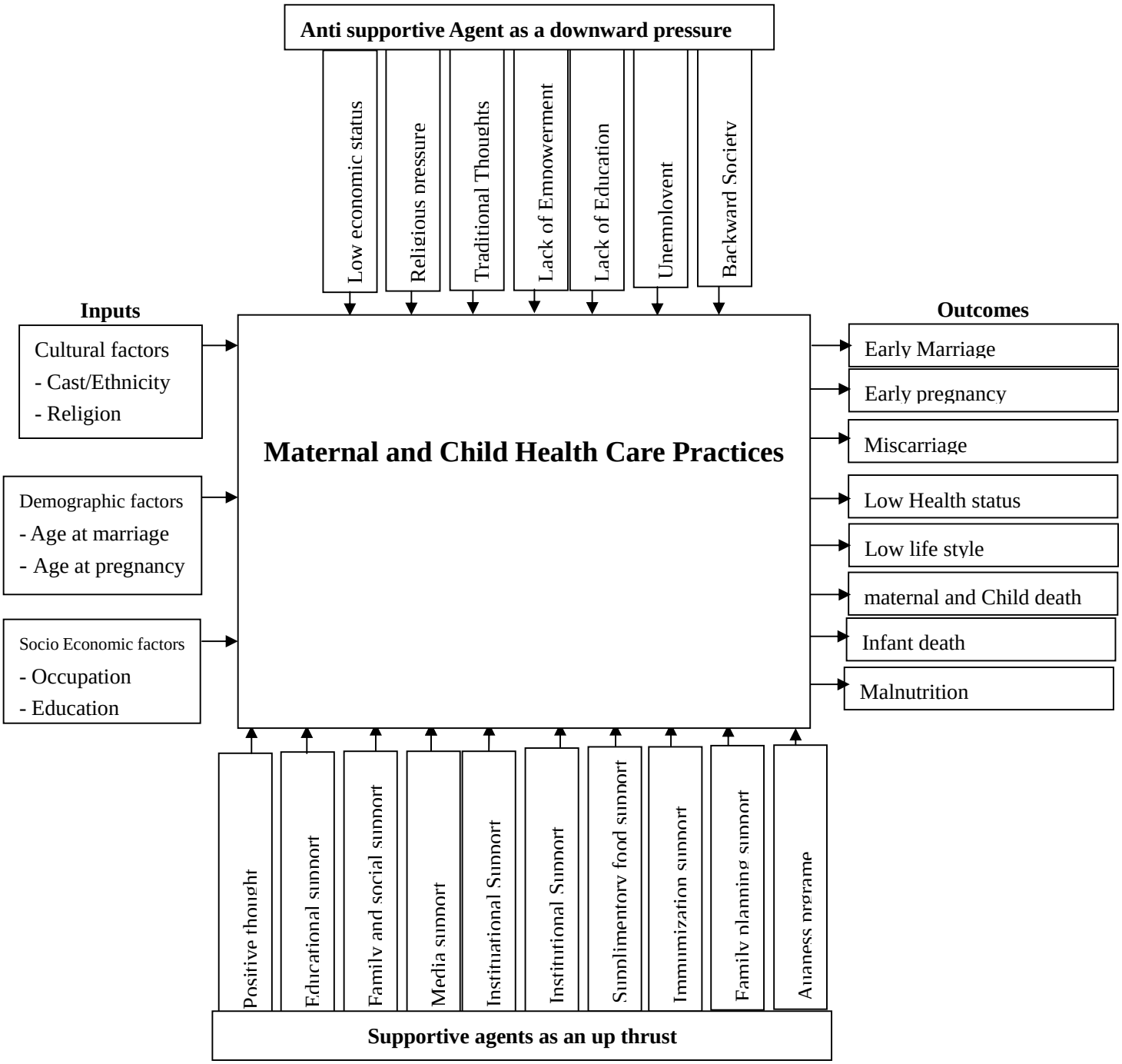
Poudel (2006) studied about " Maternal and child health care practice in Ichhanagunarayan V.D.C. Kathmandu" this study was descriptive type of study on the basis of quantitative data this study founded that the majority of women 55% delivered their baby at hospital ,About 55% respondents used safe delivery kit. Practice of supplementary food was not positive in this study area. 50% mother used jauio as their supplementary food. Only 20% respondents mother use surbottam pithoko lito. Majority 80% respondents had toilet and very less 20% of respondents had used waste in field. child death rate in the study area was found 62.5.

Majhi(2012) has done a study entitled" safe mother hood practice in Majhi women at Hatpate VDC, sinduli district" It was a descriptive and analytical type of study. It collected primary data by using simple random sampling. The study founded that 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 mother hood service.TT injection, iron tablet and calcium utilization were very poor on respondents. More 98 percent respondents were delivered at postnatal care was uncommon on respondents. Furthermore early marriage is highly preferred by Majhi community in the study.

2.3. Conceptual Framework

Fallowing conceptual framework used in this study. The framework suggests that cultural, demographic and socio-economic are independent variables which affect dependent variables Maternal and Child Health care practices.

Figure -1: Conceptual framework (Maternal and child health care practices)



The above presented framework has showed that maternal and child Health care is one of the challenging issue in all communities. Maternal and child health care practices are not seriously carried out in the societies due to different factors. Such as low economic status of people, religious pressures. Tradition thoughts lack of empowerment, unemployment and backward society. These are said to be ant supportive agents as a downward pressure for maternal and child health care. Because of these, the condition is miserable in our country.

