CHAPTER-I

INTRODUCTION

1.1. Background of Study

Health is subject of human right. Every work is not success without health. This related to safe mother practice of Mushar women. Reproductive health is a state of complete physically mentally and socially wellbeing and not merely the absence of disease or infirmity in all related to reproductive system (WHO 1998). Human health day to day decreasing female family planning, STI, HIV/AIDS and reproduction and reproductive problem of women. Safe motherhood program was adopted globally as a strategy to reduce maternal mortality and morbidity in 1987 in Nairobi international conference on population and development (ICPD) program of action on this strategy with recommendation global the health of mother head to the new born baby safe everyone should be careful in every aspect of prevent mother's in complication. Therefore safe motherhood was a part of reproductive health Government of Nepal developed a national safe motherhood plan of action (SMPA) for period 1994-1997 ten districts were selected first phase then now a days overall district lunched safe motherhood program. Globally awareness of the issue of maternal mortality began in 1987 at the safe motherhood conference in Nairobi, which drew the education of the world and developed countries in particularly to this issue and time commitment to strive for reducing the mortality and morbidity related to pregnancy labor and postnatal period. This commitment was reinforced in the ICPD conference health in Cairo in 1994 were in addition to the reduced maternal mortality and recognized as one of the key turn the century, Safe motherhood was recognized as of the key components of reproductive health (FHD 2002)

Who suggested that in countries the maternal mortality is very high the goal should be least 40% all birth assisted by SBA 40% (2008) and 60% (2015) national policy and strategies then 90% women institutional delivery sustainable development goal (SDG 2030). Recommendation the realistic and achievable national currently data institutional delivery 55.2% (2014), MMR 190/100000 live birth and (SDG 2030) goal 70/100000 live birth baby and postnatal check up 57.9% (2014) and 9% (SDG 2030) (NDHS 2016).

It is essential that about 3000 women continue die annually as a complication of pregnancy and child birth about 99% of those death are developing countries in sub-Saharan Africa on average , about one women dies for every 100 live birth compared

with 1 out of 5000 live birth in the developed countries. The magnitude generally higher birth rates in developing countries and Nepal was 281/100000 live birth 33 person/1000 live birth under 28 days and 54 person/1000 live birth baby mortality (2011 MNH update Prashuti Nirdesika).

Nepal is developing country, where maternal mortality proportion is comparatively high (19 per 100000 live birth) like other developing countries on Nepal around 58% of total deliveries take place at home. Early marriage is also found common in Nepal. As many as 24% of adolescent girls in the rural areas have given birth to at least one child 59.5% of women receive antenatal checkup and 55.2% of institutional deliveries, a large numbers of women in remote area are not contact with health workers during pregnancy (MOHP 2014).

The government of Nepal provided free maternal health precious and transportation, site 4 visit incentive it has agreed to achieve goal and reduced maternal mortality due to complication. Mother and new born baby provide (NYANO JHOLA) for mother and new born baby clothed. According to Nepal has 26,494,504 population annual rate of 1.35% increased then 2.6 % ter, 190/100000 live birth MMR 55.2% deliver by SBA Institutional commonest maternal death by Eclampsia and hemorrhage (2014 MOHP).

Nepal is a developing country. There are people with lowest financial states, There are all most people are lowest cost e.g. Mushar , Mallik, BK, Pariyar, Sarki, , They are could not education by safe motherhood . They think women have child bearing god gifted bay the nature. It is biological process which depends on women physical sate every one complication gone to different obstructed complication. They are not antenatal checkup often that directly affect maternal mortality and national mortality increased. Therefore reproductive health case and respect should be given to the women everyone in the family and society 2016.

1.2. Statement of the Problem

Maternal mortality is a globally problem in the present context. It is also an increase health problem too. Poverty lack of knowledge, lack of education, poor health practices and early marriage, lack of proper health services and facilities are root causes of mortality and morbidity every minute of every day women die due to the complication and during child birth.

A large number of women are dying health facilities (41%) late transportation on the way (14%) and death on home (40%) (NDHS 2009) particularly leave of lack of antenatal visit. It is necessary to investigate the family support in safe motherhood practices because family time they live together. In Nepali women is context are dying every day 6 person women dying or every year 2000 women dying during pregnancy to puerperal period (Health Indicator 2014).

Now a day Nepali policies and strategies are safe motherhood free services and 24 hours services only birthing center. Service period quality health worker (SBA) There is on coverage of postnatal care, Antenatal and Intranatal health care. Most of the baby their home. They go to health facilities during complication like Retain placenta, obstruction of baby and PPH.

Mushar community are not adequate education about safe motherhood education, they are practices of early marriage, early pregnancy and many child bearing and few birth spacing. Mushar because of religion, conservative, tradition and of people are not interested to utilize the health services and facilities.

Triyuga Municipality, Deuri till now will be study about safe motherhood practices and Antenatal checkup, Internatal and postnatal practices so that research want to be find out that their practices. So the research investigates such specific issue in this background the problem in state as "Safe motherhood practices in Mushar community" Triyuga Municipality Deuri Udayapur District.

Mushar is lower cast in Nepal. They are deprived from money government facilities. In Mushar community, they are not seemed to consume additional food during pregnancy. They write their cast 'Sada, Mallick & Rishidden, but community knows them as Mushar. They are suffered from illiteracy they leads to early marriage, low birth and specing and poor immunization and are lack knowledge about copied by poor immunization suffering from different communicable disease. According to Health Post of Deuri, most of the musar woman di no take proper Iron, folic acid, Calcium and vaccine during pregnancy. Must if the mushar woman and children seen unhealthy and maturing by sick. Thus I hve selected of problem related to safe motherhood to explore live their life by fishing being agriculture labor. Majority of Mushar people do not occupy form till now problem like poverty and illiteracy affecting the community. Mushar are not conscious for their health, Women don't utilize ANe, INe and PNc health care which they can get from local development agency like VDC of Municipality.

1.3. Objectives of the Study

The general objectives if this study is to understand the practices of safe motherhood in Mushar community of Triyuga Municipality Deuri in Udayapur Distrcit . Specific objectives of the study will be mentioned below.

1.3.1. To find out the practice of delivery.

1.3.2. To identify the existing problem of delivery.

1.3.3. To find out the behavior in ANC checkup, intuitional delivery and postnatal period.

1.4. Significance of the Study

(i) The result of this study will be helpful to examination safe motherhood practices of the study area.

(ii) It can help about safe motherhood programs for policy maker of government agencies.

(iii) The study can be useful as a guideline who is interested in further study on safe motherhood practices.

(iv)The result of study will be helpful community and Municipality authorities for improving safe motherhood practices in their community and Municipality.

(v) The study can be valuable and empirical assess for the readers, planners, development workers expert and researchers.

