

CHAPTER – I

INTRODUCTION

1.1 Background of the Study

Maternal and child health care indicates to the health services provided to pregnant, postnatal and breast feeding mother and having children of less than five years of age in order to make their health good. It is a vital part of reproductive health.

Nepal is one of the least developed countries in the world. About 38 percent of Nepal's population (about 9 million people) live below the absolute line of poverty. It has most of the people living in village area. 81.3 percent of the Nepalese people earn their livelihood through agriculture. Poverty is one of the causes of the people's poor health (CBS, 2002).

The condition of maternal and child health care in developing countries like Nepal is very poor as compared to developed countries. Maternal child health affects the economic, social and political aspects as well as the development process of the nation. For the advancement of the health status of the nation, an improvement on maternal child health care is necessary.

After the conception, the baby is grown and developed in mother's womb up to the period of nine months or 280 days. In fact, in the context of Nepal there are various problems in the maternal and child health care. The women in this context are facing many obstacles due to cultural practices, poverty, ignorance, structure of the geography etc. The birth of a daughter is supposed to be a curse in some religion and husband marries to another woman and the pregnant woman should live in the middle of life and death.

Care of husband and family is very important during pregnancy. Many of the pregnant women face many problems like bleeding, anemia, stomachache and feeding problems. In the lack of health posts and hospitals they have to live with various diseases and problems. Similarly, the death rate of infant is higher than the death rate of child. A small percent of women gives birth with the help of health workers. Many of them get the help of relatives and other women. Father and family can play an important role to care maternal child health.

It is not possible to find healthy child if mother is not healthy. Special health care is required from conception to two years. Nutritious food, regular health check up, cleanliness, vaccination/immunization should be provided to keep the mother & child good. Mortality death rate in our context is 53 percent whereas infant death rate is 92.9 percent. Only 10 percent of the women have got proper health care. 92.5 percent women give birth at home and 7.5 percent give in the hand of experienced health workers. (ICPD, 1994)

Bhaktapur is a hilly district of Bagmati zone. Jhaukhel is the VDC of Bhaktapur district. The area of this VDC is 5.41 Square Km. The total population of this VDC is 6,609 in which 3,342 are male and 3,267 are female as per the record of VDC, 2063. Similarly, there are 42.08 percent Newar and 57.92 percent Non-newar. (Jhaukhel VDC profile, 2063).

1.2 Statement of the Problem

Health is an important part of human beings it is also called a fundamental human right. Without health education, quality life can't be achieved. Healthy persons can do every thing. Healthy children can be born only from healthy parents.

Nepal is predominantly a patriarchal society. Therefore, mothers are dominated in Nepalese society. Mothers are the main factors during the process of reproduction but people have not been careful about mother's physical and mental health. Mothers have high work burden compared to male members. But facilities provided to mothers are very low. They are not allowed to exercise economic power and take an active role in decision making process of the family as well as their own life.

In Nepal, mother's life expectancy is very low. They have high maternal mortality rate (539/100,000 lives birth). Private and government agencies have been formulating different policies and launching the improvement programme in term of health. They have been spending a considerable amount of budget in health in developing countries. Every six seconds, a baby is born so weak that death comes within one month and many more infants are born disabled (UNFPA, 2000).

DHS (2001) reported that only 28 out of 100 women are receiving antenatal care services from health professionals. Even this small number also gets health of sector, but due to the lack of the proper implementation, satisfactory results have not been

achieved. Every day a woman dies due to the complication of pregnancy as she lacks treatment. Many more are suffering from illness or disability.

Nearly 90 percent of the births are delivered at home. Majority of deliveries (56%) are assisted by relatives and friends whereas no one assists 14 percent of deliveries. A large portion of mothers of 79 percent who deliver outside the health post did not receive any postnatal check up. It is the problem why Nepalese mothers are not getting access to antenatal care, delivery care and postnatal care though there has been given much emphasis on maternal health care.

In Nepal, young and adult mothers have low status, poor nutrition, a high level of infection and the value placed on her life is probably low, and these social values are likely to affect her behaviour during pregnancy, all which influences outcomes. An appropriate service depends largely on her pregnancy status. Most of the maternal mortality and morbidity is accruing between 15 to 49 ages of young mothers. Antenatal and postnatal cares are essential to serve the maternal life.

In Nepal, marriage and child bearing performance is still earlier age. The main child bearing age is started from menstruation. But the main reproductive age is 15 to 49 years. Therefore, the child bearing proportion is also high. On the other hand age group 15 to 30 are in high vulnerable age for reproduction. Young and adult mothers' health is closely related with the reproduction of child. Generally female age at marriage occurs in the age group 15 to 25 years. The system of marriage arises of high risk. Pregnancy carries its negative impact on mothers and children health. Rural people are facing various problems like health, education, transportation, water etc. They are deprived from cultivations of health related institutions. So, age at marriage is known as reproductive age of women. Maternal child health cares are main important factors for increasing the status of health.

Only the few mothers of the Jhaukhel VDC have been ignorant against the maternal and child health care due to the educated husbands and enough health posts and hospitals available nearby the village. This village also has not been full coverage against the mothers and child health care because they are also deprived from the traditional concept like the Jharphook. They take the patient to the Baidhya for Jharphook. Antenatal, natal and postnatal phase also could not be applied in this village properly. Maternal and child health care is still serious in this Jhaukhel VDC.

Thus, I have selected the topic **“Maternal and Child Health Care Practice among Newar and Non-newar Women in Jhaukhel VDC of Bhaktapur District.”**

1.3 Objective of the Study

Overall objective of this study is to find out maternal and child health care practice among Newar & Non-Newar women in Jhaukhel VDC of Bhaktapur district. The specific objectives are as follows:

- 1.3.1 To find out the socio-economic and demographic characteristics among Newar & non-Newar community.
- 1.3.2 To identify the existing antenatal, natal and post natal care practices.
- 1.3.3 To assess the existing situation of child health practices (under 5 years) of mothers.

1.4 Significance of the Study

Maternal child health care is priority area of health sector. This study is important to extend general knowledge and practices among pregnant women or reproductive aged mothers of this VDC. This study also attempts to find out the knowledge and practice on maternal child health care (MCHC) in the study area. This study will contribute to fill up the gap regarding the problem. This information will help to improve the knowledge and practice to the Newar and Non-newar women at Jhaukhel VDC.

The present study will be significant in following ways as described below.

- 1.4.1 This study will be used as a source of reference for further studies.
- 1.4.2 It will be useful for policy makers and planner of government, NGOs and INGOs.
- 1.4.3 It will help to improve the maternal child health problem of Newar & non-newar women of Jhaukhel VDC.
- 1.4.4 This study will give guideline to the health workers.

Finally this study helps to reduce the maternal and child mortality rate between young adult mothers.

1.5 Delimitation of the Study

The delimitations of the study were as follows:

- 1.5.1 This study was focused only the young and adult married women having under 5 years children.
- 1.5.2 The area of the study was delimited in Jhaukhel VDC.
- 1.5.3 Information was collected through interview method.
- 1.5.4 This study covered Newar & non-Newar caste of Jhaukhel VDC.
- 1.5.5 The study on 5 and 7 wards out of 9 wards was centralized taking 100 (43 Newar and 57 Non-newar) women having under 5 years child.

1.6 Definition of the Terms used

Practice: It refers to the use and application of knowledge of daily life.

Maternal and child health care: Maternal and child health refers to the promotive, curative, preventive and rehabilitative health care of young and adult mother and children.

Respondents: Respondent means active and responsible participation of family members i.e. husband, mother in-law and father in-law in antenatal, natal, postnatal and child health care.

Head of the household: The person who has decisional role in the family in every work.

Pregnancy: The condition of having a developing embryo or fetus in the body after union of an ovum and sperm.

Delivery: The process by which the fetus and placenta were expelled from the uterus.

Antenatal care: Antenatal care is the care of women during pregnancy period.

Postnatal care: It is the care after delivery to achieve a healthy young and adult mothers and a child.

Morbidity: It is the frequency of disease, injury and disabilities in population.

Mortality: It is a condition or quality of liability to death.

CHAPTER – II

REVIEW OF RELATED LITERATURE

Literature review is most important function of any researcher which provided the researcher other idea, experience and deeper knowledge. It attempts to present some relevant literatures concerned to the MCH care practices. Some of the facts, opinions, principles and study reports directly or indirectly related to this study are mentioned as follows.

CBS (1998) revealed that women, who survive with pregnancy complications, may suffer on going health problems, including chronic pelvic pain, pelvic inflammatory disease and secondary infertility. They also may be at increased risk of ectopic pregnancy, premature delivery, spontaneous abortion, uterine prolapsed, cervical incompetence from injury to the cervix. In addition to affecting a woman's physical health, these illnesses also may be harmful to her social and economic well-being if they affect her ability to work or interact in her community. Infertility can be a devastating condition for woman emotionally, socially and economically in countries where women derive their status from bearing children.

Maternal mortality is one of the leading causes of death among women of reproductive age in many developing countries pregnancies that are too early, too frequent, too late and unplanned are associated with higher level or child and maternal morbidity and mortality (UN,1998).

Complications of pregnancy and childbirth are the leading causes of death and disability for women aged 15-19 in most developing countries. All of the health statistics monitored by the World Health Organization, maternal mortality shows that the largest discrepancy between developed and developing countries: women in developing countries are about 30 times more likely to die from pregnancy related causes than these in developed countries. This result shows that most of the causes of the death of women are pregnancy and child birth (UNFPA, 2000).

Malnutrition makes the child more susceptible to infection. Recovery is slower and mortality is high. Malnutrition in infancy and childhood leads to micro-nutrients and vitamin deficiencies. Prevention and treatment of diarrhoea, measles and other infections in infancy and early childhood are important to reduce malnutrition rates as

infection and malnutrition often make vicious cycle. Exclusive breast feeding in first four months of life is very important. (World Bank,2004).

