

PRENATAL CARE IN LAUKAHI VDC
SUNSARI DISTRICT

BY

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Symbol No. 2180096 / 2066

T. U Regd.No.9-2-13-391-2001

A Thesis,

Submitted to Health, Education Department in the Partial Fulfillment of
Requirements for the Master Degree in Health Education

TRIBHUWAN UNIVERSTY
FACULTY OF EDUCATION
JANTA MULTIPLE CAMPUS
ITAHARI, SUNSARI NEPAL
JANUARY, 2014

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DECLARATION

This thesis is my original thesis. It is not submitted any University Faculty of T.U.

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ACKNOWLEDGEMENTS

My indebtedness and gratitude goes to many individuals, who have assisted me to shape this thesis in the present form, cannot be adequately conveyed in a few sentences. First of all, my gratitude goes to all those teachers and staff of Janta Multiple Campus, whose sound theoretical knowledge provided me the basis for the preparation of this thesis.

I would like to express my great sense of gratitude to my respected research supervisor Mr. Sanjib Kumar Yadav, Lecturer and head of Health Education Department of Janta Multiple Campus, itahari, Sunsari, for his invaluable supervision, advice, constructive comments, encouragement, suggestion and friendly behavior throughout the course of the study which gave the final shape of this thesis.

I am also thankful to Mr. Narad Upreti, Campus chief for granting me an opportunity to carry out this research and Mr. Tolnath Kafle, Lecturer of Janta Multiple Campus, Itahari, Sunsari, for encouraging me for the preparation this thesis in time.

I am indebted to those women who live in Laukahi VDC ward no- 4, 5, 6, 7 & 8. In the same way, I would like to extend my profound gratitude to Manoj Chaudhari, and Birendra Karki Assistance lecturers of Janta Multiple Campus,Sunsari for their consistent inspiration during the study.

I would like to express my sincere gratitude to Mr. Himachal Mandal and Niranjan Das for their help in translating and providing me valuable materials and remarkable co-operation for the completion of this work.

I don't have appropriate words to express my sincere thanks to my father, mother, wife, daughter and son for their cooperation, financial support and moral support in every steps of my study period.

Finally, I am ever grateful to those all and other seen unseen hands, which helped me to carry out this study successfully.

Ramesh Kumar Mandal

ABSTRACT

This thesis entitles'' prenatal care in laukahi V.D.C Sunsari, District.'' The main objective of this research work is to identify the prenatal care their consciousness level one prenatal care and its barriers of health seeking behavior one their health condition. The researcher has used the Laukahi V.D.C as the sample population and has chosen the 30 pregnant cases of laukahi V.D.C using purposive sampling. Similarly the researcher has collected data from interview and analyzed descriptively, At last findings the conclusion has been drawn and the researcher has recommended and suggested the introduction of the title and its theoretical ground .second part reviews the related literature of the relevant work. Third part deals with methodology of the study. Fourth part deals with analysis and interpretation of date. Fifth part deals with summary, findings conclusion and recommendation.

This study is related to the prevalence of women in Laukahi VDC. Among the respondents 100% of women pregnancy cases were found married. 56.66% of female pregnancy cases are literate and 10% was SLC passed though 33.33% of women pregnancy cases were illiterate. Being dependent on husbands and in-laws, women feared refusal by husbands. Other family member and society by contrast; economic burden is the main concern of women throughout the health care seeking process and treatment period. There are only 33.33% respondent had enough income by their own to maintain the food for more than six month in a year apart from that they had to manage their hand to mouth problem by doing daily way labour work around. Majority of women pregnancy cases 73.33% were from Janjati groups of people. The second most majority of women pregnancy cases 20% were from the Dalit and third most major group of cases 7% were from other castes like Marik, etc. Similarly Dalit covers 7% of total attendance of the patients. The minor representation was from the Musahar group of the people who attended only 20% of the total cases.

The majority of the women pregnancy cases registered for treatment are under the age group of 18 – 24. Among all the respondents majority 66.66% of the women pregnancy cases replied the causes to pregnancy is due to germs but there are 33.33% of respondent who did not know the actual cause of disease.

Among the total respondent 66.66% of the pregnancy suspects seek the treatment at the health institutions where the pregnancy diagnosis and pregnancy services available at free of costs. Majority of pregnancy suspects were helped by their family's members, FCHV, for the treatment.

TABLE OF CONTENTS

TITLE	Page No.
COVER PAGE	i
DECLARATION	ii
RECOMMENDATION LETTER	iii
APPROVAL SHEET	iv
ABSTRACT	v
ACKNOWLEDGEMENT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	1 – 6
1.1 Background of the Study	1
1.2 Statement of the Problem	2
1.3 Objective of the Study	3
1.4 Significance of Study	4
1.5 Delimitation of Study	5
1.6 Operational Definition of the Key Terms	6
CHAPTER TWO: REVIEW OF THE RELATED LITERATURE	7 – 11
2.1 Theoretical Literature	7- 9
2.2 Empirical Literature	9 - 11
CHAPTER THREE: METHODS AND PROCEDURES OF THE STUDY	12 – 13
3.1 Design and Method of the Study	12
3.2 Population of Study	12
3.3 Sources of Data Collection	12
3.3.1 Primary Sources	12
3.3.2 Secondary Source	12
3.4 Sampling Size and Procedure	13
3.5 Data Collection Tools and Technique	13
3.6 Validation of Study	13
3.7 Data Collection Procedure	13
3.8 Method of Data Analysis and Interpretation Procedure	13

CHAPTER FOUR: ANALYSIS AND INTERPRETATION OF DATA**14 - 19**

4.1.1	Socio Economic and Culture Status of Pregnancy Cases	14
4.1.2	Marital Statuses of Women Pregnancy Patients	15
4.2.1	Education Statuses of Women Pregnancy Patients	15
4.3.1	Economical Statuses Women pregnancy Patients	16
4.4.1	Case Finding Statuses of Women Pregnancy Patients	16
4.4.2	Ethnicity	16
4.4.2	Age Distribution of Female Pregnancy Cases	16
4.5	Knowledge Attitude and Practice of Female Pregnancy Patient	17
4.5.1	Knowledge on Pregnancy	17
4.5.2	Practice to Seek the Treatment of Pregnancy Patients	18
4.5.3	Behavior of Family	18
4.5.4	Knowledge of T.T During Pregnancy Period	18
4.5.5	Knowledge of Danger sign Symptom of Pregnancy Period	19
4.5.6	Knowledge of Attitude and Practice of Health Workers	19