1.5 Delimitation of the Study

(i) The study will limited in Musher community of Tripura Municipality Deuri, Udayapur.

(ii) It will only in child bearing Musher women of community.

(iii) It will selected 386 women reproductive age and 176 women are during pregnancy and under one year baby's mother.

(iv) Mainly the process of data collection will interview and observation.

(v) Village profile report and information from health post will also include.

(vi) This research design is mainly based on observation, direct interview and information under the supervision of stakeholder (CM, health post school FCHV etc.)

(vii) This study will base on Mushar cluster by applying simple random sampling method.

1.6. Operational Definition of the Key Terms

ANC (Antenatal care)	**:**	Antenatal care is a safe of during pregnancy.
INC (Intranatal)	**:**	Intranatal care is a care during child bearing.
PNE (Postnatal care)	**:**	Postnatal care is a care often birth to during 42 days.
Anemia	**:**	Condition whole blood is to less become of reduced Red blood cell or hemoglobin.
Mortality	**:**	number of death.
Morbidity	**:**	Number of sickness.
FCHV	**:**	Female community health volunteers are the mother's on each word who give service voluntary to other family member's on health services.
CM	**:**	Community mobilize:-Who provide services total community people.
Maternal Mortality	**:**	Who death of women while pregnancy or within 42 days of termination of pregnancy.
Pregnancy	**:**	The condition of having a developing embryo or fetus un the baby. After union of an ovum and spermatozoa in women duration of pregnancy is about 280 days.
Safe Delivery	**:**	A safe delivery is one where the birth conducted the mothers during delivery or complication prevents mothers or neonate.
Reproductive Health	**:**	Reproductive organs totally physically and mentally and socially well being.
Family Planning	**:**	The conscious efforts of people to regulate the number and timing of their children's birth.
Iron/folic /classicism	**:**	Supplementary nutrient for pregnancy period after conceive fetus to postnatal period provide health facilities supplementary nutrition tablet.

CHAPTER-II
REVIEW OF THE RELATED LITERATURE

Review of literature means reviewing of research studies another relevant propositions in the related area of the study so that past studies, there conclusion and deficiencies may be known and research can be conducted.

It helps the research to familiarize with the methodologies that was used by other researcher to find out answer to research questions.

2.1 Theoretical Literature

This part of study is concern with review of some prevalent studies regarding safe motherhood practices.

Previous done reports are only place of contribute, some of the fault and opinion and reports directly or indirectly related to study are reviewed in this study among the health research that reveal literature on indigenous health practice of particular ethic group is rare in Nepal. However some associate studies are mentioned as flows.

A human lives on the earth or relates to women from birth to death. Women arean important person for her children and family. Her nutrition give her fetus to child birth. Mother physically, socially, psychologically and emotionally aspect affects the health of children and every members of family. Therefore is it important to solve the life of women to improve the health if millions of people.

According to the population census of 2068 BS. 9.21% of Dalit people are living in Nepal. Theoretical concept of division of cast has played negative role for the upliftmen of Dalit people in the Nepal in the context of Nepal. Although constitution of 2072 BS has secured the Dalit rights in fundamental right but in practices it is not effective. More than Musher girls are Poor economic condition, lack of education, impact of society toward Musher society and lack of health knowledge are the major problems for the Musher people of Nepal.

The 2011 Nepal demographic health Surrey prevalent That 40% women still give home and 60% birth are Attended by skill birth Attendance. This is a result of range of socio-economic and cultural barriers to service use. As are suit of the High proportion of home delivery. Maternal mortality place of in health. Facility 41%. Death at home 40% death on way 14% and other pharmacy home 5%(2009 NDHS) cause by 3 delay. More than 70% maternal death take place due to eclampsia 21% postpartum hemorrhage ante partum hemorrhage 5% obstructed

labor 6%, infection 5% and unsafe abortion 7% (WHO 2009) in Nepal maternal mortality rate was estimated 190 per 100000 live birth is (2014) since than safe motherhood has been millennium development goal was 134/per 100000 live birth reduce maternal mortality rate it is mainly achieve MDG than WHO will planned 10 2030 SDG goal reduce MMR and 90% women assisted delivery by SBA health facilities.

A women's' nutritional status has important implication for her health as well as for the health of her children nutrition deficiency disease most common problem of Nepal during pregnancy it is anemia. A new must common causes of imbalance nutrition as well as deficiency of vitamin, Iron, Folic acid and calcium among the reproductive age group women in Nepal (Bhandari, 2012)

Safe motherhood program's is making objectives and goal was reduce maternal and neonatal mortality. It has been successful focus on increasing the use of health services for delivery care ANC, family planning and skill birth attendance through a combination of financial, incentive programme and polices such as national polices of SBA. There was emphasis community based services care provided and qualitative service provide. Target free health care services and program me to improve community engagement and empowerment have also been used to reach poor generalized society and excluded and underserved population (MUHP, WHO).

2.2 Empirical Literature

Most of the Mushar people living remote area in health facilities. They have no education access requires health services. In south Asia cast division is major problems. This problem lend to especially in India and Nepal.

One of the most important indicators for maternal health is maternal mortalities. The exact figure for the maternal mortality ratio in Nepal is not clear, although it is generally agreed that it has decreased. However it is very clear that the MMR is still high which means the suffering of maternal death in Nepal were found o be Eclampsia

(21%), hemorrhage 24% ,obstructed labor 6 % puerperal sepsis 5% and abortion complication 7% (FHD / MOHP 2009). Many of these are preventable with appropriate antenatal care, skilled attendance during delivery and well organized referral system to basic and or comprehensive obstetric management.

Karki (2012) studied about "Safe motherhood practical in Dalit community Tiyuga Municipality ". This study was descriptive type of stud on the basis of quantitative

data. This study found that the 20% women service postnatal care within 24% hours of delivery and 45% Antenatal visit and 40% institutional delivery (2009).

A large number of maternal and prenatal death are avoidable. I was found that most death occurs due t poor service provision as well as lack of access to and use of service socio-economic determination such as poverty, social exclusion and new born appropriate care remain unavailable, unsafe, inaccessible or of poor quality services (WHO 2006).

Mahato (2007) carried out "A study about knowledge and utilization of safe motherhood practices in Koiri (Kushwaha) community" It was the case study type of research. This study has based on non-probability sampling as purposive sampling method. This study founded that most of the service providers were FCHC, ANM, AHW, and, MCHW, very low present went hospital for maternal health care. Major occupation related to agriculture had comparative low knowledge about safe motherhood. From the study area found 42.4% women were received antenatal care through different sources including health post and hospital.