Our society is an organization of different cultural factors, castes, ethnicity, religion, demographic factors, occupation and education. They play dominative role in the society. They cause early marriage, early pregnancy, miscarriage, low health status low life style, maternal and child death, infant death and malnutrition. To improve the condition of maternal and child health care our positive thoughts toward play important role similarly. Educational support along with family and social support, media international support, institutional support supplementary food support immunization support, family planning and different awareness programs help to build up the condition of maternal and child health care.

CHAPTER: III

METHODOS AND PROCEDURES OF THE STUDY

This study has been made to assess the current state of Maternal and Child Health Care Practices in Tharu Community. This chapter describes Research design, Population and Sample size, Sampling procedure and Sample, Data collection tools, Validation and interpretation procedure in detail. Each of subsection is described separately this study entitled "Maternal and child Health Care Practices in Tharu Community" was based on descriptive Research design.

3.1 Research Design

This study was descriptive type of study based on quantitative nature.

3.2. Population and Sample size

The total population of this municipality has 49659.The population of female has24238.The population of this study were married tharu women 15-49 having at lest one child with the 5 years. The numbers of population were among 610. The 122 or 20% in the sample size of the study.

3.3. Sampling procedure and sample

122 population were selected by the lottery method. Its sample size became 122 population.

3.4 Data collection tools

To collect the necessary data systematic a set of interview schedule was designed.

3.5. Validation of Research tools

After prepared the data collection tools (interview schedule) the pretest will conducted in the ward no.6 among 20 married-women. The proper guidance and advice was accepted from supervisor to avoid mistake and modification than the tools were finalized after the result of pretest.

3.6. Data collection procedure

The researcher own self were attended with respondents and introduced herself about objectives of the study. Then requested then to provide necessary information without hesitation after that researcher was collected necessary information from the selected respond by using interview schedule.

3.7 Data analysis and Interpretation procedure

The collected data were checked and removed possible errors and it was managed by statistically. Then data were tabulated in a master chart presented in different tables and pie-chart.The data and information were analyzed and interpreted with help of tables and figure.

CHAPTER-IV

RESULT AND DISCUSSIN

This chapter is mainly concerned with the analysis and interpretation of the collected data. After collecting the data they were tabulated and calculated in percentage regarding each item of questionnaire. The analysis and interpretation have been presented in socio economic information, antenatel, natal and postnatal care practices of Koshi-Haraincha Municipality.

4.1 Socio Economic Characteristics

Socio economic characteristics of residents like and size, Religion, Education, Occupation, Age at marriage are presented in this section.

4.1.1. Religious Status

Religious determined various customs that influence different reproductive health behaviour of the people. marriage, fertility, husband and wife communication use of reproductive right and support the family members in MCH care are in flounced by the religious beliefs. Most of the Nepali people practice health behavior whatever their religion said and also the mother and new born baby.

Table No.1: Religious status of respondents

Religion	Number	Percentage
Hindu	70	57.37
Buddhist	38	31.14
Christian	11	9.01
Muslim	3	2.45
Total	122	100%

Table no.1 shows that among the 122 respondents,57.37 percentage were Hindu respondents. While 31.14 percentages were the Buddhist, Christian were 9.01 and Muslim were 2.45 percentage.

According to this data Hindu respondents and more than the other. In Hindu society there is low involvement of women as matter of reproductive health. They did not get chance for the share their reproductive problem because of their religious beliefs.

4.1.2 Educational Status

The data of educational status were collected only from women respondents. The following table shows the educational status of the respondents.

Table No. 2 : Educational status of respondents

Education	Number	Percentage
Literate	99	81.14
Illiterate	23	18.85
Total	122	100

Table no. 2 shows that number of literate status of respondents is 99 that were 81.14 percentages. It is also found that the number of illiterate is 23, that is 18.85 percentages.

The information proved that still they are illiterate women, among them who getting the chance of education that is not very good. If women are backward from education that directly effect on reproductive health and they did not know the care about mother and child, they give priority for early marriage, early pregnancy. They did not discuss about prenatal and postnatal care with husband and wife so they backward from maternal and child health practices.

4.1.3 Occupational Status

Economic activity is one of the strong indicators of national development. Nepal is an agricultural country where nearly 60.43 of total population is engaged in agro-based occupation (CBS, 2068). Occupational status of mother and MCH status has strong relationship.

Figure No.2. Occupational Status of Respondents

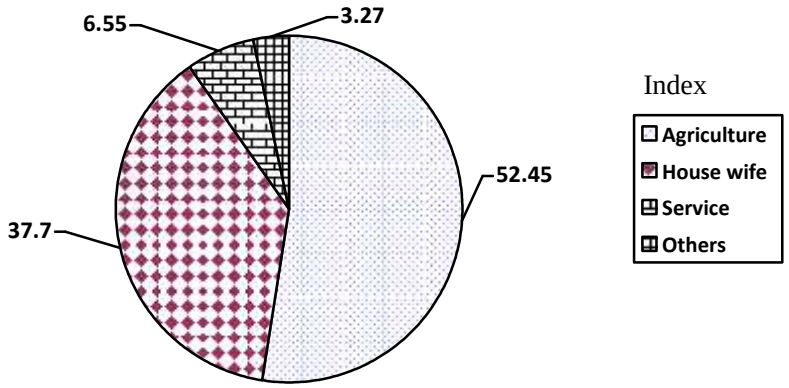


Figure No.2. shows that 52.45 percentage of respondents are engaged in agriculture. It is found that 37.70 percentage respondents are engaged in house wife,6.55 percentage are engaged in service and 3.27 percentage are engaged in others.