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS**20 – 25**

5.1	Summary	20
5.2	Findings	21
5.3	conclusion	21
5.4	Recommendation	22
5.4.1	Policy Related Government	23
5.4.2	Practice Related Government	24
5.4.3	Further Research Related Government	25

BIBLIOGRAPHY**APENDIX**

LIST OF TABLES

	Page No
Table 1: Education status of women pregnancy Patients	14
Table 2: Weak and strong of the women pregnancy cases	15
Table 3: Women pregnancy Labor pain shows the colour	15
Table 4: Duration of Pregnancy Check of Bengali community	16
Table 5: Caste and ethnicity	16
Table 6: Age Distribution of women pregnancy cases	16
Table 7: Knowledge on cause's pregnancy period	17
Table 8: Practices of pregnancy cases	17
Table 9: Behavior of family	18
Table 10: Knowledge of T.T during pregnancy period	18
Table 11: Danger sign symptoms of pregnancy period	19
Table 12: Health workers suggestion for pregnancy women	19

CHAPTER ONE

INTRODUCTION OF THE STUDY

1.1 Background of the study:

The origin of pregnancy is as old as the origin of human being in this inverse but the real cause of this disease is determined in the late nineteenth century, Pregnancy may be defined as a physiological condition of a woman during reproductive period (14–50 yrs) in which development of fertilized ovum occurs within the maternal body.

WHO constitution states that "The enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, ethnic, political belief, economic or social. It is well recognized that there are differences in the factors of determining health and burden of ill health for women and men even after the fifty years of adopting the WHO constitution. Socially women and men have their different gender roles and responsibilities in the different social context. There are also differences in the opportunities and resources available to women and men ability to make decision and exercise their human rights, including those related to protect health and seeking care in case of ill health.

Nepal is a sovereign country, lies on the lap of highest mountains also having the highest peak, located between 26°22' to 30°27' north latitude and 80°4' to 88°12' east longitude. (Karki, 1983). It is divided into 3 ecological belts, mountain, Hill and Terai. Terai covers 17% land of total area and holds 44% of National Population. Hill covers 60% land and holds 56% of National population and Mountain (1600ft to 29000ft). Perpetually snowy region covers 23% land. All different types of climates are found in Nepal, Tropical in Terai region, temperate and sub tropical in Hill and Alpine in Mountain (Aryal. Et. Al, 1983).

Nepal was divided into 75 districts and 14 zones, politically. For the point of development, it is divided in 5 development regions. Its population, according to the national census of 2068 is 26, 494,504 and the growth rate was 1.35%, which was normal growth rate in the world.

The report of demographic report of Bangladesh in 1996-1997 neonatal mortality rate 83.4 per thousand, infant mortality rate 120.1 per thousand, under five mortality rates 158.9 per thousands. Demography of health survey report 2006, (41%) Adolescence of nineteen years ageing group are pregnant.

Socially, women and men have their different gender roles and responsibilities in the different social context. There are also differences in the opportunities and resources available to women and men and ability to make decision and exercise their human rights, including those related to protecting health and seeking care in case of ill health, unequal gender relation and

opportunity affects the vital social and economic variable which resulted into inequitable pattern of seeking health care and utilization health information as well as care and service for the remedy. In the long run these differences turn into the impact on the outcome of health indicator as well as in the development of societies.

Pregnancy is a condition of women, which produce baby during the (14-50) yrs, close the menstruation, morning sickness, frequency of maturation, black nipple, constipation anorexia, nausea, vomiting, pigmentation, edema, increasing of breathe, increase of heart beats are the main symptoms of the pregnancy.

Facts about pregnancy and women

- 1.1.1 Pregnancy is the main cause of MMR
- 1.1.2 Neonatal mortality rate per thousands 83.4
- 1.1.3 Infant mortality rate per thousand 120.1
- 1.1.4 Under five mortality rate 158.9 (per thousands)
- 1.1.5 12 Nepali women die in child birth
- 1.1.6 Asymptomatic bacteria are among pregnant, women visiting Nepal
- 1.1.7 Nepal medieval (2011) Jun 13(2) 107-10 urinary tract infection is the commonest bacterial infection in pregnancy
- 1.1.8 Expected pregnancy 59% in Sunsari district

1.2 Statement of the Problem

Total No. of countries in the world the US state department recognized 193 independent countries around the world 400025 pregnant (2014) By Mr. Ashok Kumar consultant in obesities and www to neonatal mortality rate (per thousand) 83.. Infant mortality rate 120.1 per thousands, under the mortality rate 158.9 per thousand, and 19 years teen ager women pregnant about 41%. Due to poverty pregnant mother died, also lack, of health services, lack of health education lack of transportation, lack of Economic status, lack of knowledge, customs, rational concept, early marriage, all the Nepalese women pregnant died. In appropriate sexual behavior as like, multi partner. Inter course, pre-marriage intercourse, artificial intercourse. Rape intercourse with younger prostitution, predisposing factor of the pregnant case, eg. lack of iron lack of balance diet, drug infection, infected of HIV/AIDS, UTI infection, and not loving by husband family people so that many pregnant women are going to die every year. Pregnancy care programme especially for the treatment and care of the disease, at the source. By the analysis of above statement of the problems regarding the causes of pregnancy can be pointed out as like, the participation of the female pregnant cases less for the treatment and case of the disease in comparison of the other cases. Awareness

level of the community people if it is low for the treatment management of the pregnant case. Malpractice for pregnancy treatment and care exists in the community however there is availability effective treatment available in free of cost study area was Laukahi VDC Sunsari. Mainly this study focus on the following problems / questions:

1.2.1 What would be the condition of

1.3 Objectives:

The main objectives of this study is to make the community especially women empowered to seek the equitable treatment and cure for pregnancy furthermore, on the basis of problem statement the following specific objectives were, set in order to find out the answer of the emerging research question.

1.3.1 To identify the prenatal care of Laukahi VDC in the study area..

1.3.2 To find out the health status of pregnancy in Laukahi VDC.

1.3.3 To find out the barriers of health seeking behaviour of female pregnant cases.

1.4 Signification of study

Broadly, gender is "What it means to be male or female and how that defines a person's opportunities, roles responsibilities and relationship! Since the concept of gender distinct from sex was developed during 1970s extensive literature has accumulated on gender in health and development.

Following are the significants of the study:

1.4.1 Traditionally, women have had to face greater constraints, and make do with much fewer opportunities in trying to resolve their health needs and problem than men

1.4.2 Gender also plays a role however in men's health problems in their prevents to accidents action and violence for instance.