Young mothers less than 20 years of age, mothers of first birth, urban women, women in the highest wealth quintal and highly educated mothers are much more likely to have received postnatal care within the first 24 houses than their counterparts. Women livingin Teri Zone. Women living central hilly sub regions are more likely to have received 24 hours following delivery then mothers living.

Nepal's three year entering plan (2010/2011/2012/2013) included promotion of women empowerment gender quality and equity for gender based violence. As of representative in

parliament and despite the gender inequalities present in Nepal, almost all the women's consider themselves to be safe or joined decision-makers in their households. At the same time a key decision-maker in Nepal household is the mother-in law, who way have decision-making power over the women regarding the seeking a antenatal care or in the event of an obstetric emergency.

Maternal and Child Health Indicators

Total fertility rate (Live birth per women 2.29 maternal mortality rate 190/per 10000 live birth, institutional delivery 55.2% ANC first visit 59.5% and PNC check up 57.9% Neonatal mortality rate 23/10000 like birth still birth 18/10000 live birth 43% home delivery and 8.6% caesarean section delivery. (20 NDHS 2005/2016) DPHO Udayapur).

Safe Motherhood Programme - 2015-16

The goal of the national safe motherhood program is too reduce maternal and Neonatal mortality by health facilities related to various morbidities death and disability care by complication of pregnancy and child birth. Global evidence shows that all pregnancy are and complication of pregnancy are at risk and complication during pregnancy, delivery and postnatal period are difficulties to product. Experience also shows that delay in during care and delay in receiving care. To reduce the risk associated with pregnancy and child birth and address these delays, three major strategic have been adopted in Nepal.

1. Promoting birth preparedness and completion readiness including awareness raising and improving the availability of founds Transport and blood supplies.
2. Encourage for institutional delivery.
3. Expansion of 24 hours emergency obstetric service healthy facilities.

Key Indicators

(i) A reduce the MMR 280/100000 live birth to 134/10000 by 2017.

(ii) NHR reduce 33/1000 live birth 15/1000 2017.

(iii) Increase delivery assisted by SBA 60% 2017.

(iv) Delivery taking health facility 40% by 2017.

The above revived literature are focused on maternal and child health care practices never the less some studies hill "Safe motherhood practices in Mushar community" Triyuga Municipality Udayapur district . Therefore this study is conducted to assess the Antenatal. Intranatal and Postnatal care practices among child bearing age and pregnancy women Triyuga Municipality Deuri Udayaur. The researcher believesthat they study will be proved to be significant andvaluable empirical asset on this regard.

2.3 Implication of Literature Review

After studying the literature review overall researcher will be facilitated to complete thesis. Mainly the researcher will be find the following points to complete this research.

(i) It became easier to select topic.

(ii) It help to know about the real status of Mushar women.

(iii) It helps to determine the objectives for research.

(iv) Literature review help to interact with the respondents.

2.4 Conceptual Frame Work

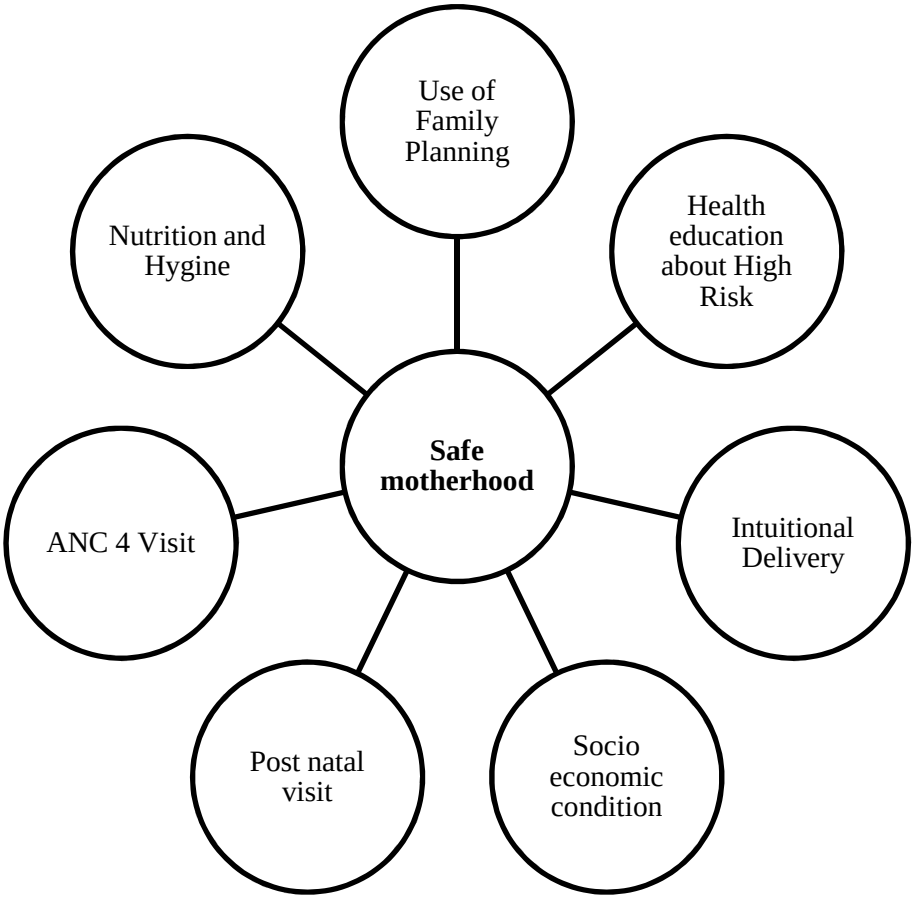
The study has try to measure the concept and Antenatal, Intranatal and Postnatal care with the available scaling method where ever applicable to make the studying more reliable and objective.

Age, education, economic status, occupation number of child bearing was independent variable and postnatal care o women were taken a dependent variable.

The elaborate introduction of the subject matter, Identification of the immobile objectives and the literature review helped to set up of framework of concept for the study purposed study.

After the declaration of federal system many change s have made by government in Nepal for the people, But the Mushar people are still suffering from different problems. Caste system is itself a major problem for Musher people. Socially and economically they have fallen back. Job opportunities no getting by then due to lack of education and skills. This population should be utilized by up lifting their life styles, socio-economical, Technique support be provided then to be aware about their of off springs to go effectively.

Conceptual Framework



Only literate Mushar were found to go for the Antenatal visit during pregnancy but illiterate women didn't concern with the health checkup during pregnancy and delivery period. Mushar women did not care about hygiene and sanitation due to lack of knowledge and lack of economic condition due to lack o. Least found to use family planning device.

Nutritional status was found very poor in them. They do not manage enough additional food supply for the children. Due to the burden of works Mushar women do not get chance of rest, regular health checkup, use of balanced diet etc. Poor hygiene leads Mushar women for lactation for breast feeding. Enough rest Mushar children do not get change to breast feeding due to which their children am physically and mentally poor.