In this study, most of the respondents have no permanent source of income. The labour respondents replied that they had no money for purchasing nutritional food, antenatal and postnatal check up during pregnancy. Popper diet rest and work is play vital role for health of mother and new born.

4.2.4. Age at Marriage

One of the most important factors affecting mothers and child mortality is the age of marriage is one of the most important variables for infant mortality. Early age at marriage is almost

universal in Nepal, but early age is not good for pregnancy and safe motherhood. Mother who are under the age of 20 are not biologically fit for conception so, pregnancies under the age of 20 are likely to produce poor health neonates, which is presented in table no.5.

Table No.3 age at marriage of respondents.

Age	No of Respondents	Percentage
Less than 20	95	77.86
20-30 Yrs	18	14.75
30-40 Yrs	6	4.91
above 40 Yrs	3	2.45
Total	122	100%

Table no.3 shows that out of the 122 respondents 77.86 percentage get married at less than 20 years , 14.75 percentage respondents get married at the age of 30-45 years, 4.91 percentage respondents get married at the age of 30-40 and 2.45 percentages respondents get married above 40 years.

In this study area more than seventy five respondents had married below 20 years. Early marriage is not health for women health because less than 20 years women are not physically and mentally able to birth similarly their reproductive organs are not developed as well for child birth .It may complicate for pregnancy and child birth .It is important to lunch awareness program on right marriage age of women.

4.2. Mother and Child Health Care Practices

Another important factor to influence the maternal and child health status is health practices. If pregnancy women and infants get proper health care practices, it helps to maintain the health of mother and child .Use of antenatal services is very important for a successful delivery and postnatal services are equally important for increasing the chances of survival of an infant.

4.2.1 Antenatal care practices

Antenatal care is an important factors for the well being or the mother and her child .In Nepal lack of antenatal care services is one of the most important causes for maternal and child mortality .when a mother child cannot get care and their chances of dying increase similarly, in the lack antenatal care services mother's health during and after pregnancy depletes, which ultimately reduce the survival probability of infants.

a. Age at First Pregnancy

Pregnancy is the starting point of new born. Giving birth to baby is a matter for life and death for a mother, particular in developing countries like Nepal. For, bearing mother should be matured as well as their sexual organs work strongly. In our society our family members decides the new born for home even the women are agree or not child bearing without being matured is harmful for the health of mother and her baby.

Table No.4 Age at First Pregnancy

Age at first pregnancy	Number	Percent
Less than 20	66	42.85
20-30 years	36	29.50
30-40 years	16	13.11
Above 40 year	4	3.27
Total	122	100

Table No.4 shows that 42.85 percentage respondents are first pregnancy in less then 20 years, similarly 29.50 percentage respondents near pregnant in 20-30 years while 13.11 percentage respondent are 30-40 years and 3.27 percentage respondents are pregnant in above 4o years. It is trust that the 20-30 years is the study area were less than 20 years pregnancy is more it may dangerous for mother and new born .It caused different problems on mother like uterine

prolapsed , cervix cancer and other complication.

b. Time of Pregnancy Check-up

Antenatal care (ANC) from a skilled provider is important to monitor the pregnancy and reduce the risk of morbidity for mother and baby during pregnancy and delivery .The quality of ANC can be monitored through the content of services received and given kind of information mothers are given during their visit. This question is asked women who visit the antenatal check-up.

Figure No. 3: Time of antenatal check-up.

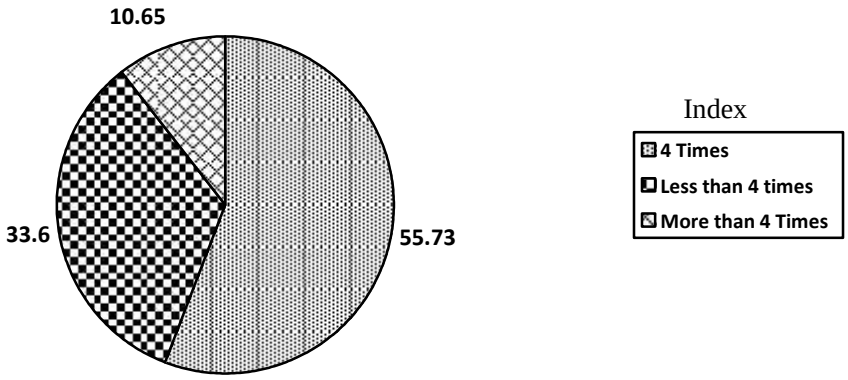


Figure No.3 shows that the majority of respondents 55.73 percentage women have gone for 4 time antenatal check up while 33.60 percentage respondents are less than 4 times check up and 10.65 percentage respondents had gone more than 4 times.

It is clear that pregnancy women should go 4 times for antenatal check up still there we can found less than 4 ANC visitors .It is the rust of low level education status of women and health workers neighbors' negligence for counseling service.

c. Family Support for Visit Antenatal Check up

ANC also provides women and their families with appropriate information and advice for healthy pregnancy, sift child birth and postnatal recovery, including care of the new born

promotion of early exclusive breasted fending and assistance with deciding on future pregnancies in order to improve pregnancy outcomes an effective ANC package depend on competent health care providers in a functioning health system with referral services and adequate supplies and laboratory support. Family the most important for reaching the health institution pregnancy is critical time for women .If there become complication on the way family members can help. And family members also know about the pregnancy care home this question is ask only the women who involve in antenatal check up during pregnancy.