1.4.3 They affect women, gender relations reflect power relation in each category woman & man is hierarchical ordering of status that leads to the inequality in the health and well being of the women in relation to men.

1.4.4 Pregnancy affects the health of the women as well as her dignity and social status.

1.4.5 People still believe that pregnancy is excusable problem it is a curable problem.

1.4.6 This study helps to fulfill the master degree of health education.

Pregnancy affects the health of the women as well as her dignity and social status. People still believe that pregnancy curable problem. Pregnancy is not only the health problem of a woman but it is also a social problem which affects the daily life of a woman to exist in the family and society with their respect, power and dignity. It is hoped that study can find out the real facts and figures regarding women and pregnancy which will help the society as well as to the

establish a good practice of this modern societies regarding health seeking behavior this study identified the myth of the disease and dugout the malpractices related to the women and pregnancy this study supports to empower the women with pregnancy to seek the diagnosis and treatment care and to break the chain of pregnant transmission by helping the women to seek the health cure by empowering them.

1.5 Delimitation of the study

It is obvious that each research and study is have their own limitation because the world is wide and the subjects of the studies are unlimited and broader in this universe. A single study could not cover every aspects of the topic, in this context, this study have its own limitation as per the topic selected and it's coverage area for study. It should be honest to describe the limitation of the study so that the reader could understand and relate the finding of the study meaningfully. The study is limited only with the female pregnant cases that were registered in the health institutions of Laukahi VDC of Sunsari. The cases were within the economically productive age group (14 to 30 years) and socially active for development. Only female pregnancy cases are be interviewed for the purposes of data collection. The sample size of this study was covered all registered female pregnant cases within the period of last one year. Diagnosis and treatment for pregnancy service is available in all the health institution, some private nursinghome and in some NGO/INGOs clinics. The study was carried out with the help of health workers, who were working in the health institutions. Besides these, the women pregnant cases and their family members and the people from their societies were the main respodents of this study for the purpose collecting family members and community people's perspective on focus group discussion (FGD) was conducted.

For effective and efficient study or survey of an location, a fixed rules, regulation and criteria should be formed, which is known as limitation of the study. By the help of the limitation, real fact data can be emerged. The limitations the researchers are as follows.

- 1.5.1 This study carried out among pregnancy infected women of Laukahi VDC Sunsari.
- 1.5.2 This study limited the main causes and curative measures of women of Laukahi VDC Sunsar
- 1.5.3 15% of pregnant women were considered as sample to verify the compliance of the women pregnancy causes.
- 1.5.4 30 members of the family of the women pregnant patient were considered for interview.

1.5.5 The sampling of the research use non probability purposive sampling method.

1.5.6 The research is in descriptive method.

1.1 Operational Definition of the Key Terms.

Some terminologies are used in this thesis to describe the study process and findings.

a. Community

Community can be defined as a collection or a group of person of society, interaction in a geographical area sharing a common social and cultural life.

b. Community health

It is defined as including all the personal health and environment services in any human community irrespective of which such survey was public or private ones.

c. Community organization

It is have defined as the process of bringing about and maintain a progressively more effective adjustment between social welfare resources and social welfare need within a geographical area or functional field.

d. Sex

Sex is an easily inevitable characteristics and it is have dichotomous nature.

e. Environmental sanitation

It means the control of all those factors in man's surroundings which cause or may cause divers affect kitchen. Environmental sanitation is have been defined as the control of all these factors in man's physical environment which exercise or may exercise a deleterious effect in his physical development, health and survival.

f. Pregnancy

Pregnancy may be defined as a physiological condition of a women during reproductive period (14 – 50 years) in which development of fertilized ovum occur within the maternal body.

g. Family planning

Expert committees (1971) of the WHO defined family planning as a way of thinking that is adopted voluntarily up on the basis of knowledge attitude and responsible decision by individuals and copies in order to promote the health and welfare of the group and thus contribute effectively to the social development of a country.

h. Malnutrition

It is defined as a diseased state resulting from prolonged intake of a diet deficiency primary of protein and energy foods and secondarily of other essential food element such as minerals and other vitamins.

i. MCH

It reflects to preventive primitive, curative health of mother and child.

j. Communicable Disease

Disease which can transfer one person to another

k. Health Service

Service provide by health person/institutions

l. Anaemia

A condition of the reduction in the number of red blood cells or the amount of hemoglobin in the circulating blood causing reduced oxygen carrying capacity of the blood.

CHAPTER - TWO

REVIEW OF THE RELATED LITERATURE

In this chapter various literatures related to this study is reviewed. Those sources of literature consist of thesis of related subject, books, reports of the study, earlier findings and journal articles especially focusing to Nepalese context is reviewed. Some international information is reviewed from related websites, international books, magazines and journals. Literature would be divided into two parts. First part is theoretical which was said scholars about the related topic and other part of literature is more or less empirical part, contemporary research findings and recent publish related to topic was included.

2.1 Theoretical Literature Review

2.1.1 Historical of Casteism in Nepal: Ever since Medieval period, minorities have a pathetic social and economic life style due to different types of discrimination. As a result, their food, shelter, Customs and social behavior also got highly influenced. They started thinking about changing way of life and self dignity in course of living a life. The so-called higher classes of the society kept on suppressing and exploiting the minorities. The Dalits were forbidden to enter the temple; recite the religious books, plant the holy plants, celebrate the festivals, attend the social celebrations, enjoy social happiness. Such a bad practice was continued in the society for a long time. If the Dalits looked at the daughters of the higher classes, they were brutally treated. Thus, they became untouchable and hated class of the society.

Casteism was such a serious issue that if a so-called higher class member happened to touch a Dalit, he had to be sprinkled with pious water to purify him from the touch of the Dalit. Such a social behavior deprived them of participation in Social, economical, Cultural and administrative functions and affairs, they joined low-income jobs like, playing the musical instrument, cutting firewood, Practicing singing and dancing, cleaning the toilets and so on.