Paudyal (2001) concluded that 53.9 percent people got the marriage below 15 years old, 28.7 percent of people 15-20 years old and only 17.4 percent of the people more than 20 years old in his study on “Socio-economic impact on Reproductive Health in Tharu Community of Semlar VDC”. Appropriate marriage age according to 67.8 percent respondents’ opinion is 15-20 years and 32.2 percent said after 20 years old is suitable age for marriage. Most of the people (41.7 percent) have got information about family planning through radio and television. The majority of the people (80.09 percent) are found practice home delivery.

Pokhrel (2009) concluded that half of the respondents (51.42%) were married at the age of 15-19 years, whereas 4.28 percent respondents were married below 15 years. Approximately 42 percent respondents were literate and 30 percent were illiterate, a few of them were passed secondary level. Most of the respondents (70%) had the knowledge of antenatal check up. Among them 73.46 percent was done antenatal check up more than 3 times. Similarly, about 70 percent respondents delivered at hospital as well as health post and 30 percent respondents were delivered at home.

Awasthi (2003) showed that 40.9 percent mothers are engaged only in domestic work in her study on “Maternal and Child Health care practices of Sarkhi Family of Kathmandu Municipality, Baneshwor. 57.5 percent marry above 18 years. Majority of the respondents do not have the knowledge about the risk factor of pregnancy. Only 88 percent of respondent feed colostrums to their baby. 60 percent respondents use family planning devices. 83 percent of respondent were the user of Delivery Kit

Pokhrel (2003) concluded that 69.33 percent women were pregnant under 20 years in his study on “Safe motherhood and child care practices in Tamang community in Maidi VDC of Dhading District.” 80 percent people were concerned with agriculture, 13.33 percent involved in services, 6.67 percent business. More than 74.8 percent mothers visited health post for health check up and 9.3 percent visited private clinic. 44 percent mothers visit more than 3 times for check up. 52 percent mothers took 2 doses of T.T. injection and 64 percent mothers delivered in the cow-shed. Similarly, 69.33 percent cut cord of the baby using sterilized instruments like blade/razor. Tamang mothers were well known about colostrums feeding that is why 76 percent

mothers feed colostrums. About 54.66 percent respondent mothers started weaning food after 6 months of child whereas 17.34 percent of the respondent mothers started weaning between the ages of 4-6 months. It was also found that cent percent mothers had prepared Jeevan Jal during the diarrhea. Regarding with the immunization of children, BCG coverage was 95.7 percent whereas the coverage of the polio, DPT I, II, III were 94.28 percent, 92.85 percent respectively.

Sharma (2009) also concluded that most of the respondents (79%) were involved in agriculture. The majority of the respondents (72.70%) became pregnant for the first time at the age of between 15-19 years. Similarly, it was also found that 68.10 percent of respondents delivered at home. The study shows that 42.70% mothers fed breast milk to their children more than 2 years. 24 percent respondents used Depo-Provera whereas 6 percent of their husband used condom. Similarly, 78.1 percent respondents had used only mother milk, 8.1percent had used both mother and only 13.6 percent had not used bottle milk.

Bhusal (2004) reported that 70 percent respondents were dependent in agriculture occupation in his study on “Socio-economic Status and Family Planning Practices of Sarki community in Sandhikharka VDC, Arghakhanchi District”. 30 percent people were literate and 70 percent were illiterate. 92.5 percent respondents got married before the age of 20 years. 90 percent respondents born their first child before the age of 20 years. 45 percent spouses practiced the family planning method and contraceptive devices. Those respondents who were using contraceptive devices continuously suffered from irregular menstruation and bleeding. Most of the female uses temporary devices Depo-Provera and male uses condom.

Upreti (2005) also concluded that 97 percent women were found to be illiterate in his study on “The antenatal care practices of pregnant woman of different castes in Bistrampur VDC of Parsa district”. Among all pregnant women, 47.58 percent are found to have their health check up during pregnancy. About half of the pregnancy women were found to be involved in light work where as 17 percent are found to be involving in hard work and duty, 37 percent of them are involved in general works.

In summary, we conclude that complication of pregnancy and child birth are major causes of disability and death among women of reproductive age in less developed countries. Similarly, child health is related to the education as well as health status of

the mother. Maternal and child health care is influenced by various factors. Above literatures are related to the different facts and area of maternal and child health care. No body had conducted previously in the topic “Maternal and Child Health Care Practice among Newar and Non-newar in Jhaukhel VDC of Bhaktapur District.” Hence, the researcher has selected the above topic to fulfill the research gap in some extent.

CHAPTER – III

RESEARCH METHODOLOGY

This study was mainly focused on maternal and child health care practice among Newar & non-newar women in Jhaukhel VDC of Bhaktapur district. This chapter describes the research design, source of data / population of the study, tools of data collection. The following methodological procedures were applied in this study.

3.1 Research Design

Research methodology determines activities to achieve the main objective of the study. To make the study more valuable and reliable, different research methods were adopted. This study was based on descriptive research design.

3.2 Source of Data/ Population of Data

The study was focused on Newar and Non-newar women community aged 15 to 49 years from Jhaukhel VDC of Bhaktapur district. The total population of Jhaukhel VDC was 6,609 in which 3,342 were male and 3,267 were female. The population of Newar was 2,781 and Non-newar was 3,828 out of the total population of VDC. The total number of Newar and Non-newar women aged 15-49 years was 1,694. Then, only the total number of Newar women was 728 and Non-newar was 966 which are the 43 and 57 percent of total women of Newar and Non-newar 1,694 respectively. The major source of data for this study was taken from both primary and secondary. Primary data was collected through interview whereas secondary information was collected from the records of VDC profile, health post and related documents.

3.3 Sampling Procedure and Sample Size

The study was conducted on the basis of random sampling method. The study was centralized taking 100 women having under 5 years child. 43 percent Newar women and 57 percent Non-newar women were taken as the number of 43 Newar women and 57 Non-newar women respectively.

3.4 Tools of Data Collection

This study utilized field survey technique in order to collect data. Interview schedule was the main tool of the study. For the development of the tool, the researcher

consulted reference sources as previous research report, journals etc and got advice from the adviser to cover the objectives. An annex-I of interview schedule has included the questions list which had been asked to the respondents.

3.5 Finalization of the Tools

After constructing the interview schedule it had been submitted to supervisor. Then supervisor gave the suggestions and interview schedule was corrected and administered as trial test to ten similar women (young and adult) at Jhaukhel VDC in Bhaktapur for the required objectivity. At last supervisor's changes or suggestions were considered before making the final draft.

3.6 Data Collection Procedure

After preparing the final interview schedule, it was translated into Nepali language to make easier for interview. Researcher herself visited the targeted women and respondents and gets the data asking the questions as interview method. She went to door to door with local facilitator to collect the data. Similarly, researcher collected the data through VDC, hospitals, health posts and journals etc.

3.7 Methods of Data Analysis and Interpretation

After collection of data from primary sources, they were edited carefully. Data and information were presented in tables and figures. The data was analyzed on the basis of percentage, bar diagrams and pie-chart were used to present the data. Finally, summary, findings and conclusion were drawn and recommendations were stated.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter is mainly concerned with the analysis and interpretation of the collected data and information. After the collection of data, each item in the research tools was calculated and tabulated in term of percentage. The analysis and interpretation were made with help of tables. For each of the major variable a comparison was made among population of two ethnic groups. The analysis and interpretation of the study have been presented as following main points.

4.1 Socio-economic and demographic characteristics

4.2 Antenatal care practices

4.3 Delivery practices

4.4 Postnatal practices

4.5 Sanitation practices

4.6 Family planning practices

4.7 Child care practices

4.1 Socio-economic and Demographic Characteristics

Socio-demographic factors of the population are the major characteristic. This distribution produces the aggregate tool for analysis of the objectives. Most of common and major aspects of the socio-demographic perspective such as family size, family pattern, educational status, occupational status etc are presented in this section.

4.1.1 Educational Status of Respondents

Maternal and child mortality rate are directly related with literate and poverty of people. Educated families have naturally better MCH practices. Thus education is strongly interlinked with safe motherhood and reproductive health behaviour. The below table shows the educational status of respondents.

Table No.1: Educational Status of Respondents

Educational Status	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	32	74.42	23	76.67	11	68.75	7	63.64	41.00	71.93
No	11	25.58	7	23.33	5	31.25	4	36.36	16.00	28.07
Total	43	100	30	100	16	100	11	100	57.00	100.00
Primary Level	16	50.00	15	65.22	3	27.27	2	28.57	20.00	48.78
Secondary level	6	18.75	3	13.04	3	27.27	1	14.29	7.00	17.07
Can read & write	3	9.38	1	4.35	4	36.36	3	42.86	8.00	19.51
Above Secondary Level	7	21.88	4	17.39	1	9.09	1	14.29	6.00	14.63
Total	32	100	23	100	11	100	7	100	41.00	100.00

Above table shows the educational status of respondents between Newar and Non-newar. Respondents of Newar were more educated (74.42 percent) than Non-newar (71.93 percent). Similarly, educational status as primary level, secondary level, can read & write and above secondary level of Newar were 50 percent, 18.75 percent, 9.38 percent and 21.88 percent followed by Non-newar by 48.78 percent, 17.07 percent, 19.51 percent and 14.63 percent respectively. Among the castes of Non-newar, Brahman respondents (76.67%) were more educated followed by 68.75 percent Chhetri and 63.64 percent Dalit. Similarly, Brahman respondents (17.39%) were leading in above secondary level against Chhetri respondents (9.09%) and Dalit respondents (14.29%).

Among all the castes, Brahman women were leading in educational sector due to their educational family background. In the status of primary education also, Brahman women were leading to other castes. But in educational status of above secondary level, Newar women were leading to other castes.