Table No.5: Family Support for visit ANC Check-up

Family Support of Visit ANC Check-up	No. of Respondents	Percentage
With family Members	98	80.32
Alone	24	19.67
Total	122	100

Table No.5 shows that, 80.32 percentage women have gone with family member for antenatal check up and 19.67 percentage respondents are gone alone.

Most of the family member is help for postnatal chick up during pregnancy but there is get family support. We can increase the family support by the family education.

d. Vaccination during Pregnancy

Neonatal tetanus is leading cause of death among infants in developing countries where is a considerable proportion of deliveries take place at home or at location where hygienic conditions may be poor. Tetanus toxic (TT) vaccine is given to women during pregnancy to prevent infant deaths caused by neonatal tetanus, which can occurred when sterile procedures

are not followed in cutting the umbilical cord after delivery. For full protection, women should receive at least two dose of TT vaccine during each pregnancy.

Table No.6 Vaccination during Pregnancy

Vaccination	No. Of Respondents	Percentage
Yes	-	-
Taken as per routine Taken randomly	99 14	81.14 11.47
No	-	-
Have not Taken	8	6.55
Total	122	100%

The table no. 6 shows that out of 122 respondents, majority (81percentage) respondents had taken as per routine TT vaccine during pregnancy and 11.47percentage respondents had taken randomly while 6.55 percentage respondents had not taken TT vaccine.

It present that TT vaccine practice in the study area is good. Only 6.55 percentage respondents didn't use to TT vaccine in which some of the respondents are illiterate. They do not know what will be the result after taking TT vaccine.

e. Disease during Pregnancy

Pregnancy and child bearing was a normal natural process but there are certain risks. Jaundice, Anemia, High blood pressure, High fever and Headache are dangerous signs in pregnancy women herself and her family should be familiar with these dangerous signs to prevents or to minimize morbidity and mortality rate of the mother and baby and to seek care in time.

Figure No 4: Disease during Pregnancy

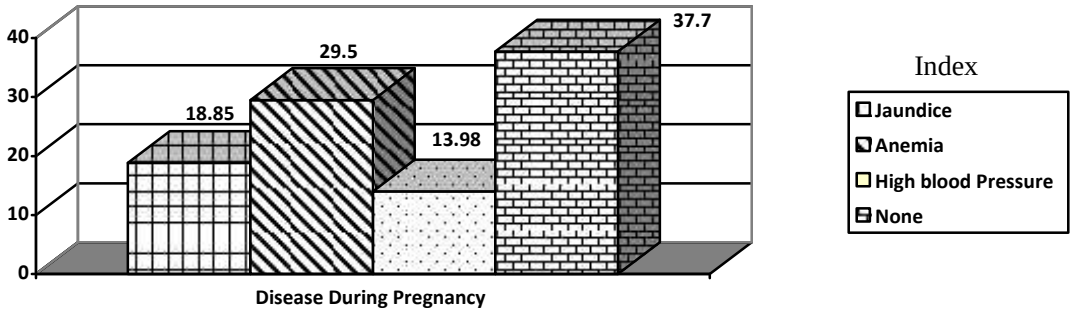


Figure No.3 shows that the majority of respondents(63%)suffer from disease during pregnancy. Among them(63%),18.85percentage had suffer from jundice,29.50percentage had suffered from anemia,13.98 percentage had suffered from High blood pressure and 37.70 percentage had no suffered from any disease during pregnancy.

It is found that majority of the respondents 63 percentage were found to have complications during the pregnancy. Among them majority of respondents had seen to Anemia. these results are prevalent due to lack of knowledge of nutritional foods, lack of care by husbands and family members. Balance diet and regular check up is most important for pregnancy period.

F. Types of Work during Pregnancy

Work load during pregnancy is the common practice of Nepal. Most of the women are under the poverty in Nepal. High work load during pregnancy is negative impact on mother's health as well as her fetus.

Table no. 7: Types of works during Pregnancy

Types of work	Numbers	percentage
All works to be done in the house	39	31.96
Daily routine household work	71	58.19
Difficult works outside the house	12	9.83
Total	122	100

Table no.7 shows that out of 122 respondents, 31.96 percentage respondents done all works during pregnancy.58.19 percentage had done daily routine house work and 9.83 percentage respondents had done difficult works outside the house.

G. Work and Family's Help.

In Nepal maximum people are involved in agriculture. They did not have enough time for rest in pregnancy. Pregnancy is the critical time for women and she want to support and help their work.

Table no. 8: Works and family's Help during Pregnancy

Family help	No. of respondents	Percentage
Husband	77	63.11
Sister in law	24	19.67
Mother in law	16	13.11
Father in law	5	4.09
Total	122	100

Table no. 8 shows that out of 122 respondents,63.11percentage had got help from their husband during pregnancy and 19.67 percentage from sister in law ,13.11 percentage from mother in law similarly ,4.09 are get help from their father inn law during pregnancy.

Family members are the nearest and closed friend for every woman. Always they live together and better care of mother during pregnancy period to promote the mother as well as child health

4.2.2 Natal care Practices

Safe delivery practices protects the like and health of the mother and her child. It is helpful to reduce delivery complication by reducing occurring pains during this period. The national safe motherhood programmed-encourages women to deliver at facilities under the care of skilled

attendants when it is possible an Ensure that facilities are upgraded and provider and trained to manage complications. Various factors are responsible to make a delivery safe or unsafe by taking facilities about it .These factors are socio-economic status, cultural and traditional concept and maternal education status.