(Source: Dalit and our community 2068)

Untouchability in Newar community: Before the Civil come into Practice in 1854 A.D, some of the sub castes were considered untouchable in the higher rank of untouchable (PANI CHALNE) and pade and chame were the lower ranking untouchable (PANI NACHALNE). Kathmandu, Bhaktapur and Lalitpur were the major areas of pade and chame. So, these places were called pade Basi. (Dwelling places of Pade) Pade very often preferred to call

themselves 'Deula'. They were involved in sanitation, cleaning and sweeping as the major source of income as an occupation. (Source: Dalit and our community 2068)

2.1.2 Health and Physical Education 2011

Nutrition is the Science of food and its relationship to health. Nutrition plays an important role in the promotion and maintenance of health and prevention of Human diseases especially the nutritional deficiency diseases. Malnutrition under nutrition and the nutritional disorder were the greatest international health problems of today. All nutrition causes certain specific nutritional deficiency diseases as Kwashiorkor, Marasmus, and Blindness due to Vitamin 'A' deficiency, Anaemia, etc. Malnutrition predisposes to infection like tuberculosis. Over nutrition a form of malnutrition causes obesity, diabetes mellitus, hypertension, cardiovascular diseases, renal diseases and disorder of the liver and gallbladder. Under nutrition is characterized by loss of weight, atrophy of muscles, weakness and edema. (Health and Physical Education 2011).

2.1.3 Settlement and Population

Although the issue is emerging all over the world, a very few researches have been done on the topic of "Female pregnancy" So far globally as well as in Nepal. The volume of the issue is enormous in the developing world but the attention towards the resolution of the problem has not been paid by the concerned sectors. This is why the enough materials for the literature review and study are not available though the world health organization has started to address disseminate and advocate this issue in order to sensitize the problem. WHO has published various articles, reports, and research reports, text books and booklets of some studies brochures and pamphlets which are reviewed for the purpose of this study. A part from the WHO publications, text books of the different authors, research and study reports of different. Writers and case study reports on gender perspective and health have been reviewed together the knowledge and information for this study.

Worldwide, over a billion people live in absolute poverty, (soc scie medi (I): page 55 and 65) seventy percent of these are women (World Bank report) 1993. Page 95 and 110 and three quarters of the burden of ill health among them are attributable to diseases of poverty, of which infectious disease is a major part (UNDP report 1990: page 42 and 55). Health risks of poverty are for greater for females and for males. Every where women control fewer productive assets, work longer hours, earn less income than men and face unique, reproductive health threats. And it is they who meet 40 to 100 of family needs (World Bank report 1993 page (115-130).

As the main source of the Pregnancy infection is the human being who is suffering from the active pregnancy, the risk of pregnancy to susceptible host (person) is higher in the

dense populated area where there is infected and populated air. This is why the risk of pregnancy infection is higher in the city areas whereas it is lower in the mountains of the country. The survey reported that the estimated Annual Risk of Pregnancy Infection (ARPI) of mountains, hills, terai and Kathmandu valley is 1.02, 0.80, 0.82 and 1.31 percent respectively (K. B. Shrestha and et al: national pregnancy Nepal, 2006). The national average of ARPI is 1.24%. It was estimated 2.0% in hill areas, 1.8% in Terai areas and 4.5% in Kathmandu valley respectively and the national average was 2.1% according to the pregnancy survey conducted in 1996.

Pregnancy is a Condition of female woman. Female mortality due to pregnancy is more than for all causes of maternal mortality combined, (Hudelson P. 1996 Gender differentials in pregnancy: *Preg Lung Dis* 77: page 391 and 400). Although, overall prevalence of pulmonary pregnancy is lower in women, progression from infection to disease is as much as 130% higher in women between the ages of 15 to 44 years. The case fatality rates are 27 to 41% higher in women and girls between 15 to 24 years of age (Hudelson P. 1996 Gender differentials in pregnancy: *Preg Lung Dis* 77 page 391 and 400). These numbers indicate that though the women may enjoy some kind of protection against pregnancy, this may be offset by biological and sociological vulnerabilities at certain life stages this may lead to accelerated morbidity and mortality as well as treatment seeking and difference in treatment once they seek the help from the health care providers, Smith summarises the situation: gender of itself is not the cause of mortality and morbidity in pregnancy, but is a powerful indicator of disadvantage, a maker of many factors that influence health and the situation of health service (Fine PEM. 1996, JHohn Wiley & Sons: Chichester: page 256).

2.1.4 TREND AND PREGNANCIES ON NUTRITIONAL STATES OF BIRATNAGAR MUNICIPALITY by Mr. Manoj Kumar Pandit.(Source: An Unpublished Master Degree Thesis FOE)

2.1.5 TREND AND PRACTICES ON SAFE MOTHERHOOD IN BACKWARD COMMUNITIES OF SIRAHA DISTRICT by Sanjib Kumar Yadav. Among the total attendants of the delivery respondent's 46% mother do delivery by family member 40% mother does delivery by relatives 13% mother does delivery by Health Worker and 1% mother does delivery by nobody is find out from this Thesis. (Source: Yadav Sanjib kumar (2006), 'Trend and Practices on safe motherhood in backward communities of Siraha district')

2.1.6 Occupational Environment:

By 'occupational environment' is meant the sum of external conditions and influences which prevail at the place of work and which have a bearing on the health of the working population.

The industrial worker today is placed in a highly complicated environment which is getting more complicated as man is becoming more ingenious. Basically, there are three types of interaction in a working environment.

(Source: Preventive Social Medicine **Park & Park**, Page 430)

2.2 Empirical Literature:

2.2.1 Access of Prenatal Care in Laukahi VDC in Health Service

The Dalits of Nepal have been victim of social, historical and institutional discrimination since long. Such discrimination has imposed poverty to the helpless dalit which is vividly reflected in the Dalit's poor access to health services (Acharya, 2010:17). The forms of discrimination are varied which can be found at the different levels of Health service. System of the nation; According to HDI – 2011. Out of 1000 infant 116 in Dalit and 50 in Brahmin was the infant death rate. Agani, regarding child death rate, the average child death rate was 104 out of 1000, however, child death rate of Dalit has been 117.2 out of 1000. (Thapa, 2009:14) on the other hand, fertility rate of the Dalits is 4.07% Not only that a large, number of Dalit children suffers from malnutrition. (Source: Identity of Dom Community Changing life style 2068:217)

This study is related to the prevalence of women in Laukahi VDC. Among the respondents 100% of women pregnancy cases were found married. 56.66% of female pregnancy cases are literate and 10% was SLC passed though 33.33% of women pregnancy cases were illiterate. Being dependent on husbands and in-laws, women feared refusal by husbands. Other family member and society by contrast; economic burden is the main concern of women throughout the health care seeking process and treatment period. There are only 33.33% respondent had enough income by their own to maintain the food for more than six month in a year apart from that they had to manage their hand to mouth problem by doing daily wage labour work around. Majority of women pregnancy cases 73.33% were from Janjati groups of people. The second most majority of women pregnancy cases 20% were from the Dalit and third most major group of cases 7% were from other castes like Marik, etc. Similarly Dalit covers 7% of total attendance of the patients. The minor representation was from the Musahar group of the people who attended only 20% of the total cases.