CHAPTER-III
RESEARCH METHODOLOGY

"Methodology is the systemic theoretical analysis of the method applied to the field of study. It comprise the theoretical analysis body of method a principles associated with branched of knowledge. Typically, it emphasis concept research as rapidly theoretic model. Phases and qualitative and quantitative techniques methodology does not set out to produce solutions. It is therefore, not the same as a method. Instead , a methodology offers the theoretical undergoing for understanding which method sot of methods or so called specific case, for example to calculating a specific result."

3.1 Research Design

The was base on descriptive research design in nature.

3.2 Study area

This is located Triyuga Municipality Deuri Udyapur .it is located among in the north Gaighat Bajar and was of west cement factory, east of Triyuga river and south of Chuhade. It is also 6 km far from Udayapur headquarter or Gaighat Bazar.

There was be done safe motherhood practices in Mushar of Triyuga Municipality Deuri Gaighat Udayapur. According to the 2068 Municipality profile the total Mushari tole is populations of Duri was 1320. The research was focused on 176 Mushar women pregnancy to during one year child bearing women Deuri. The population age group was 15-49 years.

3.3 Sampling Technique and Sampling Size

For the study the researcher was selected pregnancy and child bearing women in Mushar community of Deuriof Triyuga Municipality Udayapur. In order to collect necessary data. The researcher will be applied random sampling procedure. The sample size will be 176 child bearing women having at least one child bearing women, pregnancy and postnatal women.

3.4 Data Collection Tools

Different type of questions related to topic was asked to women who have a least on child under age 1 year for this researcher made the relevant interview schedule for the primary data which will be preparation on the basis of nature and objective interview schedule will designed scientifically and systemically which will be used the tool of date collection it was open.

3.5 Data Collection Procedure

Far data collection procedure, the researcher met the responsible pregnancy women of Mushar community of Triyuga Municipality Deuri, Udayapur District. Question was used in Nepali language and Maithili language for the convenience interview. At first the researcher was consulting far Deuri health post. And before starting interview the respondent was informed about the entire selected household will be visited safe door to door in the morning and evening time has given birth at least one child.

3.6 Analysis and Interpretation Data

After collecting the data it will be kept in sequential ascending to the need of study. The collected data for the study was analyzed in line with the objectives of the study data was tabulated and analyzed by using excel and word software. The data was analyzed qualitative for quantitative studies, frequently tables cross tables was used in the study.

CHAPTER-IV
ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with analysis and interpretation of data which was collected from field study. The data was tabulated and kept in sequential order. Collected data were analyzed and interpreted with the help of tables, graphs, figures and chart etc. have been used to make the interpretation more clear and meaningful. The analysis and interpretation is presented under the respondents.

4.1 Demographic Solution of the Respondent

This study is completely on Mushar community ethic group of Triyuga municipality Deuri Udayapur District of Nepal. The demographic of population played a vital role the development of the country as well as in the life status of the people high population growth creates the problems of the poverty, housing, education, health environment and lack of health awareness. This sector of the study presents mortal status, occupation and education and socio economic status.

This status of Antenatal labor and postnatal practice are affected by different factors like educational socio-culture and demographic character is tic traditional practice, religious occupation, poverty, quality of health institute and health science provide etc. Some of the factor effect on the care practice of Mushar mother are described as follows.

Table No. 1
Age Composition Reproductive Group

Age	No of Respondents	Percent
15-19	15	52
20-24	37	21.02
25-29	24	13.63
30-34	32	18.18
35-39	27	15.34
40-44	20	11.36
45-49	21	11.93
Total	**176**	**100**

According to above data of respondents that is 21.02 percent belongs to 18.18 years of age because most of women are marriage in this age and also bearing child and 15.34 percent belonged to 13.63 age most of women reproductive problem in this age.

The data mentioned at 15-49 years age group we found 52? the studying 15 number of respondent if reproduction group. Similarly, studying of among the 37 respondent 20-24 year age group 20.02% found. Similarly studying of 24 respondent between the age of 25-29 years we found that 13.63% age group women hence studying of 27 respondent 35-39 year groups data maintained that 15.34% According to the respondent no. resproductive group between 40-42 age data performed 11.36%. Similarly studying 21 respondent no between 45-49 age group data mentioned 11.93 %.

According to conecequence of data 20-24 year age group women found more reproduce age group women are child bearing. The better age would happened 25-29 year age group child bearing. Similarly data perform that 45 to 49 age group women child bearcat 11-93% found. it is also negative responductive age factors it is lack of knowledge

4.1.1 Education Status of Respondents

Table No. 2

Education Status

Level of education no of person having percent regular Antenatal check-up.

Level of Education	**No. of Respondent having regular Antenatal check-up**	**Percent**
Illiterate	91	43.75
literate	77	51.70
primary	6	3.40
secondary	2	1.13
Total	**176**	**100**

According to table no. 2 has shown that among total respondents 43.75% have illiterate. 51.70% literate, 3.40% have primary level and 1.13% have secondary level education.

The result of performed data literate respondent having regular antenatal check up. Women groups and between literate women groups respondent regular antenatal check up group found regular check up then iterated group.

4.1.2 Occupation Status

Occupation play vital role for human being towards certain direction, without occupation people cannot meet the increasing need and interest of the family. Occupation status plays an important role for promotion and protection of individual as well as communities health status. Must of Nepalese women are dependent on agriculture and bamboo made material business. The occupation of the women is directly related to quality of education and health service as well as traditions and culture of the community.

Table No. 3

Use of Family Planning Method According to Occupation

Occupation	Number of Mother Using Family Planning	Percent
Agriculture	67	36.06
Labor	52	29.54
Business	48	27.27
Service	9	5.11
Total	**176**	**100**

Table no. 3 show that the mother using family planning method 38.06% were involved in agriculture, 29.34% were in labor, 27.27% were involved business and 5.11% were involved services. Mushar community women are 75% understood the about family planning because so much awareness by family planning safe abortion by FCHV and health facilities.

According to data agriculture occupational women group are found more family planning use similarly labour occupational group found second using family planning and less number using family planning occupation group are found service occupational.

Table No. 4

Reproductive Health Problem According to Occupation

Occupation	No of Mother having RH problems	Percent
Agriculture	107	60.79
Labor	52	20.54
business	10	5.68
Service	7	3.97

Table no. 4 presents that among the total mothers having reproductive problems 60.79% were engaged in agriculture 29.54% were engaged in labor, 5.68% involved in business and 3.97% involved services. Most of among problems if reproductive are agriculture and labour occupation Mushar women because they are lack of knowledge about hygiene and physical regular examination most common problems are uterus prolapsed and pelvic inflammatory disease and cervicitis.