As per the study of educational status, it could be concluded that Brahman and Newar women were more educated among all the castes.

4.1.2 Number of Family Member

Number of family members of respondents is presented in table no.2

Table No.2: Number of Family Members

Family Member	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
4	13	30.23	10	33.33	4	25.00	2	18.18	16.00	28.07
5	13	30.23	9	30.00	4	25.00	3	27.27	16.00	28.07
6	8	18.60	6	20.00	3	18.75	2	18.18	11.00	19.30
7	9	20.93	5	16.67	5	31.25	4	36.36	14.00	24.56
Total	43	100	30	100	16	100	11	100	57.00	100.00

The above table shows that the respondents of Newar had 4 or less than 4 family members by 30.23 percent but Non-newar respondents by only 28.07 percent. Similarly, the respondents of Newar had 5 family members by 30.23 percent and Non-newar respondents only by 28.07 percent. 18.60 percent Newar and 19.30 percent Non-newar had 6 family members. Similarly, 20.93 percent Newar and 24.56 percent Non-newar had 7 or more than 7 family members.

In the comparison of different castes of Non-newar respondents, 33.33 percent of Brahman respondents had less than 4 or equal to 4 family members than 25 percent Chhetri respondents and 18.18 percent Dalit respondents. Similarly, Dalit respondents (36.36%), 31.25 percent Chhetri respondents and only 16.67 percent Brahman respondents had less than 7 or equal to 7 family members.

Many years ago, it was considered as positive aspect if the number of family member was huge. But in this modern period, this concept was taken oppositely i.e. small number of family member was positive aspect. By the result, there was high volume of having less than or equal to 4 family members in this study.

4.1.3 Occupational Status of Respondents

A high proportion (80%) of the total population is engaged in agriculture (CBS 2001). The occupational status of respondents is shown in table 3.

Table No.3: Occupational Status of Respondents

Non-newar	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Agriculture	32	74.42	22	73.33	12	75.00	8	72.73	42.00	73.68
Business	4	9.30	2	6.67	1	6.25	0	0.00	3.00	5.26
Service	6	13.95	4	13.33	2	12.50	1	9.09	7.00	12.28
Labour	1	2.33	2	6.67	1	6.25	2	18.18	5.00	8.77
Total	43	100	30	100	16	100	11	100	57.00	100.00

In this study, it was found that respondents of Newar (74.42%) followed by Non-newar respondents (73.68%) were engaged in agriculture occupation in which Brahman (73.33%), Chhetri (75%) and Dalit (72.73%) respondents were engaged. 9.30 percent respondents of Newar respondents followed by Non-newar respondents (5.26%) percent were engaged in Business in which Brahman respondents (6.67%) were engaged in business among Chhetri respondents (6.25%) and Dalit respondents. 13.95 percent of Newar respondents followed by Non-newar respondents by 12.28 percent were engaged in Service. Similarly, 8.77 percent of Non-newar respondents followed by Newar (2.33%) were engaged in labour. Dalit respondents (18.18%) in Non-newar respondents were engaged in labour in the comparison of Brahman respondents (6.67%) and Dalit respondents (6.25%).

There was high volume of women who are dependent on agriculture in this study since Nepal is an agricultural country.

4.1.4 Family Size

As family is a collective body of people by blood or marriage. The distribution of respondents by the type of family is shown in table.

Table No.4: Types of Family Respondents

Types of Family	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Nuclear	20	46.51	17	56.67	10	62.50	5	45.45	32.00	56.14
Joint	23	53.49	13	43.33	6	37.50	6	54.55	25.00	43.86
Total	43	100	30	100	16	100	11	100	57.00	100.00

As per above table Non-newar respondents (56.14%) belonged to nuclear family whereas only 46.51 percent by Newar respondents. Similarly, 53.49 percent of Newar respondents belonged to joint family system whereas only 43.86 percent by Non-newar respondents.

Chhetri respondents (62.50%) of Non-newar belonged to nuclear family followed by Brahman respondents (56.67%) and Dalit respondents (45.45%). Similarly, Dalit respondents (54.55%) of Non-newar belonged to joint family than Brahman respondents (43.33%) and Chhetri respondents (37.50%)

Newar respondents belonged to joint family due to the skill of leadership to the family but Non-newar respondents belonged to nuclear family.

4.1.5 Number of Child

Numbers of child respondents are shown in table 5.

Table No.5: Types of Number of Child

Number of child	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1	7	16.28	5	16.67	2	12.50	1	9.09	8.00	14.04
2	27	62.79	18	60.00	9	56.25	6	54.55	33.00	57.89
3	4	9.30	4	13.33	2	12.50	2	18.18	8.00	14.04
4	5	11.63	3	10.00	3	18.75	2	18.18	8.00	14.04
Total	43	100	30	100	16	100	11	100	57.00	100.00

The above table shows that Newar respondents had 1 child (16.67%) and 2 children (62.79%) lead to Non-newar respondents had 1 child (14.04%) and 2 children (57.89%). Similarly, Non-newar respondents having 3 children (14.04%) and more than 4 or equal to 4 (14.04%) lead to Newar respondents having 3 children (9.30%) and 4 or more than 4 children (11.63%). In Non-newar respondents, Brahman respondents (16.67%) had 1 child rather than Chhetri respondents (12.50%) and Dalit respondents (9.09%). Brahman respondents (60%) were leading in having 2 children followed by 56.25 percent Chhetri respondents and 54.55 percent Dalit respondents. In having 4 or equal to 4 children, 18.75 percent Chhetri respondents were in first

position followed by 18.18 percent Dalit respondents and 10 percent Brahman respondents.

Due to high volume of educated people, Newar and Non-newar women had only two children because they were aware against having more children.

4.2 Antenatal Care Practice

Most common and major aspect of the antenatal care service such as first child bearing age, additional food during pregnancy health, health check up during pregnancy, TT Vaccination, intake iron and dangerous signs of pregnancy and personal hygiene service are presented in this section.

4.2.1 Age at Marriage

Age at marriage is considered as an important factor in this report. The age at marriage for women is comparatively lower in Nepal as compared to other SAARC countries. However, these has been gradual change in the mean age at marriage during the inter census period 1961-2001. The study carried out by DHS 2001 has concluded that 47 percent of the female get married by age 17. Such pregnant women in early age lack adequate antenatal care practices due to immaturity which leads to high mortality and morbidity.

Table No.6: Status of Age at Marriage

Age Group (Years)	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Below 15	1	2.33	2	6.67	2	12.50	3	27.27	7.00	12.28
15-19	5	11.63	13	43.33	8	50.00	4	36.36	25.00	43.86
20-24	25	58.14	10	33.33	4	25.00	3	27.27	17.00	29.82
25-30	12	27.91	5	16.67	2	12.50	1	9.09	8.00	14.04
Total	43	100	30	100	16	100	11	100	57.00	100.00

As shown in table, Non-newar female by 12.28 percent and 43.86 percent in below 15 and 15-19 age groups respectively got married in comparison of Newar female by 2.33 percent and 11.63 percent respectively. But in 20-24 and 25-30 age groups, Newar female by 58.14 percent and 27.91 percent got married in comparison of Non-

newar by 29.82 percent and 14.04 percent. Dalit respondents (27.27%) in Non-newar got married below 15 years in comparison of 12.50 percent Chhetri respondents and 6.67 percent of Brahman respondents. Similarly, 16.67 percent of Brahman respondents got married in 25-30 age group followed by 12.50 percent Chhetri respondents and 9.09 percent Dalit respondents.

The boys with high education and high level of post plays a great role to get marry in Brahman community of Non-newar. Therefore, there were high volume of women to get marry in 15-19 years of age level. But in Newar community, there were high volume of women to get marry in 20-24 years of age level because they knew about the matured age level to get marry.

4.2.2 First Child Bearing Age of Respondents

On the reproductive health point of view of women's age of first child bearing should be at least 20 years. Otherwise many reproductive problems will be seen in this period which may lead them to death. First child bearing age of respondent is shown in the table.

Table No.7: First Child Bearing Age of Respondents

Age Group	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
15-19	3	6.98	4	13.33	3	18.75	2	18.18	9.00	15.79
20-24	27	62.79	22	73.33	8	50.00	7	63.64	37.00	64.91
25-30	13	30.23	4	13.33	5	31.25	2	18.18	11.00	19.30
Total	43	100	30	100	16	100	11	100	57.00	100.00

Non-newar mothers (15.79% and 64.91%) got first pregnancy at the age between 15-19 and 20-24 years respectively than the Newar mothers by 6.98 percent and 62.79 percent respectively. 19.30 percent Non-newar mothers got first pregnancy at the age of between 25-30 years whereas 30.23 percent by Newar mothers got first pregnancy.

In Non-newar, Chhetri respondents (18.75%) got first pregnancy in 15-19 age group followed by 18.18 percent Dalit respondents and 13.33 percent Brahman respondents. Similarly, 73 percent of Brahman respondents got first pregnancy in 20-24 age group

followed by 63.64 percent Dalit respondents. 31.25 percent Chhetri respondents got first pregnancy in 25-30 age groups whereas 18.18 percent by Dalit respondents and 13.33 percent by Brahman respondents. In this study, most of the respondents were known that they were pregnant by the urine test after the stopped menstruation.

Due to high risk in first pregnancy in small age class 15-19, respondents of Newar and Non-newar got first pregnancy in 20-24 age level which is safer for both child and mother.

4.2.3 Quantity of Food Practice During Pregnancy

More food is necessary than the unusual in the pregnancy period. The pregnant women require two meals plus two nutritional snacks or three meals a day in order to get enough calories and other nutrients for herself and the unborn infant. The quantity of food practice during pregnancy is shown in table 8.