The majority of the women pregnancy cases registered for treatment are under the age group of 18 – 24. Among all the respondents majority 66.66% of the women pregnancy cases replied the causes to pregnancy is due to germs but there are 33.33% of respondent who did not know the actual cause of disease.

Among the total respondent 66.66% of the pregnancy suspects seek the treatment at the health institutions where the pregnancy diagnosis and pregnancy services available at free of costs. Majority of pregnancy suspects were helped by their family's members, FCHV, for the treatment.

CHAPTER – THREE

METHODS AND PROCEDURES OF THE STUDY

This study follows descriptive research design which attempts to study the topic Research Design sources of Data, sampling procedure, technique of Data collection and data processing Analysis and Interpretation

3.1 Research - Design

The research has been designed to carry out on the basis of descriptive types of research Method to identify the situation of tuberculosis in Nepal with reference to female regarding the design making of the community, for treatment socio economical culture factors and ham full practices of the community education status of the parents, access to health facilities health service providers towards the pregnancy patient.

3.2 Sources of Data

3.2.1 Primary Data

Primary data was collected by taking interview with 30 female pregnancy cases. Who were the primary respondent of the study. Apart from this the primary data was connected by conducting Female pregnant cases of the community members.

3.2.2 Secondary Data

Secondary data was collected from various publication of the annual report of Health, community Health survey.

3.3 Population of the study

This study was conducted on all female pregnant of Laukahi VDC

I . Laukahi VDC Ward no – 4, 5, 6, 7 & 8

Ward No.	Population	Sample
4	247	6
5	215	5
6	307	10
7	237	5
8	257	4
Totals	1,263	30

3.4 Sample size and sampling procedure

These are (4) outreach equine under laukahi health post centre. These all centres have been prodding service to the female pregnancy cases and under one year below children for immunization programme. All the female pregnancy patients were taken as respondents by applying simple random sampling method. In Total 30 respondents were interviewed to collect the information.

3.5 Data Collection Tools and Technique

The following tools and techniques were used to collect the data from the field

Observation: - The researcher is observe the read setting of health services delivery system and patent response in their family and society as well as in health institutions

Interview: - The researcher is in provided and societies in the research area only pregnant women are being applied to collect the information.

Questionnaire: - Questionnaire method should be applied to collect the in formation

3.6 Validation of the Tools

Tools which will be prepared for the research propose will much important than other aspect so it should make valid. Necessary revisions will develop and modify as per feedback. Thus, the tool has been finalized as per feedback from the pretest as well as supervisor. A trail test has been done on 10 women pregnancy having same characteristics of West-Kushaha VDC ward no 5,6,7,8.

Firstly the researcher collected necessary request letter from department of health education, Janta Multiple Campus, Itahari. The letter was made easy to deal with Laukahi VDC office. The researcher contacted to ward security to take interview from selected laukahi VDC. The respondents were fascinated by researcher.

3.7 Analysis and Interpretation Procedure

After preparing the research tools, the researcher will visit the targeted location by authorized letter provided by the Department of the HE, after getting permission, the researcher visited door to door to the targeted location to fill the questionnaire schedule for the data analyzing purpose the researcher visited place of secondary sources of data and brought the reliable for research.

CHAPTER – FOUR

ANALYSIS AND INTERPRETATION OF RESULTS

The study area of this research was Sunsari district which is situated in the Eastern Development Region (EDR) of Nepal. Sunsari is a district on the southern Terai of Eastern Nepal.

Sunsari district, a part of koshi zone is one of the seventy five districts of Nepal, a landlocked country of south Asia. It is surrounded by Jhapa in eastern side, Dhankutta, Panchthar and Illam in northern side, Saptari in western side and India southern side. The district, with inaruwa as its district headquarter covers an area of 1257 km² and has population of 2011 is 7,63,487. (<http://www.un.org.np>). Laukahi which is near the India and western side Koshi Barrage which is very famous place and distributed.

General Description Study Group

The data of this study was collected from the pregnancy patients who attended in the health clinic for their health seeking and treatment. The sample population of this study was taken from the female pregnancy cases of Laukahi VDC. Laukahi village is a dense populated place which contains 5780 populations. Male is 3028 and Female is 2752 population of Laukahi VDC. Out of them the male covers 52% whereas female covers 48% of the total population. This chapter deals with the statistical analysis and interpretation of the socio-economic /cultural status of pregnancy patients, their knowledge, attitude and practices against the diseases pregnancy. The finding of the study has been interpreted in this chapter.

4. Socio-economic and Cultural Status of Women Pregnancy Cases

4.1 Education Status

Table 1: Education Status of Women Pregnancy Patients

S.N.	Description	Number of cases	Percentage
1.	Illiterate	10	33.33%
2.	Literate	17	56.66%
3.	S.L.C	3	10%
4.	Above S.L.C	0	0
5.	Total	30	100%

Education makes the different in the ways of thinking of the person. It also makes the difference in doing things in better way. It empowers the persons to be healthy and to exercise a health life. The education plays an important role on awareness against the disease to prevent them in time. Among all the respondents 33% illiterate pregnancy cases, were literate 57% and SLC passed 10%. The table shows that still there are some group of people who are behind the light of education and need specialization to make them literate to think about their health themselves.

1.4 Economic Status

Table 2: Weak and Strong of the Women Pregnancy Case

S.N	Description	No. of cases	percentage
1.	Weak	20	67%
2.	Strong	10	33%
3.	Total	30	100%

Table No. 2 shows that most of the pregnancy female patients were weak which is 67% that the poor economical activities in income generation purpose.

1.5 Labour Pain

Table 3: Women Pregnancy Labour Pain Shows the Colour

S.N	Description	No. of Colours	Percentage
1.	Yellow	7	23%
2.	Orange	10	33%
3.	Red	10	33%
4.	Black	3	11%
5.	Total	30	100%

Table No. 3 shows that women pregnancy labour pain has different colour but in the Laukahi VDC women pregnancy similarly colour of yellow is 23%, orange is 33%, Red is 33% and Black is 11%.

1.6 Condition of Pregnancy Check

Table 4: Duration of Pregnancy Check of Laukahi VDC

S.N	Description	No. of cases	Percentage
1.	One time	2	7%
2.	Two times	0	0%
3.	Three times	3	10%
4.	Four times	25	83%
5.	Total	30	100%

Table 4 shows that the pregnancy has good knowledge about the pregnancy check one time is 2%, two times is 0%, Three times is 10% and four times is 83%. It means the pregnant women of Laukahi VDC have good knowledge to care the pregnancy.