According to data most responduction health problem groups are found agriculture occupation group. Similarly second labour groups 3rd business occupation groups and less respinduction health found.

4.1.3 Age at Marriage

Age at marriage can be play vital role for women to health reproductive life must of the Mushar girls are marriage before are of 20 years so that they are above to get first child before reason their reproductive health condition is very poor and it affects whole safe motherhood programmed.

Table No. 5

Age at Marriage

Age	No of Respondent	Percentage
Below 20 years	115	65.34
Above 20 years	61	34.65
Total	**176**	**100**

Table no. 5 indicate the most of Mushar girls are marriage before 20 years age. It is 65.34% percent are under 20 years get marriage then above 20 years 34.65% are get marriage. They are first child bearing most of under 20 year. And they are one women child name 3 to 5 person child. It was traditional and cultural practice of that community.

4.2 Safe Motherhood Practices

4.2.1 Antenatal Care Practices

Antenatal practices are most vital role of prevention of maternal death. It is used to antenatal practices are promote health status mother and fetus. Mushar women are not go to antenatal visit because lack of knowledge about complication during delivery and postnatal period. The practices in Mushar mothers are follows.

Table No. 6

Antenatal Care Practices

Health of education	No of Respondent	Percent
Illiterate	7	38.06
Literate	89	50.56
Primary	15	8.52
Secondary	5	2.84
Total	**176**	**100**

Table no. 6 show that respondent the 50.56 illiterate, literate 38.06% are antenatal check op and 8.52% primary level and 2.84% are secondary level education antenatal checkup. The practices of antenatal in Mushar women are lack of knowledge.

4.2.2 Place of delivery According to Education

Place of delivery safe place play a role at the time of delivery safe delivery and safe motherhood practices are the key factors of improving the reproductive health and of women. It is clean and safe mother and children are prevent the complication. The practices of delivery process in Mushar mother are the follows.

Table No. 7

Place of Delivery According to Education

Health of Education	No of Respondent	Home Delivery	Percent	Hospital Delivery	Percent
Illiterate	77	53	68.33	34	44.15
Literate	91	20	26.97	71	78.02
Primary	6	-	0	6	100
Secondary	2	-	0	2	100
Total	**176**				

Show that no baby have gone to private clinic for child birth because of poor economic condition. Majority of mother had not gone to hospital rather they have birth on their own home. It was caused by family forced illiterate, poor, economic condition and lack of awareness. Most of the Mushar women delivery practices in their own home. Among the total respondent (91) who were literate 78.02% mother had given birth in hospital and 21.97% mother had given in home. Among the total respondent women are illiterate (77) who were illiterate 44.15% mother gone to

hospital for child bearing and 68.83% are child being at home. Among total no. of respondent (8) primary and secondary level education are 100% are delivery at hospital by skill birth attendance. They had knowledge about safe delivery and complication during delivery.

4.2.3 Assistance during Delivery Period

The risk of the child can be directly by assisting delivery with skill birth attendance because the trained person known method of receive busy prevent complication and reduction of infection cutting the umbilical card and cleanly and safely and manage the asphyxia. As the time delivery supporting person play a vital role.

Table No. 8

Assistance during Delivery

Assistance Person	No. of Respondent	Percent
Family member	65	36.93
health worker	10	5.68
SBA	101	57.38
Total	**176**	**100**

Table no, 8 present that 57.38 respondent were helped by skill birth attendance and health worker 5.68% respondent had taken help and 36.93% respondent were helped by family member. Most of common helped by SBA because Deuri community VPC placed in birthing canteen about safe motherhood programmed and after that placed cannot manage complication refer to district hospital because 6 km far the district hospital. The table shows the among mother gone to safe birth according awareness and education.

4.2.4 Complication during Delivery

Place of the delivery and assistance delivery can play manage role for the complication during and after delivery. Deliver complication is very dangerous and this may cause death of mother and child.

Table No. 9

Complication during Delivery According to Place of Delivery

Place of delivery	No of respondent	PPH	%	Retein placenta	%	Eclampsia	%	%
Home delivery	70	10	14.28 %	5	7.14%	2	2.2%	11.4%
Hospital delivery	106	15	14.15 %	5	4.71%	1	0.9%	9.43%
Total	**176**	**25**		**10**		**3**		

Table no 9 indicate that total home delivery 14% post-partum hemorrhage respondent had other complication retain plant 7.17% total respondent (29) during delivery. Who have being eclampsia 2.25% obstructions 11.42% ha hospital delivery total number of respondent (106) and post-part um hemorrhage 14.5 % retain placenta total respondent .

According to data we found total number of respondent 11.4% home delivery belong to 9.43% and most of complication PPH. Obstructed delivery because they are lack of knowledge about ANC visit and balance nutrition supplementary iron.

Table No. 10

Time of Colostrums Feeding

Postnatal Bleeding. The Collected Information is Presented in Table.

Table	No. of Respondent	Percent
Within 1 hours	113	64.20%
After 1 hours	67	38.06%
No. feeding	6	3.40%
Total	**176**	**100**

Table no. 10 show that indicated that total respondent (117) 64.20% within 1 hours colostrum's feeding (67)38.06% after 1 hours and no colostrum's feeding 3.40% (6) mothers among the total respondents who had more colostrum's feeding the fore they are respondents about colostrum.

Above the data breast feeding with 1 hours after baby birth most of women within 1 hours then no feeding 3.40% women. They are not breast feeding and extra milk feeding like, goat and artificial milk feeding.

4.2.5 Practice of postnatal check up

Postnatal period is very critical period of mothers. It is very dangerous and maximum death of mother its period cause by various complication. So that postnatal checkup collected data show the tables.

Table No. 11

Practice of Postnatal Check-Up

Postnatal Check up	Numbers of Respondent	Percent
Yes	147	83.52
No	29	16.47
Total	**176**	**100**

Table no. 11 indicate postnatal more than postnatal mothers postnatal checkup (147) 83.52% and they are not few a person (29) 16.47% go to postnatal checkup. Mushar community near the birthing center and Triyuga Municipality then they are known to about postnatal complication.

Table No. 12

Intake of Iron Tablet during Postnatal Period

Intake of Iron Tablet	No of Respondent	Percent
Yes	153	87
No	23	13
Total	**176**	**100**

Table no 12 indicated that (153) mothers had got iron tables during postnatal period and (23) mothers had got not iron tablet on postpartum period. I was found that the mothers who had delivered on their home had not got Iron tablet. So that it is necessary to emphasize institution delivery and antenatal checkup them all people need to awareness about need of Iron tablets during pregnancy and after delivery postnatal period.