A. Delivery Place

Health facility is important for reducing deaths arising from complications of pregnancy. The expectations is that if complications arise during delivery in a health facility a skilled attendant can manage the complication or refer the mother early to the next level of care hence, Nepal is promoting safe motherhood through initiatives such as providing financial assistance through maternity incentives schemes to women seeking skilled delivery care in a health facility. Subsidies are also provided to health institutions on the basis of deliveries conducted It is necessary to deliver with skilled attendance to reduce maternal and child death.

Figure No.5. Place of Delivery

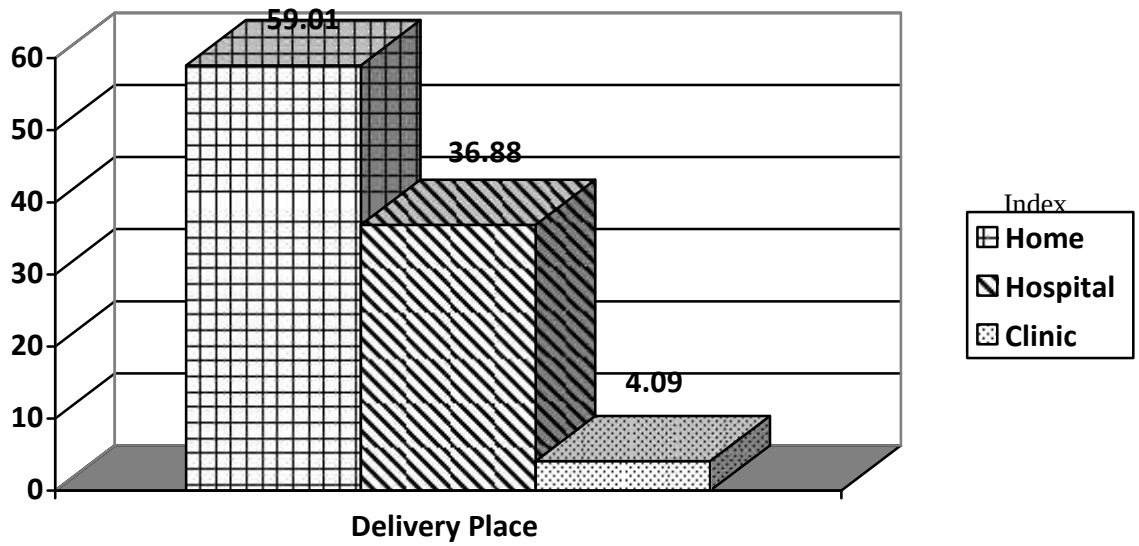


Figure No.5 Shows that out of 122 respondents, 59.01 percentage women had delivered at home similarly, 37.9 had at hospital and 4.09 percentage respondents had delivered in clinic.

b. Assistance during delivery at home

Assistance during delivery by skilled health personal is considered to be effective in the reduction of maternal and neonatal mortality. Traditionally, Nepalese children are delivered at home with the assistance of TBA or elder women of the community. The majority of maternal and neonatal deaths and much of the chronic morbidity resulting from child birth are due to the failure to get timely help for complication at delivery. So, it is essential to conduct the delivery under popper hygienic conditions with the assistance of a trained medical practice. In this study this question asked only the women who delivery at home.

Table No.9: Assistance during Delivery at Home

Assisted delivery	No. of respondents	percentage
Family member	39	54.16
TBC	18	25
Neighbors	9	12.5
none	6	8.33
Total	72	100

The table no.9 shows that 54.16 percentage respondents were assisted by ow`n household member followed by 25 percentage respondents were assisted by TBA,12.5 percentage respondents assisted by neighbors, 8.33 percentage respondents did not assist for delivery .This information indicate that most of the delivery cases assisted at home by untrained or traditional birth attendants whereas only delivery cause were assisted eat home by trained medical practitioner.

Most of the delivery at home were assisted by family members, untrained traditional birth attendants, relatives etc. It can increase the number of maternal death.

c. Umbilical Cord Cutting Instruments

Neonatal tetanus has associated with the use of sterilized umbilical cord cutting instrument, the use of sterilized cord cutting devices very important for the safe delivery. According to collected date cord, cutting instruments practice is presented in figure no.6.

Figure No.6: Umbilical Cord Cutting Instruments

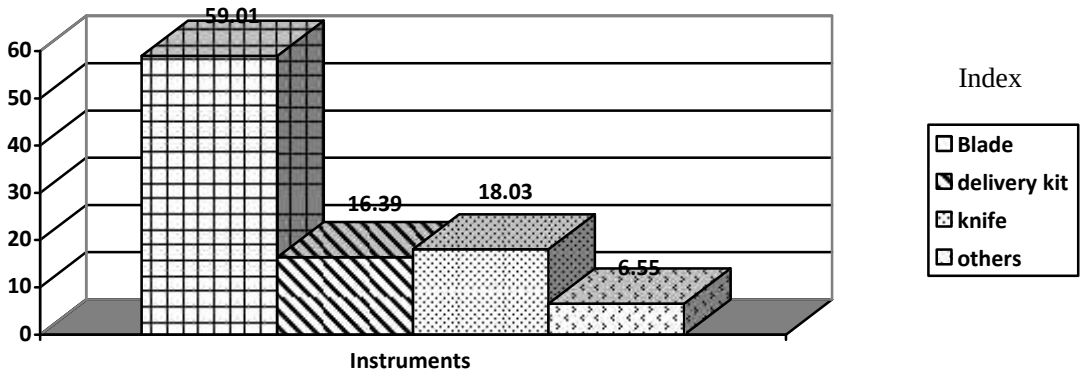


Figure no.6 shows that the majority of (59.01 percentage), respondents had taken blade to cut the umbilical cord where as 18.03 percentage respondents had used delivery kit to cut the cord, 16.39 percentage respondents had used knife and 6.55 percentage respondents had taken other materials to cut the umbilical cord.