1.6.1 Ethnicity

Table 5: Ethnicity

S.N	Description	No. of cases	Percentage
1.	Marik	2	7%
2.	Mushar	6	20%
3.	Bengali	22	73%
4.	Total	30	100%

Caste is described by the oxford English Dictionary as Both, “Each of the hereditary classes of Hindu society distinguished by relative degrees of ritual purity of pollution and of social status and any exclusive social class “caste is a social Phenomenon which is determined by his/her birth and heritage. It determines the social status dynamics and role of an individual. The table below described the caste status of Pregnancy cases who attended the health institution for their treatment as shown in the above table majority of pregnant cases 7% were from Marik, groups of people. The second most majority of pregnancy cases 20% from the Mushar and third most majority group of cases 73% were from Bengali community.

1.6.2 Age Distribution of female Pregnancy Cases

Table 6: Age Distribution of Women Pregnancy Cases

S.N	Age grouping	No. of cases	percentage
1.	18 years	5	17%
2.	20 Years	5	17%
3.	22 years	7	23%
4.	24	13	43%
5.	Total	30	100%

Age factor is one of the vital determinants of the human being. Different group age has different significance in the life of the people. The economic status of the people depends upon the economically active age groups of the people. Similarly age factor is important for the determination of a social roles responsibilities and status which helps to recognize their Socio-economical and cultural status in the societies. The above table shows that the 18 (eighteen years pregnant case is found 17%, 20 years 17%, 22 years is 23% and 24 Twenty four years pregnant women were found 43% it means according to effects of education the pregnant women is averagely write age of pregnant.

1.7 Knowledge, Attitude and Practice of Women Pregnant Cases

1.7.1 Knowledge on Pregnancy

Table 7: Knowledge on Causes of Pregnancy Period

S.N	Description	No. of pregnancy cases	Percentage
1.	Green vegetables yellow fruits	2	6.66%
2.	Food materials Milk ghee card	2	6.66%
3.	Fish, meat, grains with iodine salt	2	6.66%
4.	All of the above	24	80%
5.	Total	30	100%

Among all respondents majority 6.66% of the female pregnancy cases replied the causes to pregnancy is due to germ vegetables yellow fruits but there are 6.66% of respondents who do not know the actual causes of pregnancy disease. However, 6.66% of respondents replied that the causes of pregnancy 80% respondents have replied the necessary food for the pregnancy.

1.7.2 Practice to Seek the Treatment of Care of Pregnancy Period

Table 8: Practices of Pregnancy Cases

S.N	Description	No. of pregnancy cases	percentage
1.	Local healers	4	13.33%
2.	Health institutions	20	66.66%
3.	Private doctors	4	13.33%
4.	Others	2	6.66%
5.	Total	30	100%

After getting the suspected sign & symptoms of pregnancy majorities of the cases seek the treatment and care among the total respondents 66.66% of the pregnancy cases the treatment at

the health institutions where the pregnancy and treatment service is available at free of cost. This is one of the positive sign of awareness or the pregnancy control and prevention. However 13.33% respondents seek the treatment from the Local healers and Private Doctors 13.33% and other respondents seek the pregnancy from the private doctors in beginning, 6.66% people cared by other.

1.7.3 Behavior of Family

The role of family is always crucial and important for the treatment and care of the pregnancy patient. Family as a universal social institution plays an important role for the development of the human society and its existence.

Table 9: Behavior of Family

S.N.	Description	No. of pregnancy cases	Percentage
1	FCHV decided for treatment	15	50%
2	Neighbour helped to decide for treatment	4	13.33%
3	Family members decided to treatment	8	26.66%
4	Society helped to decide for treatment	3	10%
5	Total	30	100%

Above table shows that more than more respondents have replied FCHV decided for treatment or 50% respondents have replied for treatment, during pregnancy by FCHV, 13.33% Neighbouring, 26.66% Family members and 10% society helped to decide for treatment. Among the result more pregnancy is helped by FCHV and low pregnancy is helped by society members.

1.7.4 Knowledge, Attitude and Practice of T.T. Immunization During Pregnancy Period

Table 10: Knowledge of T.T. During Pregnancy Period

S.N.	Description	No. of T.T take in pregnancy period	percentage
1	One time during pregnancy period	5	16.64%
2	Two time during pregnancy period	11	36.66%
3	Three time during pregnancy period	8	26.66%
4	Four time during pregnancy period	6	20%
5	Total	30	100%

Among all respondents Majority 16.66% of the female pregnancy cases replied the T.T take in during pregnancy period, 36.66% respondents have replied the T.T. take during pregnancy, 20% Four times. According to data shows that more respondents said those two times, less respondents said that one time.

1.7.5 Knowledge of Danger Sign Symptoms of Pregnancy Period.

Table 11: Danger sign Symptom of Pregnancy Period.

S.N.	Description	No. of pregnancy cases	percentages
1	Severe headache	2	6.66%
2	Severe bleeding	2	6.66%
3	Lower abdominal pain	6	20%
4	All of the above	20	66.66%
5	Total	30	100%

Above table shows that among respondents have replied 66.66% all of the above, 20% lower abdominal pain, 6.66% replied severe headache & severe bleeding, in this way more pregnancy of women has good knowledge of danger sign symptoms of pregnancy periods.

1.7.6 Knowledge, attitude and practice of Health workers

Table 12: Health worker's suggestion for pregnancy women

S.N.	Description	No. of pregnancy women	percentage
1	To take iron and Balance diet		
2	To take food materials daily		
3	To safe sexual Contact during P. P		
4	Don't carry heavy thing in P.P		
5	All of the above	Total	100%

Above table shows that Health worker has good knowledge of pregnancy cases. They have replied 100% of correct suggestion for pregnancy period women.

CHAPTER- FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMANDATION

5.1 Summary

This study was based on the field survey in which the primary data were collected from the female pregnancy cases and institutions of Laukahi VDC of Sunsari district. The main objective of this study was to find out the level of women pregnancy participation in treatment of pregnancy. The study was carried out during the period of three months by applying purposive sampling method research design. The study was descriptive and analytical which was based on the findings on survey. Both quantitative and qualitative information were collected through observation, structured questionnaire, and structured and semi-structured interview with the target people. Sample of 30 women pregnancy cases were taken for the purpose of the study. The findings of all the data were presented descriptively and analytically.

The importance of a female on current policies regarding disease prevention and treatment is slowly being recognized .What has been introduced and presented in this chapter is the growing evidence of the strong influence gender on the possibilities of getting a successful diagnosis, treatment and cure of pregnancy.