Table No.8: Quantity of Food Practice During Pregnancy

Quantity of Food	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
More than usual	22	51.16	17	56.67	8	50.00	4	36.36	29.00	50.88
Same as usual	15	34.88	9	30.00	5	31.25	5	45.45	19.00	33.33
Less than usual	6	13.95	4	13.33	3	18.75	2	18.18	9.00	15.79
Total	43	100	30	100	16	100	11	100	57.00	100.00

The Newar pregnant women by 51.16 percent took more than as usual quantity of food than the Non-newar pregnant women by 50.88 percent during pregnancy. Similarly, 34.88 percent Newar pregnant women took same as usual food followed by Non-newar pregnant women by 33.33 percent. But 15.79 percent Non-newar pregnant women took less than as usual quantity of food than the Newar pregnant women by 13.95 percent. Brahman respondents (56.67%) of Non-newar took more than usual quantity of food than the 50 percent Chhetri respondents and 36.36 percent Dalit respondents.

At present situation women have known about the knowledge of having foods more than usual in pregnancy period. That's why pregnant women in this study took the foods more than usual.

4.2.4 Intake of Additional Nutritious Food During Pregnancy

Adequate nutrition is one of the most important needs of pregnant women. Intake of additional nutritious food during pregnancy is shown as table no 9.

Table No. 9: Intake of Additional Nutritious Food During Pregnancy

Types of food	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Green Vegetable	19	44.19	14	46.67	7	43.75	5	45.45	26.00	45.61
Meat/Fish/Egg	13	30.23	7	23.33	6	37.50	5	45.45	18.00	31.58
Milk/Curd	11	25.58	9	30.00	3	18.75	1	9.09	13.00	22.81
Total	43	100	30	100	16	100	11	100	57.00	100.00

The above table shows that Non-newar pregnant women by 45.61 percent took additional green vegetable rather than Newar pregnant women (44.19%). Similarly, 31.58 percent Non-newar pregnant women took additional meat, fish and eggs whereas only 30.23 percent Newar pregnant women took the same. But only 22.81 percent pregnant women took additional milk and curd whereas 25.58 percent Newar pregnant women took the same.

In Non-newar, Brahman respondents by 46.67 percent took additional green vegetable rather than 45.45 percent Dalit and 43.75 percent Chhetri respondents. Similarly, 45.45 percent Dalit respondents took additional meat, fish and eggs whereas only 37.50 percent by Chhetri and 23.33 percent by Brahman respondents.

Newar and Non-newar pregnant women took additional nutritious foods during pregnancy period due to the high volume of educated people. Any way they were more conscious about extra foods than as usual period.

4.2.5 Who Advised to Use Antenatal Care Service ?

Antenatal care service is the most important for healthy mother and healthy child. Therefore the researcher questioned about anyone who advised to use ANC services during pregnancy. This is given in the following table.

Table No.10: Who Advised to Use Antenatal Care Service ?

Any One Advised	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	37	86.05	21	70.00	12	75.00	6	54.55	39.00	68.42
No	6	13.95	9	30.00	4	25.00	5	45.45	18.00	31.58
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00
Who advised to use Antenatal Care Services ?										
Family	18	48.65	11	52.38	7	58.33	3	50.00	21.00	53.85
Neighbours	12	32.43	5	23.81	4	33.33	2	33.33	11.00	28.21
TBA/FCHVS	7	18.92	5	23.81	1	8.33	1	16.67	7.00	17.95
Total	37	100	21	100	12	100	6	100	39.00	100.00

The above table indicates that Newar respondents by 86.05 percent were advised to use ANC service than Non-newar respondents (68.42%) and 13.95 percent Newar respondents. But 31.58 percent Non-newar respondents said that they were not advised to use ANC service.

In this table, Non-newar respondents by 53.85 percent were advised by the family to use ANC services but only 48.65 percent Newar respondents were advised by their family to use ANC services. Similarly, 32.43 percent Newar respondents were advised by neighbours to use ANC services but 28.21 percent Non-newar respondents were advised by neighbors to use ANC services. Afterwards 18.92 percent newar respondents were advised by TBA/FCHVS to use ANC services but only 17.95 percent Non-newar respondents were advised by TBA/FCHVS to use ANC services. Chhetri respondents by 75 percent of Non-newar were advised to use ANC service than 70 percent Brahman respondents and 54.55 percent Dalit respondents. 58.33 percent Chhetri respondents were advised by family to use ANC service whereas 52.38 percent by Brahman respondents and 50 percent by Dalit respondents.

Since the people were more conscious for their health and education, the pregnant women were advised for ANC service.

4.2.6 Antenatal Check up During Pregnancy

Health check up is necessary from the conception to delivery. From concept weeks of pregnancy period, monthly check up is necessary. After 28 weeks, weekly check up within 15 days is necessary to achieve healthy baby of the pregnancy.

At last four-time visits are required for normal pregnant women safe delivery. The below table shows the antenatal check up during pregnancy.

Table No. 11: Antenatal check up During Pregnancy

Antenatal Check up	Newar		Non-newar							
			Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	37	86.05	21	70.00	12	75.00	6	54.55	39.00	68.42
No	6	13.95	9	30.00	4	25.00	5	45.45	18.00	31.58
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00
Frequency of ANC										
Two times	4	10.81	4	19.05	2	16.67	1	16.67	7.00	17.95
Three Times	6	16.22	4	19.05	3	25.00	3	50.00	10.00	25.64
Four Times	27	72.97	13	61.90	7	58.33	2	33.33	22.00	56.41
Total	37	100.00	21	100.00	12	100.00	6	100.00	39.00	100.00

The above table shows that 86.05 percent Newar women had checked up during pregnancy period followed by Non-newar (68.42%). Similarly, 31.58 percent Non-newar did not go for antenatal check up whereas only 13.95 percent by Newar women.

Above table shows that 72.97 percent of the Newar respondents had four times antenatal check up during pregnancy followed by Non-newar respondents (56.41%). Similarly, 25.64 percent Non-newar had 3 times check up during the pregnancy whereas only 16.22 percent by Newar respondents. Afterwards 17.95 percent Non-newar respondents had 2 times antenatal check up during pregnancy whereas only 10.81 percent by Newar respondents.

In Non-newar, the majority of Brahman respondents (61.90%) had four times antenatal check up during pregnancy followed by 58.33 percent Chhetri respondents and 33.33 percent Dalit respondents.

Antenatal check up during pregnancy period was more satisfactory because of their health awareness. Some of the pregnant women who did not have regular antenatal check up since they were busy and ignorant.

4.2.7 T.T. Vaccine Receiving

Neonatal tetanus is one of the major causes of infant death in Nepal for full protection. It is recommended that a pregnant woman should receive at least two dose of tetanus toxin vaccine during her first pregnancy. The figure 1 shows the existing practice of receiving TT Vaccine in selected respondents.

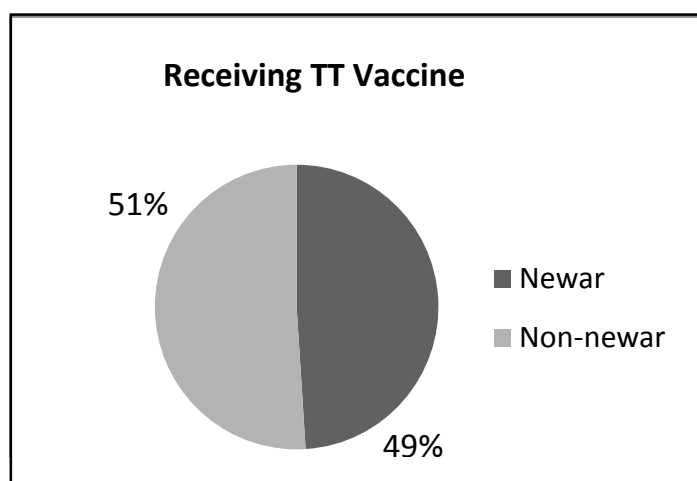


Figure No.1

As per the above figure Non-newar respondents by 51 percent had received the TT Vaccine whereas 49 percent by Newar respondents.

4.2.8 Where Was Antenatal check up During Last Pregnancy?

Maternal health care services that a mother receives during her pregnancy and the time of delivery are important for the well being of the mother and her child (MOH/2001). The table 12 shows where antenatal check up was during pregnancy of the respondents.

Table No.12: Where Was Antenatal Check up During Last Pregnancy ?

Institution	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Health Post	2	5.41	1	4.76	2	16.67	2	33.33	5.00	12.82
Hospital	35	94.59	20	95.24	10	83.33	4	66.67	34.00	87.18
TBA	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00
Other	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00
Total	37	100.00	21	100.00	12	100.00	6	100.00	39.00	100.00

The above table indicates that 12.82% of the Non-newar respondents went to health post for antenatal check up during last pregnancy whereas only 5.41 percent by Newar respondents. Only 87.18 percent Non-newar respondents went to hospital for antenatal check up during last pregnancy whereas 94.59 percent by Newar respondents.

Brahman respondents by 95.24 percent of Non-newar went to hospital for antenatal check up during last pregnancy followed by 83.33 percent Chhetri and 66.67 percent Dalit.

The most of the Newar and Non-newar respondents went to hospital for antenatal check up during last pregnancy for having better service than health post, TBA and others. Only the less number of respondents went to health post whose houses are far from hospital.

4.2.9 Practice of Taking Iron Tablets During Pregnancy

The size of women's baby or preparation of lactation of both the mother and the child depends upon the mother's nutritional status at the time of conception as well as her diet during pregnancy. In this study questions were asked to the respondents about iron tablets. The information is shown in the following figure.