The study found that most of the respondents used non sterilized instrument to cut the cord. Therefore, cord cutting practice was not found satisfactory.

4.2.3 Postnatal Care Practices

Care of mother and new born baby after delivery is known as postnatal care. The main objectives of postnatal care is to prevent possible complication of the post period, to Check adequacy of breast feeding and to provide adequate nutrition to the baby.

a. Period of Breast Feeding

Breast milk is the best food for children up to 6 months. It is necessary to feed breast milk all types of necessary nutritive substances and antibodies are present which help to protect against diarrhea and respiratory diseases in the first few months. It also prevents from malnutrition and reduces child mortality. It is also said that it helps for spacing of the children. Timing of breast feeding practices in Tharu culture is shown in table-11.

Table No.10: Duration of Breast Feeding

Duration	No. of Respondents	Percentage
More than two year	44	36.06
More 1than one year	39	31.96
Less than one year	30	24.59
Three and more than three years	9	7.37
Total	122	100

The table no 10 points out that 36.06 percentage of respondents had practiced breast feeding for more than two years, 31.96 percentage of mother had practiced for more than one year, 24.59 percentage of mothers had practiced breast feeding for less than one year, 7.37 percentage respondents had practiced breast feeding for three and more than three years respectively from the data in total, it seems that mothers generally breast feed their children more than two years. In the context of Nepal, it is satisfactory of during of breast feeding.

b. Immunization Practices

Immunization is one of the most important components to protect children from six fatal childhood diseases like tuberculosis, whooping cough, Tetanus, Diphtheria, Poliomyelitis and measles. These six types of killer disease can be prevented by immunization. The condition of immunization practice is presented in the following table 13.

Table No 11: Immunization Practices

Immunization practices	No. of Respondents	Percentage
Yes		
Less than 5 times	46	37.70
5 times	37	30.32
more than 5 times	31	25.40
No(lack of knowledge)	8	6.55
Total	122	100

Table no.11 shows that the majority of respondents (93.42) immunized their children. Among them (93.42 percentage) 37.70 percentage had immunized for less than 5 times while 30.32 respondents had immunized for 5 times and 25.40 percentage respondents had immunized for more than five times .6.55 percentage respondents had not immunized due to the lack of knowledge.

The government is lunching free immunization programme to eradicate the polio from the country eradicate from the World. In this context, every part of the country all must be immunized and mother should be encouraged providing with f health knowledge. The majority of respondents in Tharu caste had immunized their child. So that immunization practices had satisfactory.

c. Types of Supplementary Food

A variety of additional food is necessary when child is about six months old but breast feeding should be continued. Supplementary food should contain calories, vitamins, proteins and minerals which meet nutritional requirement for the well development of the children.

Figure no 7: Types of Supplementary Food

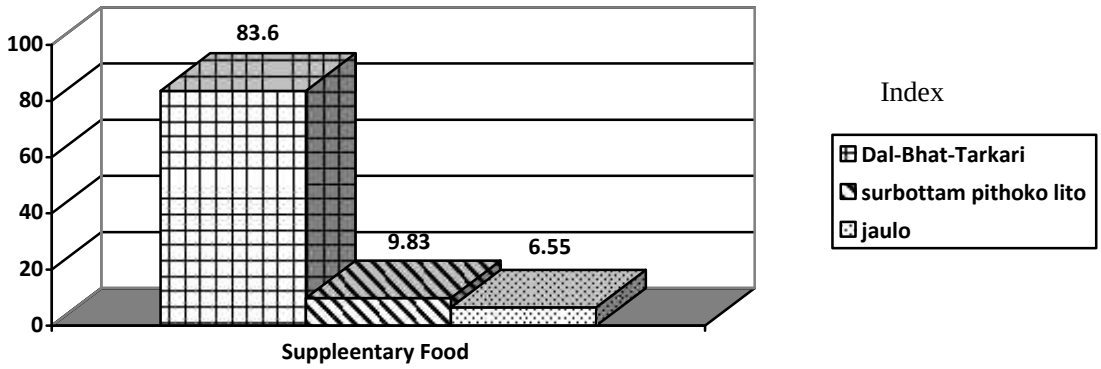


Figure no.7 shows that the majority of respondents (83.60 percentage) Fed ordinary family's diet like rice, dal, vegetable of respondents fed surbottam pithoko lito. Similary 6.55 percentage of the respondents fed Jaulo respectively. Well prepared jaulo and lito are considered at the nutrition's, low-cost, soft and digestible food for the child. These were less in practice in the study area. Locally available foods like jaulo, lito are best supplementary food for the child, if they are prepared hygienically and properly.

d. Frequency of Feeding Breast Milk to Children

Breast feeding should be compulsory feed to a child. Different mothers have different sense to feed exclusive breast feeding. Some feed one to two months: The government of Nepal recommends that exclusive breast feeding should be provided up to six months of birth. After that, they start weaning. Although starting weaning, breast feeding should be continued at least up to three years of age of the children. The frequency should be 6-7 times for one to two months age of baby, five to six for 2 to 6 months at least four times after 6 months.