Given the relatively of the female on current policy regarding diseases prevention and treatment is slowly being recognized. What has been introduced and presented in this chapter is growing evidence of the strong influence of gender on the possibilities of getting a successful diagnosis, treatment and cure of pregnancy. So far this aspect has not been fully acknowledged within programmes, targeting fight against pregnancy. Given the available information, policy and programmers need to identify gender sensitive recommendation to improve the women pregnancy policy and programme.

Given the relatively recent progress within the research area there is great need of future research activities. Population based epidemiological studies are needed to find the “True” prevalence and incidence of women pregnancy and clinical progression and treatment characteristics of women pregnancy among girls and women. Further, a limited scientific knowledge exists on the influence of the sex on the immunology genetic aspects of women pregnancy. This is area that may be of importance for future development of more or effective diagnostic methods of pregnancy. The qualitative studies here presented have been carried out at Laukahi VDC of sunsari district. Through this study there is an extent contribution to the

existing knowledge in the social beliefs and consequences of pregnancy in this area. Similar studies need to be conducted in different cultural setting in order to contextualise effectively national and global pregnancy programme recommendations.

5.2 Findings

This study is related to the prevalence of pregnancy of women in Laukahi VDC. After data collection tabulated and analyzing the data following findings are observed:-

- 5.2.1 Among the respondents 2.74% of women pregnancy cases were found and 97.26% other were found.
- 5.2.2 Among all the respondents 56.66% of female pregnancy cases were literate and 10% were SLC passed though 33.33% of female pregnancy cases were illiterate.
- 5.2.3 Being dependent on husbands and in-laws, women feared refusal by husbands, other family members and society. By contrast, economic burden was the main concern of men throughout the health care-seeking process and treatment period.
- 5.2.4 The field survey of this study showed that there are only 7% of the respondents had enough income by their own to maintain the food for more than six month in a year. Apart from that they had to manage their hand to mouth problem by doing daily ways labour work around.
- 5.2.5 Majority of pregnancy cases 73% were from Janjati groups of people. The second most majority of pregnancy cases 20% were from the Dalit and third most major group of cases 7% were from other castes like Marik.
- 5.2.6 The majority of pregnancy cases were treated under the age group of 18 – 24.
- 5.2.7 Weak and strong of the economic status of the women pregnancy cases were found 66.66 % weak and 33.33% strong.
- 5.2.8 The majority of pregnancy cases were shown the color of labour pain found 23.33% yellow, similarly 33.33% orange, 33.33% red, and 10% black.
- 5.2.9 The pregnancy had a good knowledge about the duration of the pregnancy check, 6.66% one time, 0% two times, 10% three times, 83.33%, four times were found.
- 5.2.10 The ethnicity of the people was found 6.66% Marik, 20% Mushar and 73.33% Bengali.
- 5.2.11 Age distribution of women pregnancy cases were found 16.66% 18 years, 16.33% 20 years, 23.33% 22 years, 43.33% 24 years.

- 5.2.12 The knowledge of pregnancy cases were found 6.66% green vegetable, 6.66% food materials, 6.66% fish meat grain with iodine salt and 80% all of the above.
- 5.2.13 Practice to seek the treatment care of pregnancy cases were found 13.33%, Local Healers, 66.66% Health institution, 13.33% private doctors and 6.66% others.
- 5.2.14 50% FCHV decided for treatment, 13.33% Neighbour helped to decide for treatment, 26.66% family members and 10% society members to decide for treatment.
- 5.2.15 16.66 % one time during pregnancy, 36.66% two times, 26.66% three times take during pregnancy.
- 5.2.16 6.66% severe headache and severe bleeding , 20% lower abdominal pain and 66.66% all above the respondents have replied.
- 5.2.17 0% health worker suggested to take iron and balance diet, food materials, to safe sexual contact, don't carry heavy thing in pregnancy period 100% all of the above health workers have replied

5.3 Conclusion

The importance of a gender perspective on current policies regarding disease prevention and treatment is slowly being recognized. What has been introduced and presented in this study is the growing evidence of the strong influence of gender on the possibilities of getting a successful diagnosis, treatment and cure of pregnancy. So far this aspect has not been fully acknowledge by the concerned authorities within programmes targeting fight against pregnancy. As there is an equal risk of the pregnancy infection to male and female, policy and programme managers need to identify gender sensitive recommendations to improve the current pregnancy control policies and programme.

Women pregnancy of Bengali community was the lack of health education, lack of knowledge and due to the economic status and irregular physical exercise with lack of balance diet the pregnancy were affected. Janjati pregnancy patients were more found and Dalit were found less than Janjati.

Due to the above causes women pregnancy of this community didn't find healthy child, stubborn babies were found in this community, handicap children found, ectopic pregnancy were found many kind of disease as like eclampsia, hyper tension, Anasarka.

Duration of pregnancy check of Bengali community had more than more good knowledge about the check of pregnancy. Sociological studies are necessary to generalize the social

perspective on pregnancy women because the findings of this study presented that there is low participation of female on awareness programme.

5.4 Recommendation

This study had dig out some of the facts and figures of women pregnancy. Which affect the human society for pregnancy care? There is a variation in health seeking behavior of the women pregnancy cases and health care provider's response which resulted in barriers in accessing the health care. This is why there problems is focused not only by gender but also by age social class in order to better understand the groups that face the most barriers for health seeking. The pregnancy women have been hindered as a result of these human errors. Therefore, based on the findings of the study experiences gained during the study, the following recommendations have been made for the betterment and accessing women pregnancy cases for health care service. In order to make the pregnancy cares service equitable for female there is need of equal responsibilities and more efforts from all the sectors such as government health system, civil societies, families and all other individuals. These recommendations help the people of different level who are interested and involved in the field of pregnancy control such as family members, community / societies, health care providers, government policy makers and other stakeholders.

5.4.1 For Family Members

Pregnancy is a curable condition but due to fear of social isolation there is strong feeling of denial of disease in women, resulting in a variety of receiving and delay. Therefore following recommendations have been make in order to eliminate the stigma and misperception regarding pregnancy.

5.4.1.1 All members of the family have equal roles and responsibilities to care the pregnancy.

5.4.1.2 The family will help the victims of pregnancy for diagnosis, care and treatment.

5.4.1.3 The family members will support and take care of the patients physically and psychologically which helps the patients heal the disease.

5.4.1.4 All the members of the family will take a lead to investigate and involved in the pregnancy awareness campaign in order to reduce the stigma.