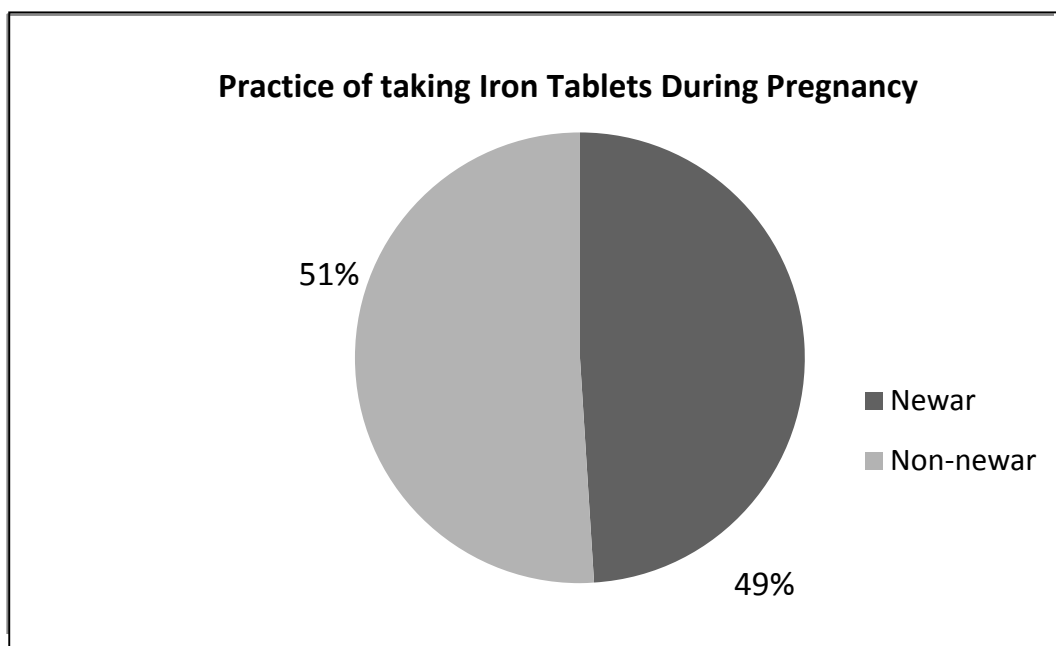


Figure No.2

The above figure shows that 51 percent of Non-newar women took the iron tablets during the pregnancy and only 49 percent of Newar women took the iron tablets during the pregnancy period.

4.2.10 Complication During Pregnancy

The pregnant women should get extra care from the health worker. If the danger signs occur during the pregnancy, the women should go to nearest health post or health institution. Therefore, the researcher questioned about danger signs during pregnancy and information about it which is given in the following table 13 below.

Table No. 13: Complication During Pregnancy

Complication	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Swelling of Hands/Face/Legs	26	60.47	18	60.00	10	62.50	8	72.73	36.00	63.16
Back pain	9	20.93	7	23.33	4	25.00	2	18.18	13.00	22.81
Bleeding	8	18.60	5	16.67	2	12.50	1	9.09	8.00	14.04
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that 63.16 percent Non-newar women had the complication of swelling of hands/face/legs during pregnancy followed by Newar (60.47%). Similarly, 22.81 percent Non-newar women had complication of back pain during pregnancy followed by Newar women (20.93%). 18.60 percent Newar women had the complication of bleeding during pregnancy whereas 14.04 percent by Non-newar. Dalit respondents by 72.73 percent of Non-newar had the complication of swelling of hand/face/legs during pregnancy followed by 62.50 percent Chhetri and 60 percent Brahman respondents.

The women have work load and ignorant about health care in village area in the comparison of city area. Therefore, they had swelling problem in pregnancy period.

4.3 Delivery Practices

Safe delivery practice is essential because it reduces delivery complications and saves mother as well as child health. At the national level only 9% of births are delivered in the place where they get health facilities compared with 89% at home (MOHP 2001). Safe delivery practices protect the life and health of the mother and her child. It is helpful to reduce delivery complication by reducing pain during the delivery period. Various factors are responsible to make a delivery safe or unsafe by taking facilities about it. The delivery practices of the respondents are presented below.

4.3.1 Place of Delivery

At the national only 9 percent of births are delivered in health institutions compared with 89 percent at home (MOHP 2001). The table below shows the situation of place of birth in the selected community.

Table No. 14: Place of Delivery

Place of delivery	Newar		Non-newar						Total	
	Number	Percent	Brahman		Chhetri		Dalit		Number	Percent
			Number	Percent	Number	Percent	Number	Percent		
At home	9	20.93	5	16.67	2	12.50	4	36.36	11.00	19.30
At hospital	34	79.07	25	83.33	14	87.50	7	63.64	46.00	80.70
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that 20.93 percent of Newar women had practiced delivery at home followed by Non-newar (19.30%). But 80.70 percent of Non-newar women had practiced delivery at hospital where as 79.07 percent by Newar women. Chhetri women by 87.50 percent of Non-newar were delivered at hospital followed by Brahman women (83.33%) and Dalit women (63.64%).

Since hospitals were available nearby respondents' house, they had practiced delivery at hospital.

4.3.2 Assistance During Delivery

Assistance during delivery by skilled health person is considered to be effective in the reduction of maternal and neonatal mortality. Traditionally, most of the Nepalese children are delivered at home in the attendance of TBAs of elder women of the community whether they are not trained. In the context of our country it is a mountainous country. So, most of the people had not proper skill about safe delivery. The maternal and neonatal deaths are higher in compare of urban in Nepal. The maternal and neonatal deaths and much of the chronic morbidity resulting from child birth are due to the failure to get timely help for complication at delivery. So, it is essential to conduct the delivery under proper hygiene conditions with the assistance of a trained medical practitioner. In this study, the respondents were asked questions about assistance during delivery at home. The answers are shown in the table no. 15

Table No. 15: Assistance During Delivery at Home

Assistance by	Newar		Non-newar						Total	
	Number	Percent	Brahman		Chhetri		Dalit		Number	Percent
			Number	Percent	Number	Percent	Number	Percent		
Husband	2	22.22	1	20.00	1	50.00	1	25.00	3.00	27.27
Mother in law	4	44.44	2	40.00	1	50.00	2	50.00	5.00	45.45
TBA	2	22.22	1	20.00	0	0.00	1	25.00	2.00	18.18
Health workers	1	11.11	1	20.00	0	0.00	0	0.00	1.00	9.09
Total	9	100.00	5	100.00	2	100.00	4	100.00	11.00	100.00

The above table shows that 27.27 percent Non-newar women got assistance of husband during delivery at home but only 22.22 percent Newar mothers got

assistance of husband. Similarly, 45.45 percent Non-newar women got assistance of mother-in-law during delivery at home followed by 44.44 percent Newar women. Afterwards 22.22 percent Newar women got assistance of TBA during delivery at home whereas 18.18 percent by Non-newar women. Similarly, 11.11 percent Newar women got assistance of health workers during delivery at home followed by Non-newar by 9.09 percent.

50 percent of Chhetri women of Non-newar got assistance of husband during delivery at home whereas 25 percent by Dalit women and 20 percent by Brahman women. Similarly, 50 percent Chhetri, 50 percent Dalit and 40 percent Brahman women got assistance of mother-in-law during delivery at home.

4.3.3 Cord Cutting Assistance

It is necessary to cut cord after the birth of the baby but it should be done carefully because it is a risk and possibility of infection of different kinds of disease. Cord cutting assistance is presented in the following table 16.

Table No.16: Cord Cutting Assistance

Cord Cutting Assistance	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Health Worker	34	79.07	25	83.33	13	81.25	8	72.73	46.00	80.70
Family Member	5	11.63	3	10.00	1	6.25	1	9.09	5.00	8.77
TBAS	4	9.30	2	6.67	2	12.50	2	18.18	6.00	10.53
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that Non-newar women 80.70 percent practiced of cutting cord with the assistance of health workers followed by Newar (79.07%). But in the assistance of family workers, Newar women by 11.63 percent were leading whereas only 8.77 percent Non-newar women were leading in cutting cord. Similarly, 10.53 percent of Non-newar and 9.30 percent Newar women practiced cutting cord with the assistance of TBAS. High portion of Brahman women (83.33%) in Non-newar practiced of cutting cord with the assistance of health workers whereas 81.25 percent Chhetri and 72.73 percent Dalit women practiced of cutting cord with the assistance

of health workers. 10 percent of Brahman women, 9.09 percent Dalit and 6.25 percent Chhetri women practiced cutting cord with the assistance of family members.

As per the study the women practiced the cord cutting with health workers since they delivered the child in hospital.

4.3.4 Cord Cutting Instruments

The effective cord cutting practice depends on the condition of the equipment used. Sterilized instruments should be used to cut the umbilical cord after the birth of the baby. Generally, sterilized blade is used as the cord cutting instruments in the hospitals and clinics which prevent the neonatal tetanus. Respondents had been asked about the instruments which they had used to cut the cord.

The below table shows that Non- newar respondents by 12.28 percent used knife for cutting cord followed by Newar respondents (2.33%). Similarly, 10.53 percent Non-newar respondents used blade for cutting cord whereas 2.33 percent by Newar respondents. 95.35 percent of Newar women used sterilized blade for cutting cord for newly born baby whereas only 77.19 percent by Non-newar respondents.

High proportion of Brahman respondents (93.33%) of Non-newar, 68.75 percent Chhetri and 45.45 percent Dalit respondents used sterilized blade. Similarly, 27.27 percent of Dalit respondents, 18.75 percent Chhetri and 3.33 percent of Brahman respondents used knife for cutting cord.

Table No.17: Cord Cutting Instruments

Cord cutting Instruments	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Knife	1	2.33	1	3.33	3	18.75	3	27.27	7.00	12.28
Blade	1	2.33	1	3.33	2	12.50	3	27.27	6.00	10.53
Sterilized Blade	41	95.35	28	93.33	11	68.75	5	45.45	44.00	77.19
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

4.4 Postnatal Care Practices

Care of mother and new born baby after is known as postnatal care. The objective of postnatal care is to prevent possible complication of the post period, to check up adequacy of breast feeding and to provide adequate nutrition to the baby. Postnatal care practices include breast feeding practice, supplementary food, child immunization practice and treatment for children.

