

**KNOWLEDGE, ATTITUDE AND PRACTICE OF  
SAFE MOTHERHOOD IN NEWAR COMMUNITY**  
(A case study at Phungling, Dhungesanghu and Change VDCs of Taplejung District)

A THESIS  
SUBMITTED TO:  
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April, 2012

## **DECLARATION**

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

Dambar Bahadur Shrestha

April, 2012

## RECOMMENDATION

This is to certify that the thesis

Submitted by

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Entitled

Knowledge, Attitude and Practice of Safe motherhood in Newar Community  
(A case study at Phungling, Dhungesanghu and Change VDCs of Taplejung District)

is recommended for External Examination.

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Thesis Supervisor

Date: April, 2012

## VIVA VOCE SHEET

We have conducted the Viva voce examination

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and find that the thesis to be an independent work of the student written according to the prescribed format. We accept the thesis as partial fulfillment of the requirement for Masters of Arts in population studies.

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## ABSTRACT

This thesis has been prepared in "Knowledge, Attitude and Practice of Safe motherhood in Newar Community, after a study completed at Phungling, Dhungesanghu and Change VDCs of Taplejung district within married Newar women having at least one child during the the time of survey.

The general objective of this study is to determine the knowledge, attitude and practice of safe motherhood only in Newars family. Other objectives are: to examine the relationship between Knowledge, Attitude and Practice (KAP) of safe motherhood to their educational status and cultural settings of this community.

Firstly, household survey was conducted around 110 households with 560 peoples including both sexes and later, individual survey was conducted to eligible person (reproductive aged women having at least one child during the time of survey) about KAP of Safe motherhood within 105 respondents. In this research, the cross-sectional sample survey, based on primary data was adopted purposively.

In this survey, 48.04 percent of male and 51.96 percent of female have found in that society. Among the respondents, 22.50 percent were engaged in business, 20.54 of them were engaged in agriculture. Most of the respondents (87.62%) had using piped water and least, 4.76 percent had still using river water for their safe drinking water. Among total population 89.46 percent are literate and 10.36 percent are illiterate including both sexes. The higher percentage of male (92.94%) are literate than female (86.60%). About 13.40 percent females are still found illiterate. Only 4.09 percent of male and 0.34 percent of female as well as 2.14 percent including both sexes have obtained master's degree yet in this society. More than 56 percent respondents used to marry before the age of 20 and 43.81percent after that age.

About 87 percent of respondents have known about safe motherhood, 77.14 percent have taken part in ANC visit and 47.62 percent have taken part in PNC visit. It was observed that 22.86 percent of mother did not receive ANC visit and 52.38 percent did not received PNC visit. About 48.57 percent of respondents perception in safe motherhood is necessary. Similarly, 1.90 percent of respondents reported that they did not know it is necessary or not. By the likert's attitude scale used in this

survey found that more than 31 percent respondents have still believing in Dhami/ Jhankri for their better treatment than health personnel. About 94 percent of respondents received spousal support during the time of delivery. About 76 percent had received TT vaccination on ANC, PNC, and during delivery services at health institution and 81.90 percent had vaccinated their children. More than 40 percent had given birth at hospital only and 29.52 percent had at their own home yet. About 12.38 percent had delivered without assistance lonely at home and 13.33 percent had delivered with the assistance of layman like traditional healer, blind practiced neighbor, mother-in-law etc. More than 67 percent respondents had used CHDK (Sutkeri samagree) during their labor. More than 47 percent of respondents had able to decide themselves for economical issues.

On the basis of major findings, we can generalize that the knowledge and practice of Safe motherhood is not satisfactory due to high rate of illiteracy, poor socio-economic status and traditional cultural settings of the respondents as well as highly engagement in business and agriculture but their attitude towards safe motherhood is little satisfactory because they are positive toward utilization of safe motherhood practice.

## ACRONYMS

AHW	:	Auxiliary Health Worker
ANC	:	Antenatal Check up
ANM	:	Auxiliary Nurse Mid-wife
APH	:	Ante-partum Haemorrhage
CDPS	:	Central Department of Population Studies
CEB	:	Child Ever Born
EOC	:	Emergency Obstetric Care
EPI	:	Expanded Programme on Immunization
FCHC	:	Female Community Health Volunteer
FWCW	:	Fourth World Conference on Population Development
HA	:	Health Assistant
ICPD	:	Internal Conference on Population Development
IMR	:	Infant Mortality Rate
INGO	:	International Governmental Organization
KAP	:	Knowledge Attitude and Practice
MCHW	:	Maternal Child Health Worker
MMR	:	Maternal Mortality Rate
MOH	:	Ministry of Health
NDHS	:	Nepal Demographic Health Survey
NFHS	:	Nepal Family Health Survey
NGO	:	Non-governmental Organization
NHRC	:	National Health Research Council
PNC	:	Post-natal Care
PPH	:	Post-partum Haemorrhage
SLC	:	School Leaving Certificate
TBA	:	Traditional Birth Attendance
TT	:	Tetanus Toxoid
TU	:	Tribhuvan University
U5CMR	:	Under Five Child Mortality Rate
UN	:	United Nations
UNFPA	:	United Nations Fund for Population Activities
VDC	:	Village Development Committee
VHW	:	Village Health Worker
WHO	:	World Health Organization



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