4.2.6 Food Intake on Postpartum Period

The post-partum mother should take moral nutrias food increase adequate mild formation and to imagination balanced diet for mother for doing fairy were. So that milk, soup, meat, fat and green leafy vegetable are necessary for post-partum mothers.

Table No. 13

Type of Food Intake after Delivery

Type of food	No of respondents	Percent
Meat and rice	72	40.90
Ghee and rice	65	36.93
Usual meal	39	22.15
Total	**176**	**100**

Table no 13, Indicated total respondent meat and rice (72%) 40-90% taken aften child birth 22.15% had taken ghee and 22.15% had takenusual meal. According to this data we can was better. At the time that were also asked that for how many months you ha postnatal period notorious food. They were says 50%

According to data of 13 has been shown meat and rice intake food after delivery more women number are shown and usual meal's are intake after delivery number mothers are found number.

Table No. 14

Health Problem in Child

Health problems	No of Respondent	Percent
Pneumonia	78	44.31
Mal Nurtiotion	27	15.34
Diorrhea and fever	35	19.88
Skin disease	36	20.45

Table no 14, show that 44.31 children of total respondents were suffering from pneumonia occasionally 15.34% mothers were suffering from mal nutrition and fever 19.88% mother were suffering from chronic diarrhea. According to this tables 20.45% child are suffering from ski disease cause of pneumonia is lack of knowledge about child care suffering from cold and poor economic condition.

Table No. 15

Total Complication

Place of delivery	No of respondent	PPH		Retein plantic		Eclupbia		Obstracted	
Home delivery	79	10	%	5	%	-	%	-	%
						2	2.85	8	1142
Hospital delivery	106	15	14,5	5	4.71	1	0.94	10	9.43
	176	**25**		**10**		**3**		**18**	

Table no. 15, show that indicate that total home delivery (57) 14% post-partumhemorrhage respondent had other complication Retain placenta 7.14% tota respondent (25) during delivery . Who have deling edaupsic 225% obstruction 11.42% had hospital delivery total number of respondent (106) and post-partum heamrrage 14.5% Retain placent total respondent.

4.1.7 Health Problems during Postnatal Period

Postnatal period is a critical period for mother and child specific care and support is needed to postnatal mother. If there not care postnatal period various complication developed. Its complication is follows:

Table No. 16

Health problems during Postnatal Period

Complication	**No of Respondents**	**Percent**
Postnatal partum heamarrage	65	36.33
Postnatal sepsis	35	19.88
Breast absces and engurged	45	25.56
Lower abdoni and pai	21	11.93
Others	10	5.68
Total	**176**	**100**

Table no 16, show that, presents those 36.93% mothers were suffered from post-partum heamarrage on postnatal period. 19.88% postnatal sepsis, 25.56 breast abscess and engorged an 11.93% lower abdominal pain and 5.68% respondent had suffering from others problem. From tis data we can interpret that were was associated between postnatal care services and distribution of health problems.

4.2.8 Food Avoidance

Avoidance of specific food in Nepalese woman there are many conservative tradition for taking food during postnatal period such as most of the green leafy vegetable fruits and water are not given to the postnatal mother. It is tradition believe than vegetable is not suitable for mother's and baby it can cause greenish diarrhea to baby also capes cold for both then but it is not good.

Table No. 17

Food Avoidance

Avoidance Food	**No of Respondent**	**Percentage**
Green Vegetable	87	49.43
Fruits	25	14.20
Cold water	32	18.18
No Avoidance	32	18.18
Total	**176**	**100**

Table No. 17, show that, presents that higher proper on 49.43% had avoidance green vegetable but they were known about it green vegetable are source of Iron. Fruit and water were avoided 14.20 and 18.20 respectively. 18.20% respondent did not avoid and any types of foods and look usual food.

Above the data we found must of women avoidance green vegetable during postnatal period and less women are no avoidance and different food. green vegetable intake suffered cold diarrhoea baby. It is bad think and they are lack of awareness about green vegetable and different food

4.2.9 Duration of Resting on Postpartum Period

Rest is necessary for all individual as well as postpartum mother. Postpartum and cautating mother should be from were hard because there baby becomes weak during period and they should feed the new born baby the duration of rest of dalit mother given below

Table No. 18

Duration of Rest on Postpartum Period

Duration Rest	No of Respondent	Percentage
15 day to 2 month	150	85.23
2-4 Month	26	14.77
Total	**176**	**100**

Table no 18, show that, this Table show that only 14.77% respondent had taken 2-4 month rest postpartum period women comparatively as well and 85.22% mother had taken rest for 15 days to 2 month that usual. It means that after 2 Month most of the mother should be many laborious work as usual.

Above the data most of woman postnatal period 15 to 2 month during rest after 2 month they are goes to labour because they have no have enough money. So that effected new born baby suffered malnutrition and mother's effected uterine prolapse.

4.2.10 Use of Conceptive Device

Family Planning refer to Practice which help individual or couple to attain certain objectives that is to avoid unwanted birth to regulate the internal the between pregnancy to control the time at which birth occur in relation to age at the prefect and determine the number of children in the family.

Table No. 19

Use of Contraceptive Device

Use of contraceptive device	No of Respondents	Percent
Yes	78	43.31%
No	98	55.67
Total	**176**	**100**

Table No. 19, Show that, presents that 55.67% respondent hand does not used contraceptive device and 44.31% respondents had used contraceptive device. It means that 55.67% women are risk will be unwanted pregnancy and they are risk of reproductive complication. It is suffering from cultural numbers value and knowledge about family planning.

4.2.10 Practice of Colostrum Feeding

Brest feeding should be initiated soon after delivery ideally with thirty to sixty minute after feeding given child birth. The yellow thick milk called colostrum milk. It is should be feed to the baby that protects the different disease. It is first immunization for the child birth and it has many other health benefits. Colostrum of the other is nutrious food for child especially during infancy period. First milk or colostrum concepts of antibodies and other substances which protect the infestagainst decease. It carries immunity to disease and high nutritive value to the child.

Table No. 20

Practice of Colostrum Feeding

Colostrum Feeding	No of respondents	Percent
Yes	153	86.93
No	17	13.06
Total	**176**	**100**

Table no. 20 shows that, 86.93% of the respondents had feed the colostrum to her baby and 13.06% hand nod feed the colostrum to her body. It is number of respondents not feed colostrum coupe lack of knowledge and health education by family, health worker about colostrum feeding during 1 hours. Colostrum are great value for body overall growth and development

4.2.12 Practice of Bathing

If culturally acceptable the first may be delayed 24 hours after birth to avoid cooling the baby temperature, Bathing is necessary for all people to be healthy and smart but the massage is that a new born baby should be immediately clearly by soft cloths and should be given soap and warm water bath after 24 hours:

Table No. 21

First Bathing Practices

Bathing	No of respondents	Percent
Immediately	59	33.52
After 24 hour	117	66
Total	**176**	**100**

Table no 21, shows total 59 shows that 33.52% respondent had given bath after birth immediately and 117 show 66% respondonts bath after 24 hours becasues to save from cold.