5.4.2 For Community / Society

Women often have a lower social position poorer access to economic resources, education and information than men. These gender differences influence both health risks among women and care-seeking behavior.

The husband is seen as the head of the family. Although economic resources are available the house hold important expenditures are often dictated by male heads household. Therefore, following recommendations have been done for the community / society in order to eliminate pregnancy from the societies.

5.4.2.1 Increase the access resources and property to women should be done so that women can be self reliance.

5.4.2.2 The women would be empowered to make their own decision for their health seeking which is reduced the unnecessary delay for pregnancy care and treatment.

5.4.2.3 The community / society should advocate on the pregnancy awareness to establish the pregnancy free society.

5.4.2.4 The communities people are help the pregnancy suspects to investigate the disease and treat it.

5.4.2.5 Every members of the society should be mobilized through the different campaign against the pregnancy.

5.4.2.6 Every members of the society should be mobilized through the different campaigns against the pregnancy.

5.4.3 For Health Care providers

The following recommendations have been done for the health care providers.

5.4.3.1 Health care providers are the primary people who have knowledge of pregnancy; hence, they will create awareness against pregnancy to educate the patients, people and societies.

5.4.3.2 The health care providers will treat the women pregnancy cases equally without any discrimination on the basis of gender and race.

5.4.3.3 The health care providers will reduce the unnecessary delay for diagnosis of pregnancy suspects to make the service faithful and efficient.

5.4.3.4 The health care providers will develop special access to the women pregnancy suspects as they are oppressed in the family and societies.

5.4.4 For the Government

The finding of the research felt that there should be special attention to be taken for the women for equitable participation in pregnancy control programme. Therefore, following recommendation have been made for the government to create an environment for equitable access and participation of women in pregnancy control.

5.4.4.1 Government will make a commitment and formulate a policy / strategy for especial attention of women in pregnancy control.

5.4.4.2 The outlets of the pregnancy care would be expanded so that proper economic and geographic to hospital and pregnancy care services for women would be closure to their homes.

5.4.4.3 Capacity building of the pregnancy victims would be done through the vocational and educational activities so that the people could fight against pregnancy and poverty simultaneously.

5.4.4.4 The policy for the prohibition of the malpractice against pregnancy care should be prepared and bill should be passed.

5.4.4.5 The research works in the sector of female tuberculosis is be promoted and conducted.

5.3.5 For Other Stakeholders

Prenatal care is the shared responsibilities of the all sectors including NGOs, INGOs and civil societies. Therefore, following recommendation have been made for the other stakeholders.

5.3.5 Pregnancy awareness is be created by the other entire stakeholder in the societies.

5.3.6 They are advocate in the fur of the women to make them access in the resource and empower for the decision making for their health seeking.

5.3.7 They are conducting the research on discrimination of the basis of gender and caste.

5.3.8 They is pressurize the government for the adopting the especial policy of women in the pregnancy control.

5.3.9 They will coordinate between community and health care providers to promote the pregnancy care for women.

APPENDIX 1

TRIVUWAN UNIVERSITY

FACULTY OF HEALTH AND PHYSICAL EDUCATION

JANTA MULTIPLE CAMPUS

Questioner used on the study of 'PRENATAL CARE' of Laukahi VDC in Sunsari district

Questionnaire for interview

Questionnaire for interview with pregnancy patients about knowledge attitude and practices (KAP)

Name:-

Ag:-

Sex: Male..... Female.....

Address:-

Occupation:-

Marital Status: Married.... Unmarried.....

Education Level: Illiterate... Literate.... SLC....

Intermediate..... Bachelor..... Above Bachelor....

Economic Status Annual income (approx) NRs.....Land.... Other income....

Questions:

1. What is the colour of pregnancy care?
a) Red b) Yellow c) Blue d) Green
2. What is the colour of labor pain?
a) Yellow b) Orange c) Red d) Black
3. How many times to check the pregnancy woman?
a) 1 b) 2 c) 3 d) 4
4. How many times take T.T in pregnancy period?
a) 1 b) 2 c) 3 d) 4
5. When did you take TT in pregnancy period?
a) After complete 3 month b) 2 month
c) 4 month d) Non of the above
6. Why T.T immunization necessary in pregnancy period?
a) To prevent 6 killer disease b) Tetanus toxic

- c) T.B. d) Meningitis
7. Which types of food necessary for pregnancy period?
- a) Green vegetables and yellow fruits b) Milk
- c) Ghee d) Butter
8. What are the major sign symptoms of pregnancy period?
- a) Morning sickness b) nausea and vomiting
- c) anorexia d) all of the above
9. What are the danger sign symptoms of pregnancy period?
- a) Severe headache b) Severe bleeding
- c) lower abdominal pain d) all of the above

Questionnaire for socio economic status and cultural status societies of pregnancy patients.

10. Do you know about pregnancy period?
- a) yes b)No
11. Do you know about EDD?
- a) yes b)No
- if yes what are they;
- a) Expected Date of delivery b) Expire date of delivery
- c) End date of delivery d) Easy date of delivery.
12. How do you know? I am pregnant?
- a) Stop bleeding b) husband is living together
- c) Next month bleeding is not occupied
13. Who helps in pregnancy period?
- a) Husband b) Mother in-law
- c) Female couples d)All above
14. What do you mean by Eclampsia?
- a) BP High (Hyper tension) b) edema
- c) Sugar in urea d) All above the
15. Who advice to check the pregnancy?
- a) Female (FCHV) b) Neighbor
- c) husband d) Radio e) All of the above
16. How old are you when you get first pregnant / Years_____
17. Who attended the delivery?
- a) Nobody b) Family members

- | | |
|---|----------------------|
| c) Relatives | d) Health works |
| 18. You know about abortion? | |
| a) Yes | b) No |
| 19. Have you done abortion? | |
| a) Yes | b) No |
| 20. How does abortion done? | |
| a) After medical advice | b) For birth spacing |
| 21. Who helped you to seek the treatment? | |
| a) Self | b) Family members |
| c) Neighbors | d) society members |

Questionnaire for health workers

Name:-

Post Address of health institution:-

Questions:-

1. Did you get the training for pregnancy?
a) Yes b) No:- if yes what are they:-
2. Government office ii) Nongovernmental office
3. Do you absence the pregnancy care daily?
a) Yes b ii) No if no/yes
4. When did you absence the pregnancy patient?
5. In pregnancy period which types of suggestion provided her?
a) To take iron and Balance diet.
b) To take food materials daily.
c) To safe sexual contact .
d) Don't carry heavy things in P.G.D
e) All of the above /

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