Table no.12 Respondents by Frequency of Breast Feeding Practice

frequency of breastfeeding in a day	No. of Respondents	percentage
Six and over	48	39.34
Five times	34	27.86
Four times	24	19.67
Three times	16	13.11
Total	122	100 %

Table No. 12 shows that out of respondents (122),39.34 percentage respondents had fed breast milk six times and over in a day. Similarly, 27.86 percentage respondents had fed Brest milk five times in a dag .Where as 19.67 percentage respondents had fed Brest milk four times and 11.37 percentage respondents had fed breast milk three times.

As shown, the above information reveals that majority mother (39.4 percentage) fed breast milk six times and over in a day .These differences of frequencies were due to lack of time,age factors of the babies and weakness of crisis of milk the mother .Although these difference,it can be concluded that breastfeeding practice seems in satisfactory among them.

e. Types of Family Planning Devices

Family planning methods helps to maintain desired family size help the maternal child health care with directly or indirectly there are two types of family planning devices used by respondents, which has been given in the following table

Table No. 13: Family Planning Devices.

Family planning devices	No. of respondents	percentage
Temporary	84	68.85
permanent	36	29.50
Total	122	100

Table NO.13 shows that the majority of respondents (68.85percentage) used temporary devices and 29.50 percentage respondents of them used permanent devices of family planning. In concluded that temporary devices were practiced greater in number then permanent devices .It is due to easily available and early to use.

4.4 Result

This study had organized to find out the MCH practices in the Tharu Community. The major findings are as follows.

a. Majority (57.37 percentage) respondents were Hindu, 31.34 percentage were buddhist,9.01 christian,2.45 Muslim in this study.
b. In term of education, 81.14 percentage who were literate and 18.85 were illiterate
c. Majority (52.45 percentage) respondents were engaged in agriculture,37.70 percentage house wife,6.55 percentage service and 3.27 percentage others.
d. About 77.86 percentage get married at the age less than 20 years,14.75 percentage respondents get married 20-30 years and 4.91 percentage get married 30-40 years and 2.45 percentage respondents get married above 40 years.
e. majority (55.73 percentage) of the respondents visit ANC checkup 4 times, 33.60 percentage had less than 4 times 10.65 percentage respondents had antenatal visit for more than 4 times.
f. About 80.32 percentage women had going with family member for antenatal check up and 19.67 percentage respondents had going alone
g. About 81.14 percentage had taken vaccination per routine,11.47 taken randomly and 6.55 percentage have not taken.
h. The respondents 63 percentage suffer from disease during pregnancy. Among them 18.85 percentage respondents had suffer from jaundice, 29.50 percentage respondents had suffer from anemia, 13.93 percentage had suffered from night blood pressure.
i. majority (85.19 percentage) respondents were all works to be done in house .

j. majority (63 percentage) of the respondents get help their husband during in law,13.11 from mother in law and 4.09 percentage respondents get from mother in law during pregnancy.

k. The majority the women (59.01) had delivered at hospital,4..09 delivered at clinic.

l. About 54.16 percentage of respondents were assisted by family mumbers,25 percentage of the respondents were assisted TBA,12.5 percentage neighbor and 6 percentage were none assisted.

m. In this study was found that 59.01 percentage respondents used blade for cutting cord in the someway 18.03 percentage used delivery kit,16.39 percentage respondents used knife and 8 percentage used other materials.

n. Breast fending condition is very positive in this study. All women were found having breast -feeding to their children.

o. practices of supplementary food is not positive in this study area.83.60 percentage respondents mother used dal-bhat-tarkari,9.83 percentage used subtotal pithoko lito and 6.55 percentage used jaulo.

p. Majority of the respondents (68.85 percentage) has used temporary devices and 29.20 percentage used permanent devices.

CHAPTER -V

SUMMARY, CONCLUSION AND IMPLICAATION

5.1 Summary

This study has been made to access current status of maternal and child health care practices. Through the view ever married Tharu women aged 15-49 years in Koshi-Haraincha municipality of Morang district.

The main objectives of the study were to identify the antenatal care practices in Tharu community, to analyze that the natal practices of Tharu community to suggest the preventive measures of postnatal care practices of Tharu community of Koshi-Haraincha municipality, Morang. This study was descriptive type and mainly based on primary source of data from 122 mothers who were selected through simple random sampling for study purpose.
The researcher reviewed survival literature and studies directly and indirectly related to present study. On the bases of reviewing literature, maternal and child health care practice in Nepal was found poor.

Interview schedule was the major tools used to obtain necessary information on maternal and child health care practice, i.e. Antenatal carafe practice natal care practice and postnatal care practice.

The collected data were tabulated. to examine relationship among various variables, and a viable information was managed by using computer software. Data was analyzed and interpreted accordingly. from data analysis and interpretation the conclusion were drawn and implication were made.

5.2 Conclusion

This study has been done Koshi-Haraincha municipality Morang district of Nepal. Although

any studies have not been carried out on MCH care practices in Tharu community in Koshi-Haraincha municipality. This study is fielded based with primary data. Majority of the respondents were found agriculture as main occupation. Economic condition of respondents were low. Major of respondents were literate. About 77.86 percentage women got married at less than 20 years.