4.4.1 Breast Feeding after Birth

The baby should be fed breast milk enough for the first six months. Breast feeding should be initiated soon after the delivery ideally within 30 to 60 minutes after birth. The mother's milk contains all nutrients required of the child's development. So the colostrums feeding is very important for newly born baby against various disease. Frequency of breast feeding after birth is shown in table No.18.

Table No.18: Frequency of Breast Feeding after Birth

Time	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Immediately after birth	32	74.42	26	86.67	8	50.00	6	54.55	40.00	70.18
After 2 hours	9	20.93	3	10.00	5	31.25	3	27.27	11.00	19.30
After 4 hours	2	4.65	1	3.33	3	18.75	2	18.18	6.00	10.53
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

First milk/ Colostrums Feeding Practice

First milk Feeding Practice	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	42	97.67	29	96.67	15	93.75	10	90.91	54.00	94.74
No	1	2.33	1	3.33	1	6.25	1	9.09	3.00	5.26
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table indicates that 74.42 percent Newar mothers fed breast milk to their babies immediately after the birth whereas Non-newar by 70.18 percent. Similarly,

20.93 percent of Newar mothers fed breast milk to their babies after 2 hours of birth whereas Non-newar mothers by 19.30 percent. Afterwards 10.53 percent of Non-newar mothers fed breast milk to their babies after 4 hours of birth whereas 4.65 percent by Newar mothers. According to data it was found that 97.67 percent of Newar mothers practiced to feed colostrums followed by 94.74 percent Non-newar mothers. 5.26 percent of Non-newar practiced to feed colostrums to newly born babies followed by 2.33 percent Newar mothers.

In Non-newar, Brahman mothers (86.67%), 54.55 percent Dalit and 50 percent fed breast milk to their babies immediately after birth. Similarly, 18.75 percent of chhetri, 18.18 percent Dalit and 3.33 percent of Brahman mothers fed breast milk to their babies after 4 hours of birth.

4.4.2 Period of Method of Breast Feeding

Breast milk is the best for children up to 6 months. It is necessary to feed breast milk to baby up to 2 years which help to protect against diarrhea and respiratory disease in the first few months. It also prevents from malnutrition and reduces child mortality. Duration of breast-feeding practices is shown in below table.

Table No.19: Duration and Methods of Breast Feeding

Period	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2 years	19	44.19	11	36.67	5	31.25	3	27.27	19.00	33.33
3 years	23	53.49	16	53.33	8	50.00	6	54.55	30.00	52.63
More than 3 years.	1	2.33	3	10.00	3	18.75	2	18.18	8.00	14.04
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

Methods of Breast Feeding Practices

Methods	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
By laying	20	46.51	13	43.33	6	37.50	4	36.36	23.00	40.35
By turning	22	51.16	15	50.00	8	50.00	5	45.45	28.00	49.12
By putting chest	1	2.33	2	6.67	2	12.50	2	18.18	6.00	10.53
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table indicates that 44.19 percent Newar mothers practiced breast feeding up to two years followed by 33.33 percent Non-newar mothers. Similarly, 53.49 percent Newar mothers practiced breast feeding up to 3 years whereas 52.63 percent by Non-newar mothers. But only 2.33 percent Newar mothers practiced breast feeding more than three years whereas 14.04 percent by Non-newar mothers. In Non-newar, 18.75 percent of Chheri, 18.18 percent Dalit and 10 percent of Brahman mothers practiced breast feeding more than 3 years. According to data it was found that 46.51 percent Newar mothers practiced breast feeding by laying method whereas Non-newar mothers by 40.35 percent. Similarly, 51.16 percent Newar mothers practiced breast feeding by turning whereas Non-newar by 49.12 percent. But Non-newar mothers by 10.53 percent practiced breast feeding by putting chest method followed by 2.33 percent Newar mothers. In Non-newar, 18.18 percent of Dalit, 12.50 percent Chhetri and 6.67 percent of Brahman mothers practiced breast feeding by putting chest method.

4.4.3 Weaning Practice for Baby and Prepare Sarbottam Pitho

After the age of six months, only the breast feeding will be insufficient to supply the nutritional requirements of the child. Weaning plays vital role in growth and development of child when a baby is five to six months. It is an appropriate age to introduce supplementary food along with breast milk. This practice is called weaning.

Table No.20: Weaning Practice of Baby and Prepare Sarbottam Pitho

Weaning practice	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cows/buffalo milk	10	23.26	5	16.67	3	18.75	4	36.36	12.00	21.05
Sarbottam pitho	11	25.58	9	30.00	5	31.25	2	18.18	16.00	28.07
Jaulo	22	51.16	16	53.33	8	50.00	5	45.45	29.00	50.88
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

Can Prepare Sarbottam Pitho

	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	37	86.05	24	80.00	12	75.00	8	72.73	44.00	77.19
No	6	13.95	6	20.00	4	25.00	3	27.27	13.00	22.81
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that 23.26 percent Newar respondents used cows/buffalo milk as a supplementary food to their children followed by 21.05 percent Non-newar respondents. But 28.07 percent Non-newar respondents used Sarbottam pitho as a supplementary food to their children followed by 25.58 percent Non-newar respondents. 51.16 percent Newar respondents used Jaulo as a supplementary food to their children whereas 50.88 percent Non-newar respondents used. In Non-newar, Brahman respondents (53.33%), 50 percent of Chhetri and 45.45 percent Dalit respondents used Jaulo as a supplementary food to their children.

The second table shows that Newar respondents by 86 percent could prepare Sarbottam Pitho whereas 77.19 percent Non-newar respondents could prepare. In Non-newar, most of Dalit respondents (27.27%), 25 percent Chhetri and 20 percent Brahman respondents could not prepare Sarbottam pitho.

4.4.4 Intake a Vitamin A Capsule in Postnatal Period

The practice should be improved of food intake consumption of fortified food and direct supplementation Vitamin A capsule is more important intervention. The below table shows intake of Vitamin A Capsule is postnatal period.

Table No. 21: Intake of Vitamin A Capsule in Postnatal Period

Intake Vitamin A Capsule	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	38	88.37	27	90.00	12	75.00	8	72.73	47.00	82.46
No	5	11.63	3	10.00	4	25.00	3	27.27	10.00	17.54
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

Table indicates that the practices of intake vitamin A capsule used by respondent in postnatal period. It indicates that 88.37 percent Newar respondents in taking vitamin A capsule during postnatal period lead to the 82.46 percent Non-newar respondents. In Non-newar, 27.27 percent Dalit, 25 percent Chhetri and 10 percent Brahman respondents did not take vitamin A capsule during that period.

Vitamin A capsule received by women in Newar and Non-newar was good due to the delivery in the hospital.

4.5 Sanitary Practices

Sanitation refers to the cleanliness. Similarly, sanitary practices followed by the pregnant mother also influence the healthy growth of her fetus. Therefore, the research collected data relating the sanitary practices are presented in this section.

4.5.1 Clean of Lactating Mothers Nipple

Keeping body clean can prevent illness. It is necessary to prevent the baby from illness. Information obtained from the respondents about the washing nipple before and after milk feeding is shown in the following table 22.

Table No.22: Clean of Lactating Mothers Nipple Before and After Feeding

Clean of Nipple	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	21	48.84	14	46.67	7	43.75	3	27.27	24.00	42.11
No	22	51.16	16	53.33	9	56.25	8	72.73	33.00	57.89
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that 48.84 percent Non-newar cleaned nipple before and after feeding followed by Non-newar (42.11%). But Non-newar women (57.89%) who did not clean nipple before and after feeding whereas 51.16 percent Newar women did not clean nipple before and after feeding. Dalit women (72.73%) in Non-newar, 53.33 percent Brahman and 56.25 percent Chhetri women did not clean nipple before and after feeding mothers' milk.

Not to clean the nipple before and after feeding was the problem in Newar and Non-newar community because of ignorance about it. They should be trained against it to solve those problems.

4.5.2 Bathing Children

A child should bath very frequently so as to prevent him/her from various kinds of disease carrying germs and make him/her neat and clean which supports the healthy growth of his/her body.

Table No.23: Frequency of Bathing

Frequency of Bathing	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Every 7 days	18	41.86	13	43.33	5	31.25	5	45.45	23.00	40.35
Every 2 weeks	4	9.30	3	10.00	3	18.75	2	18.18	8.00	14.04
Not fixed time	21	48.84	14	46.67	8	50.00	4	36.36	26.00	45.61
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The table indicates that Newar women (41.86%) provided bath to their babies after every 7 days followed by Non-newar women (40.35%). But 14.04 percent Non-newar women provided bath to their babies after every 2 weeks whereas 9.30 percent Newar women provided bath to their babies. Similarly, Newar women (48.84%) did not have fixed time to provide bath to their babies but only 45.61 percent Non-newar women did not have fixed time to provide bath to their babies.

In Non-newar, only 45.45 percent Dalit, 43.33 percent Brahman and 31.25 percent women provided bath to their babies after every 7 days. Respondents in each caste did not have fixed time to provide bath their babies as per the data of table i.e. 50 percent Chhetri, 46.67 percent Brahman and 36.36 percent Dalit women. Similarly, Chhetri women (18.75%) provided bath to their babies after every 2 weeks whereas 18.18 percent Dalit and 10 percent Brahman women provided bath to their babies.

Normally, providing bath to their children in Newar and Non-newar women did not have fixed time since the women were busy and ignorant in health care.