About the daa shows the most of mothers are bathing after 24 hour and less woman are immediately bathing. It is best knowledge about baby bath. Less woman want to be awareness about immediately bath dangerous condition.

4.2.13 Breast Feeding Practices

Breast feeding should be within an hour of the birth instead of waiting several times as in after customary. The body should be allowed to breast feed when even the wants feeding body on a\demand helps the dody to again weight every child lest the 2 year should be feed mother's milk for at least 8-10 times a day and night within 24 hours. breast Milk should be feeding affects physical and mental development of the body.

Table No. 22

Breast Feeding Practice

Percent	**Percent**	**Percent**
At leisure	115	65.34
After 24 hour	61	34.65
Total	**176**	**100**

Table no. 22, show that 65.34% respondents feed their breast at leisure tine abd 34.65% hand feed their milk in the demand of child but 115 respondent mother feeding milk at leisure time because if lack of knowledge time

Table No. 23

Use to Contraceptive Devices Awarding to Education

Level of Education	**No of Respondents**	**No of person by Using Contraceptive Device**
Illiterate	25	14.20
Litrate	83	47.15
Primary level	45	25.56
Secondary level	23	13.06
Total	**176**	**100**

Table no. 23. show that , among the total respondents at 14.20 illiterate mother having postnatal checkup. 47.15 literate 25.56% primary level and 13.06% secondary level mother having postnatal checkup.

Above the data most women are use of contraceptive device illiterate person and less person and illiterate person it is women are lake of knowledge about risk of unwanted pregnancy

Table No. 24

Type of Contraceptive Device

Type of F/P	No. of Respondents	Percent
Condom	14	7.95
Pills	17	9.65
Deo Provera	78	44.31
Cupper T	21	11.93
Jeddle	13	7.38
Permanent	33	18.75
Total	**176**	**100**

Table no. 24 show that, amount the mother using contraceptive device 18.75% had used permanent method 7.95 condom 44.31 Depo Provera 11.93 had used cupper T. Pills 9.65 used and Jeddle 7.38 had used. Condom method is the best of family paining method but it is bot used because lack of Knowledge about used and advantage. Due to the available and easiness is use the user of pills appear highest and inconvenient less secured coupe less user of condom

4.3 Summary and Finding

After collection the necessary information the data was tabulated it was analyzed and interpreted with the help of table. Major findings of study are summarized below:

As we know that there is need of proper care from the conception to postnatal period. Reproductive child is risk task for women. There is need or more intensive care before, during and after early period of delivery. After delivery is need of recovery from one side and enough harassment for neonate and in frontof by developing process to there is need of more care in during pregnancy and postnatal period. It is clearly seen from the study of variousstatistics lackof care in postnatal stage is being the care of death of Nepalese women. It is conformed that during pregnancy to postnatal period is essential for reducing maternal mortality and morbidity rate.

Caring of women from the conception to after baby birth 45 days is known as postnatal care. In other words proper took after of women's health nourishment, clean , rest, adequate period health care safe delivery etc. from after baby birth 45 day is most important postnatal care.

It is very sensitive stage or period for the mother pregnancy delivery and newly born baby. This study research is conducted in Mushar communities of ward no 5 Triyuga Municipalities Udayapur. Study of conducted among 176 women out of 386 reproductive are of the concerned Mushar women.

Sampling random, observation method is used in the study datas are collected by questionnaires and interview with selected postnatal women.

Collected data are panelized by tabulating and preventing in tie chart etc. Observing educational status of Mushar women it is found that most of them are only literate i.e. able to write their them. Their percentage is 38.06% 50.56 illiterate and few of them completed primary level whose precentage is 8.52%.

Occupationally most of them about 60.79% dependent in agriculture. The percentage of women involve in local temporary business and services a few percentage if involve business 5.68% and service 3.97%.

Mushar's women found the marriage under 20 years age approximately most of percentage found 65.34% below 20 year age marriage and cause of first child bearing under 20 year are collected data most of place of delivery percentage illiterate person. Home delivery 68.83% and institutional delivery by SBA 44.15% child bearing.

This type of data’s shows that their lack of knowledge about safe mother hood practices in illiterate women. Because of such reasons they are prevailed by verious reproductive problems. To solve the problem found in Mushar women corresponding authorities should be proper attention.

CHAPTER-V

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

On the basis of study the researcher found a clear picture of the situation and practice of during pregnancy, labor and postnatal period in Mushar mother.

Most of Mushar women were literate but they can write only his/her name but they are few a secondary level and primary level education. Maximum number of women their involved in agriculture and labor. Few a number of temporary service and business there mainly income source was also agriculture. In that community most of the women for marriage under 20 years ago. They insufficient knowledge about under 20 years age caused by multiple complication during child bearing (pregnancy, labor, postnatal) and maternal mortality increased. Then they are not proper antenatal checkup and hospital delivery. They were not conscious about health checkup and first pregnancy also. Their economic status was also not satisfactory.

Most of the children were delivery at hospital with the assistant of health worker (SBA). Majority mother used sterilization delivery instrument and cord clamp and prevent complication during delivery and postnatal period. Newly baby born start the within one hours colostrum feeding. A similar pattern was observed in breast feeding practices and method. But complimentary food practice was not satisfactory in that community because most of the mother used usual food i.e. whatever cocked food in kitchen. Pneumonia abs diarrhea were that most prevalent disease among the Mushar community children, Above most of the women had knowledge about to use family planning devices among the maximum number of women temporary family planning device that Depo Provera. Majority if women deprived son daughter Dalit women (Mushar) belived that child bearing god gifted. They are not knowledge that two children are good for an ideal family because they lack of knowledge about more child bearing many problems developed. Mushar women's many used not iron tablet during pregnancy and they also home delivery and cord cutting practices in different type of instrument and they are postnatal period nourishment are not used they take food usual food.

The practice of keeping the mother and her baby indoors till the christening ceremony observed a affects their health, in own country among the total respondents most of

half precent if their babies are born at home and face the entire problems cited above.

Even after child birth the mother did not get notorious food. Some food which were considered cold were avoided such as the green leafy vegetable only after a few a day's postnatal mothers had go to for work heaving her children at home. Such as heavy work only a few days after giving birth ca-lead touring. Prolapse and secondary postnatal hemorrhage. The baby left at home also suffer due to adequate breast feeding lead to malnutrition care by pneumonia diarrhea.

Visit to health facility is not considered necessary during pregnancy healthy, mother and health baby is not possible unless proper care is provided during the antanatal period. Together with the antanatal checkup as delivery and postnatal checkup also very important.