Majority of the pregnant women went for antenatal check up during pregnancy. There was a matter of satisfactory about reviving T.T. vaccine. Majority of respondents had been delivered at home assisted by untrained TBAS. In the study area post natal check up were very poor than antenatal check up.

Immunization is the satisfaction breast feeding condition was also positive in this community. Higher number of respondents breast feeds their children for 2 years. Majority of the respondents had preferred temporary method of family planning.

The maternal and child health care practices was not too good among the respondents of study area through it is near from Biratnagar. Despite of GOS, NGOS, INGOS is effort the situation is not too satisfactory so that the effective programme and activities targeting the community people though peer approach should be carried in to action.

5.3.1 Implication on Policy Level

a. Due to the poor knowledge and practices about the nutrition in pregnancy and delivery period, government should have lunch the nutritional program in this study area.
b. Government should aware the higher mass to increase the Tharu women access in the field of MCH.
c. Postnatal check up were very poor than antenatal check-up. Therefore, government should build up various awareness programs for postnatal check up in the study area.
d. In study area, there are most of women have delivered at home with assistance from health

professional. So there should give knowledge among family member.

5.3.2 Implication on Practice Level

a. It is useful to give knowledge about right care for pregnancy and delivery period in this study area.

b. It can help to increase the number of women for utilization of provided facilities is study area.

c. It gives the clear road map to make the plan for health awareness program in this municipality to improve this condition.

d. It is important to build the knowledge for increase the investment in MCH programme in municipality level.

e. It is useful to planning and conduct the training for MCH care in this municipality level.

f. Family is the care person of women it is help to lunch the VDC label working NGos, INgos for members about pregnancy care safe delivery and postnatal care.

5.3.3 Implication on Further Research

a. This type of study can conduct to find out maternal and child health care practices among the Tharu community.

b. This type of study can be conduct in knowledge perception on family member of Tharu community.

c. This study was only conducted in limit source and time. So it can conduct in wide source and time.

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APPENDIX -I

MATERNAL AND CHILD HEALTH CARE PRACTICES IN THARU COMMUNITY IN KOSHI HARAINCHA MUNICIPALIITY MORANAG DISTRICT 2015.

Interview Schedule

District..... Date.....

Villiage.....

Social-Economic Information

1. Respondents' Name .....

2. Age .....

3. How much land in your family ?

a) Less than 1 kattha b) 2 kattha

c) 4 kattha d) more than 4 kattha

4. Religion

Hindu	Buddhist	Muslim	Christian	other

5. Relation

S. No	Name of family members	Relation with head of the family	a g e	sex

6. Education Status

Illiterate	Literate

7. Occupation

a) Agriculture b) House wife

c) Service d) Others

8. Economics status of the family

Lower class	Middle class	Higher class

Maternal and child health care practices Antenatal care practices related questions

9. What was your age at marriage time?

a) Less than 20 years b) 20 yrs-30 yrs.

c) 30-40 yrs d) above 40 yrs

10. What was your at first pregnancy?

a) Less than 20 yrs. b) 20 - 30 yrs.

c) 30 -40 yrs. d) above 40 yrs.

11. How many times have you had miscarriage?

a) One b) two c) more than two d) none

12. How many times did you check up during pregnancy?

a) less than 4 times b) 4 times

c) More than 4 times d) None

13. Who help you to reach the ANC check up?

a) alone b) family members c) others

14. How much did you taken vaccination during pregnancy?

a) taken as per routine b) taken randomly c) have not taken

15. What types of disease did you suffered from pregnancy?

a) jundice b) Anemia c) high blood pressure d) none

16. What types of food did you used in this period?

a) Fruits and vegetables b) milk c) mixed food

17. How many hour did you have rest in 7 days?

a) less than 4 hour b) 4 hour c) more than 4 hours

18. Who encouraged you in your family member do exercise and have rest during this period?

a) husband b) mother in low

c) father in low d) brother / sister in low

19. What types of work have you done in pregnancy?

a) daily routine house hold work

b) all works to be done in the house

c) difficult works outside the house

20. How much help to did you get from family members in the house hold works?

a) much more b) more than before

c) less than before d) not at all

21. Who helped you in your work among the family members?

a) husband b) mother in low

c) father in low d) brother/sister in low

Natal care practices related questions

22) Where did you delived your child?

a) home b) health post c) clinic

23. Who assisted you in the delivery at home?

a)TBA b) family members

c) neighbours d) none

24. what instruments did you used to cut the umbilical cord?

a) delivery kit b) blade

c) knife d) others

25. Where did you gone when your child become sick?

a) dhami jhakri b) home treatment

c) clinic d) hospital

26. How often do you feed breast milk to your child in a day?

a) three times b) four times

c) five times d) six and over

27. When did you stop the breast feeding?

a) after one year b) after 2 yrs.

c) after 3 yrs. d) after 4 yrs.

28. Which of the following you taken supplementary food during lactation?

a) sarbottam pithoko ko lito b) dak-bhat-tarkari c) jaulo

29. How many times did you immunize your child?

a) less than 5 times b) 5 times

c) more than 5 times d)none

30. What did you practices to reduce postnatal complication?

a) dhami jhakri (haler) b) hospital

c) clinic d) home treatment

31. What type of work have you done in postnatal period?

a) fully rest b) daily house work

c) all types of work