4.5.3 Child Ear Cleaning Way

Table No. 24: Child Ear Cleaning Way

Child Ear Cleaning Way	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cloth	9	20.93	4	13.33	3	18.75	4	36.36	11.00	19.30
Ear Buds	20	46.51	14	46.67	8	50.00	2	18.18	24.00	42.11
Kankerno	14	32.56	12	40.00	5	31.25	5	45.45	22.00	38.60
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that 20.93 percent Newar mothers reported to use cloth for cleaning their child ears whereas 19.30 percent Non-newar mothers used cloth. Similarly, 46.51 percent Newar mothers reported to use ear buds to clean their child ears whereas 42.11 percent Non-newar mother reported to use ear buds. But Non-newar mothers (38.60%) reported to use Kankerno whereas only 32.56 percent Newar mothers used kankerno for cleaning their child ears. In Non-newar, Chhetri mothers (50%) used ear buds for cleaning their child ear. Similarly, 46.67 percent Brahman and 18.18 percent Dalit mothers used ear buds for cleaning their child ear. 45.45 percent Dalit, 40 percent Brahman and 31.25 percent Chhetri mothers used kankerno for cleaning their child ear. Using ear buds for cleaning their child ears was the positive point because they could get it from market easily.

4.5.4 Condition of Bathing Water for Babies

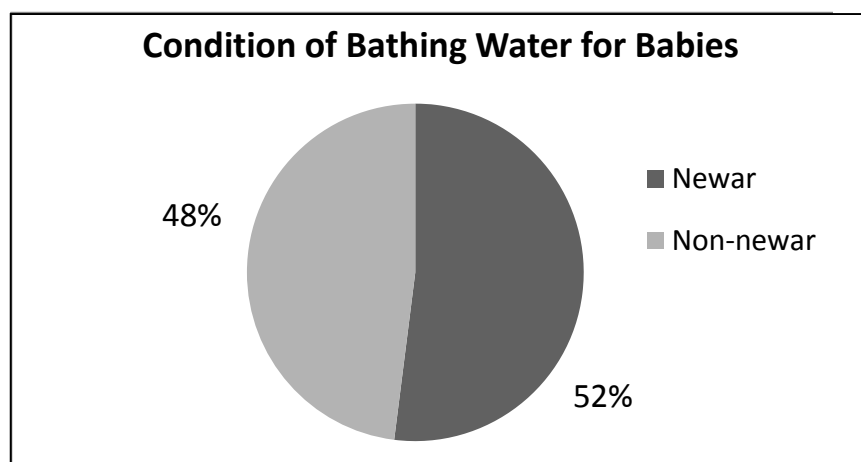


Figure No.3

Condition of water whether hot or cold also influences the growth of a newly born baby for bathing. The above figure shows the condition of bathing water for the babies.

As per the above figure, 52 percent Newar mothers used the hot water for bathing their babies but only 48 percent Non-newar mothers used the cold water for bathing their babies.

4.6 Family Planning Practices

Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge attitude and responsible decision decided by individual and couples in order to promote health and welfare of family group. Family planning has long been a core element of population policies and programs and is a central component of reproductive health. In addition to allowing couples to limit the number of children they have family planning helps to lower fertility rates and slow population growth by helping women to space their pregnancies.

4.6.1 Use of Family Planning Devices

Family planning devices refers to that which helps every couple to avoid unwanted birth and determines number of the children in the family. The following table shows the devices of the family planning use.

Table No. 25: Uses of Family Planning Devices

Use of devices	Newar		Non-newar						Total	
	Number	Percent	Brahman		Chhetri		Dalit		Number	Percent
			Number	Percent	Number	Percent	Number	Percent		
Yes	36	83.72	24	80.00	13	81.25	8	72.73	45.00	78.95
No	7	16.28	6	20.00	3	18.75	3	27.27	12.00	21.05
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The table shows that Newar respondents (83.72%) used family planning devices followed by Non-respondents (78.95%). 21.05 percent Non-newar respondents did not use family planning devices whereas only 16.28 percent of Newar respondents did not use family planning devices. In Non-newar, 81.25 percent Chhetri, 80 percent

Brahman and 72.73 percent Dalit respondents used family planning devices but 27.27 percent Dalit, 20 percent Brahman and 18.75 percent Chhetri respondents did not use family planning devices.

The respondents used the family planning devices since there were high risk in sex without family planning devices.

4.6.2 Method of Family Planning

There are two method of family planning such temporary and permanent devices.

Table No.26: Method of Family Planning

Devices	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Temporary	23	53.49	17	56.67	9	56.25	7	63.64	33.00	57.89
Permanent	20	46.51	13	43.33	7	43.75	4	36.36	24.00	42.11
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

Different methods of contraceptive

Depo	12	27.91	9	30.00	4	25.00	3	27.27	16.00	28.07
Pills	5	11.63	4	13.33	2	12.50	2	18.18	8.00	14.04
Copper T	3	6.98	2	6.67	1	6.25	1	9.09	4.00	7.02
Condom	3	6.98	2	6.67	2	12.50	1	9.09	5.00	8.77
Permanent	20	46.51	13	43.33	7	43.75	4	36.36	24.00	42.11
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that Non-newar women (57.89%) used temporary devices followed by Newar women (53.49%). But Newar women (46.51%) used permanent devices whereas 42.11 percent of Non-newar women used. In Non-newar, Dalit women (63.64%) used temporary devices followed by 56.67 percent Brahman and 56.25 percent Chhetri.

The second table shows that Non-newar women (28.07%) used the Depo injection followed by Newar women (27.91%). Similarly, 14.04 percent Non-newar women used the pills whereas only 11.63 percent of Newar women used. 7.02 percent Non-newar women used the Copper T followed by Newar women (6.98%). Similarly, 8.87 percent Non-newar women used Condom whereas 6.98 percent Newar women used.

Permanent devices used women were 46.51 percent of Newar whereas only 42.11 percent Non-newar women used the same. In Non-newar, 43.75 percent Chhetri, 43.33 percent Brahman and 36.36 percent Dalit women used permanent family planning devices.

4.7 Child Care Practices

Care of mother and the new born baby after delivery is known as child care practices. Child immunization is the most important practice which helps to reduce high child mortality. Immunization is the process of rendering a person immunized to a certain disease by injecting him with a serum or vaccine.

4.7.1 Prevalent Disease among the Living Children

In this connection, mothers were asked about the most prevalent disease among their children. The available information is shown in below table.

Table No.27: Prevalent Disease among the Living Children

Child suffering	Newar		Non-newar						Total	
	Number	Percent	Brahman		Chhetri		Dalit		Number	Percent
			Number	Percent	Number	Percent	Number	Percent		
Yes	25	58.14	17	56.67	11	68.75	8	72.73	36.00	63.16
No	18	41.86	13	43.33	5	31.25	3	27.27	21.00	36.84
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

Description	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Marasmus	2	4.65	2	6.67	3	18.75	2	18.18	7.00	12.28
Kwasiworker	1	2.33	2	6.67	1	6.25	1	9.09	4.00	7.02
ARI	1	2.33	1	3.33	2	12.50	1	9.09	4.00	7.02
Diarrhoea	19	44.19	13	43.33	6	37.50	4	36.36	23.00	40.35
Wound	20	46.51	12	40.00	4	25.00	3	27.27	19.00	33.33
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

As shown in this table, Non-newar children had been suffered from different kinds of diseases but only 58.14 percent children of Newar women had been suffered by different kinds of diseases. In Non-newar, 43.33 percent Brahman, 31.25 percent Chhetri and 27.27 percent Dalit had not been suffered by different diseases.

This table also shows that Diarrhoea covered 44.19 percent children of Newar women but only 40.35 percent children of Non-newar suffered. Wound covered 46.51 percent children of Newar women but only 33.33 percent children of Non-newar women were suffered by wound. Children of Non-newar women were suffered from Marasmus but only 4.65 percent children of Newar women suffered from the same. Similarly, 7.02 percent of Non-newar children were suffered by Kwasiworker and ARI whereas only 2.33 percent of the Newar children suffered by the same diseases.

In Non-newar, 43.33 percent of Brahman, 37.50 percent Chhetri and 36.36 percent Dalit women were suffered by diarrhea. Similarly, 18.75 percent Chhetri, 18.18 percent of Dalit and 6.67 percent Brahman women were suffered by marasmus disease.

The Newar and Non-newar women were suffered by diarrhoea disease than other diseases due to the village area.

4.7.2 Use of Bottle Milk

Breast milk is the perfect food for infants. It provides a protective mechanism for babies against bacterial and viral pathogens when it is given for the first 7 to 10 days of birth. It carries immunity to prevent from disease and high nutritive value to the infant. But the bottle milk practices in the study area are shown in the table given below.

Table No. 28: Use of Bottle Milk

Bottle milk	Newar		Non-newar							
			Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	14	32.56	8	26.67	4	25.00	3	27.27	15.00	26.32
No	29	67.44	22	73.33	12	75.00	8	72.73	42.00	73.68
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

As shown in this table Newar mothers (32.56%) had used bottle milk but 26.32 percent Non-newar mothers had used bottle milk. 73.68 percent Non-newar mothers did not use bottle milk, they used mother milk only. 67.44 percent Newar mothers did not use bottle milk, they used mother milk.

In Non-newar, Chhetri mothers (75%) did not use bottle milk. Similarly, 73.33 percent of Brahman mothers and 72.73 percent of Dalit women did not use bottle milk to their babies.

In village, the women mostly used the mother's milk because they did not need to go outer services.

4.7.3 Immunization Practice

Immunization is one of the most important components to protect children from seven fatal diseases like Tuberculosis, whooping cough, tetanus, diphtheria, hepatitis B, poliomyelitis and measles. These several types of killer diseases can be prevented by immunization.

Table No.29: Immunization Practices

Immunization Practices	Non-newar									
	Newar		Brahman		Chhetri		Dalit		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00
No	0	0.00	0	0.00	0	0.00	0	0.00	0.00	0.00
Total	43	100.00	30	100.00	16	100.00	11	100.00	57.00	100.00

The above table shows that all respondents have immunized their children.