Overall observation of this study indicates that safe mother hood practices is still highly affected by socio-economic, education, cultural factor and traditional value and norms. Beside the health education use of health service and reproductive health knowledge also after safe motherhood practices.

From the above information and economic status higher the quality of health lower the educational status higher the health problems and lower the age at mirage higher the health problems of mother.

5.2 Recommendation

On the basis of the finding following recommendation were made for farther improvement.

5.2.1. Recommendation to Improvement for Practice Level

a) Mass media should provide information about different type of reproductive and sexual health problem and suffer motherhood according to the need of local people and women.

b) Local participation i-e school teachers vocal mobilizer, FCHV is important to lunch different type of awareness programs on safe motherhood practices and car services.

c) The misunderstanding and worn concept of the women's and their wrong attends toward delivery and postnatal car and reproductive health should replace with appropriate and adequate information.

d) Health education programs on reproductive and safe motherhood should make to lunch to the adolescent girls regularly it is th most important method of preventing reproductive health problems.

e) Some of the major facilities should provide about the reproductive and safe motherhood related matters to the community local health institutions like HP, PHC, hospital private clinic, hospital as well as NGOs and INGOs should focus postnatal, delivery care service regular and effectively and should be active and responsible.

f) For the extensive f existing knowledge attitude and practices of women of Triyuga Municipality Deuri-7. It is basically needed to lunch affective programs to them. Recommendations are made regarding various educational programs, awareness programs and further research are the development of KAP of community people.

5.2.2 Recommendation for National Level

Develop a system of policy advocacy through regular production and dissemination of evidence based, ready to use recommendation for policy makers and civil society stakeholder and enhance capacity of the organization throughexpertise development to staffs. National strategy for improving postural care nutritional status should be rein forced such as.

a) Health education awareness of Antenatal 4th visit by health worker and health facilities.
b) Promoting birth preparedness and complication readiness including awareness rising and improving the available of found transport and blood supplies.
c) Encourage for institutional delivery.
d) Increase awareness regarding colostrum feeding within 1/2 and 1 hours and aften 24 hours bath.
e) Increase birthing center and all staffs or trained about safe motherhood.
f) Health education to mother group and grass root level work who frequently visit community.
g) Time to time nutritional assurgent of the children should be conducted in the community for the future changes in policy and programmer.
h) Government should formulate the policy of amazing women's club health institution to share the caring of postnatal care between known and unknown.

i) Maternal health care program should be inclusion of program of complacently food and immunization.

5.2.3 Recommendation for Future Study

a) A comparative study on reproductive health can be carried not among male and female rural and urban among different cast on our development region.

b) A qualities research can be undertaken on the causative factor on the uterine prolapsed.

c) A study can be undertaken into planning and implementation a model of an effective reproductive and safe motherhood programme to meet and address the health problems.

e) Further more descriptive study analytical and experimental study can be carried out to find out reproductive health problems of rural women.

REFERENCES

Adhikari, R (2016), **A study on Role of family in safe motherhood practice in back ground community sihara municipality** (An unpublished mastr's thesis) H.P. and PoP. Edu Development TU. Siraha

Bhandari, R (2015), **A study on safe motherhood practices of Dalit community in Triyuga Municipality** (An Unpublished Master's Thesis) Hel. Edu., Deparment Sukuna Morang.

District public health report (2015/2016), Annual Report Udayapur.

Family Health Division ministry of Health (2015) Maternal Mortality and Morbidity study, international conference on population on development (1994) population health Kathmandu, Kashitij Prakashan.

Karki, AK (2066), **Population and education technology,** Kathmandu : Pairabi Publication.

Khadka, UK (2017), **A study on postal practice in Dalit community prakashpur VDC**. (An published master's thesis). HEP. Edu. Department TU Itahari Janta.

Ministry of Health and Population (MOHP) (20) Prasuti Sewa Nirdesika)

Ministry of Health and population (MOHP) (1998), **Safe Motherhood Policy**, Kathmandu.

MOHP (2015), **National Health Policy, government ministry of health policy**, Monstory and Supervision division, Kathmandu.

Tuituim R, (2015), **Mannual Midwifry**, Kathmandu: Vidyarathi Pustak Bhandar.

WHO,UNICEF, UNFPA, World Vision (2014), **Treands in Maternal**, **Mortality (1990 to 2013)**

TRIBHUWAN UNIVERSITY

FACULTY OF EDUCATION

JANTA MULTIPLE CAMPUS

HEALTH EDUCATION DEPARTMENT

ITAHARI

2074

Questionnaire

Houseold's Name

Personal Information of Respondents

1. Name:……
   ……
2. Age:……
   ……
3. ward
   No:……
   ……
4. Education: :……
5. Village/Tole:……
6. Total Family
   Member:……
   ……
7. Source of
   Income:……
   ……
8. Income per
   month:……
   ……
9. Type of family……Nuclear…….Joint……
10. Occupation
    a) Housewife b) Employee
    c) Daily wages d) Other

Practice Related Question

1. Do your community use alcohol to perform cultural traditions?
   a. yes b. No
2. Do your family member use smoking and alcohol?
   a. yes b. No
3. What is the main income source of your family?
   a. Job b. Daily wages c. Business d. Agriculture
4. How many family members are there in your family?
   a. 2 b. 3 c. 4 d. above four

5. Among them how many member are productive in your family?

a. 1 b. 2 c. 3 d. above three

6) Do you Immunization for mother and baby?

a. Yes b. No

7. From where did get immunization service?

a. Health post b. Hospital c. Private Clinic d. Outreach Clinic

8. Do you need maintenance of personal hygiene and sanitation during pregnancy period?

a. Yes b. No

9. Do you know about feeding colostrum?

a. Yes b. No.

10. Why is it necessary for care of new born baby?

a. Growth b. Energy c. Protection from disease d. All of them

11. Do you know about the postnatal care of your child?

a. Yes, b. No

12. How did you get the knowledge about postnatal care?

a. Health workers b. Media c. Neighbours d. Other

13) Do you knowledge about postnatal checkup

a. Yes b. No

14) Do you know about to take iron tables during postnatal period?

a. Yes b. No

15) Why does checkup in postnatal period is necessary?

a. Stop bleeding b. To keep healthy mother and baby

c. To keep safety d. other

16. Do you know about safe motherhood?

a. Yes b. No.

17) Why is it necessary for safe motherhood?

a. Healthy for own b. Healthy for mother and child

b. No necessary d. Others.

18. How many children do you have?

a. 1 b. 2 c. 3 d. 4

19. How many times did you rest on postpartum period?

a. 15 days b. 15 days- 2 month

c. 2-4 month d. 4 month above