CHAPTER - V

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary

An attempt was made to study the maternal and child health care practice of Newar and Non-newar women in Jhaukhel VDC of Bhaktapur District.

The main objectives of the study were to find out the socio-economic and demographic characteristics and the MCH care practice of Jhaukhel VDC. The study was descriptive type and was mainly based on primary sources of data from 100 respondents (43 Newar and 57 Non-newar) who were selected through purposive sampling method for the study. The study was also based on secondary data received from health post, VDC, hospital (Established by Nepal Medical College). The researcher reviewed several literatures related directly and indirectly to the present study. On the basis of reviewing literature maternal and child care practices in Nepal was poor. Interview schedule was the major tool used to obtain sufficient information on maternal and child health care practice i.e. antenatal care practice, delivery practice, postnatal care practice, family planning and child care practices.

The collected data were tabulated in a master chart and then they were analyzed and interpreted with the help of tables. After analysis and interpretation of data main findings, conclusions were listed and some recommendations are suggested.

5.2 Findings

On the basis of data analysis and interpretation, the following findings have been drawn.

5.2.1 Socio-economic and Demographic Characteristics

- The Newar respondents (74.42%) were literate and only 71.93 percent of the Non-newar respondents were literate. 18.75 percent of Newar respondents and 17.07 percent of Non-newar have got above secondary level education.

- The Non-newar respondents (24.56%) had more than or equal to 7 family members and Newar respondents belonged to joint family (53.49%).
- The Newar respondents (74.42%) were involved in agriculture than Non-newar respondents (73.68%).

5.2.2 Antenatal Care Practices

- In the selected area, Newar respondents (58.14%) got married between 20-24 years whereas Non-newar respondents by only 29.82 percent. Similarly, 12.28 percent Non-newar and 2.33 percent Newar respondents got married below 15 years.
- The Non-newar respondents (64.91%) became pregnant for the first time at the age of between 20-24 years followed by Newar respondents (62.79%).
- The Newar pregnant respondents (86.05%) visited hospital for antenatal check up but only 68.42 percent Non-newar respondents visited hospital for antenatal check up. Similarly, 72.97 percent of Newar pregnant women visited hospital for antenatal check up for 4 times during pregnant period whereas only 56.41 percent by pregnant Non-newar women.
- It was revealed that 51 percent pregnant women received TT vaccine and iron tablets during pregnant period followed by 49 percent Non-newar pregnant woman.

5.2.3 Delivery Practices

- It was found that 79.07 percent of Newar respondents delivered at hospital whereas 80.70 percent of Non-newar respondents delivered.
- It was found that 79.07 percent of Newar and 80.70 percent of Non-newar women were delivered at hospital with the help of health worker. 11.63 percent of Newar pregnant women were delivered at home with the help of family member followed by 8.77 percent of Non-newar women.

5.2.4 Postnatal Care Practices

- Higher proportion of Newar mother respondents (97.67%) fed colostrums to their babies but only 94.74 percent Non-newar mother fed colostrums to their babies.
- The study shows that 53.49 percent Newar mothers fed breast their children for 3 years whereas 52.63 percent Non-newar mothers fed breast their children.
- Almost all mothers gave their children different types of weaning practices. It was found that 51.16 percent Newar mothers fed Jaulo whereas 50.88 percent Non-newar mothers fed jaulo.
- Higher proportion of Newar mothers (88.37%) took vitamin A capsule but only 82.46 percent Non-newar mothers took vitamin A capsule.

5.2.5 Sanitary Practices

- The Newar mothers (48.84%) cleaned nipple before and after breast feeding but only 35.09 percent Non-newar mothers cleaned nipple before and after breast feeding.
- The of the Newar mothers (48.84%) provided bath irregularly followed by Non-newar (45.61%). 41.86 percent Newar mothers provided bath their children every 7 days where as 40.35 percent Non-newar mothers provided bath to their children every 7 days.
- It was found that 46.51 percent Newar mothers used Ear Buds to clean ears of their children but only 42.11 percent Non-newar mothers used Ear Buds to clean ear of their children.
- In totality, most of mothers (90%) provided bath their children by hot water.

5.2.6 Family Planning Practices

- It was revealed 83.72 percent of Newar respondents used family planning devices followed by Non-newer respondents (78.95%).

- It was found that Non-newer respondents (57.89%) used temporary family planning devices where as 53.49 percent Newar respondents used temporary family planning devices. Permanent family planning devices used Newar respondents were 46.51 percent whereas Non-newar respondents were 42.11 percent.
- 28.07 percent Non-newar and 27.91percent Newar respondents used Depo injection where as 8.77 percent of Non-newar and 6.98 percent of Newar husbands used condom.

5.2.7 Child Care Practices

- All respondents in both Newar and Non-newar had immunized their children.
- Children of Non-newar respondents (63.16%) were suffered from diseases and only 58.14 percent children of Newar respondents were suffered from diseases. Mainly the children of Newar respondents (44.19%) were suffered from Diarrhoea followed by the children of Non-newar respondents (40.35%). The Newar children (46.51%) were suffered from wound whereas only 33.33 percent of Non-newar children were suffered from wound.
- Non-newar respondents (73.68%) used mother milk but only 67.44 percent Newar respondents used mother milk. 32.56 percent Newar respondents and only 26.32 percent Non-newar respondents used bottle milk due to insufficient of mother milk.

5.3 Conclusion

Following conclusions were drawn on the basis of the findings of the study.

The majority of Newar respondents got married between 20-24 years of age and gave the birth of child at this age class which is better age class for getting babies. Most of the illiterate respondents in Newar and Non-newar gave birth to the first child below the age of 20 years. Most of the families of Non-newar respondents were nuclear type. Most of the respondents in both Newar and Non-newar respondents had 2 children and they were literate. Major respondents of Newar and Non-newar were involved in agriculture. Four times antenatal check up was more satisfactory in Newar respondents than Non-newar respondents during pregnancy period. Food practice and additional nutritious food during pregnancy period were not fully satisfied in both Newar and Non-newar respondents. Most of the pregnant women in Non-newar and Newar had swelling problem during pregnancy period. The majority of the respondents of Non-newar and Newar had been delivered at hospital which is saver for both mother and baby. Most of the women in Newar and Non-newar had taken help of the family members during delivery period while delivery conducted at home which is considered as unsafe delivery. Most of the respondents in both Newar and Non-newar fed colostrums to their babies. Major respondents of Newar than Non-newar had taken vitamin A capsule in postnatal period.

Sanitary practices in both Newar and Non-newar respondents were not satisfactory due to their business and lack of health education. Similarly, frequency of bathing of the new born baby in Newar and Non-newar respondents was also not satisfactory because they provided bath to their babies irregularly. Majority of the Newar respondents used permanent family planning devices than the Non-newar respondents. All respondent had immunized their children.

The education status plays a vital role in MCH care practice. The respondents having good education status had better MCH practice than the illiterate respondents. Those who had not better MCH practice; they had lack of knowledge and getting rid of traditional views and themes.

5.4 Recommendation

In order to promote maternal and child health care practices in Jhaukhel VDC, Bhaktapur, following recommendations are suggested:

5.4.1 General Recommendation

This study was done on Newar and Non-newar community of Jhaukhel VDC of Bhaktapur. The antenatal, natal and postnatal practices for safe motherhood were the main goal of this study. Some of the respondents of this community are suffering from many health problems which are related to safe motherhood. Regarding above these findings of this study, the following recommendations are suggested.

- The clean of nipple before and after feeding milk in both Newar and Non-newar is not satisfactory which may be the cause of diseases of the babies. Similarly, the majority of the mothers in both Newar and Non-newar have not provided regular bath to their children. Therefore, some awareness programs are needed by governmental or non-governmental agencies.
- The pregnant women of Newar and Non-newar who had not visited for antenatal check up for at least 4 times, they should be given the health education.
- Food practice and additional nutritious food during pregnancy period in Newar and Non-newar respondents are not still fully satisfied. Therefore, they should be aware against food practice and additional food during pregnancy period.
- Development programs should be launched for improving personal hygiene, antenatal, natal and postnatal practices that help to reduce child mortality rate.
- Bottom to top approach of health programs should be launched to integrate community participation in every sphere of antenatal, natal and postnatal programs.

5.4.2 Recommendation For the Further Study.

- A study in the practice of environmental sanitation of Jhaukhel VDC could be carried out for further study.
- It will be better to study reproductive health and safe motherhood practice.
- It could be more effective to study about the child health care practice in Jhaukhel VDC.

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Appendix-I

Interview Schedule

Maternal and child health care practice among Newar and Non-newar women in Jhukhel VDC of Bhaktapur District.

Name:

Age:

Caste:

VDC:

Ward:

A. Demographic and Socio-economic Condition

1. How old are you?

.....

2. Are you literate person?

A) Yes

B) No

If yes, then which class have you completed?

A) Primary level

B) Can read and write

C) Secondary level

D) Above secondary level

3. How many members do you have in your family?

.....

4. What is your occupation?

.....

5. What type is your family?

a) Nuclear

b) Joint

6. How many children have you given birth?

a) One

b) Two

c) Three

d) More than three

7. What is the main source of income in your family?
 - a) Agriculture
 - b) Business
 - c) Service
 - d) Labour

8. Who is the main earner of your family?
 - a) Husband
 - b) Father/mother in-law
 - c) Self
 - d) Other

9. How much land do you have?
 - a) 0-2 Ropani
 - b) 2-5 Ropani
 - c) 5-10 Ropani
 - d) More than 10

10. How long do you use own edible production?
 - a) Below 3 months
 - b) 6 months
 - c) 9 months
 - d) Above 1 year

11. What type of house do you have?
 - a) Stone
 - b) Wooden
 - c) Other

12. Which source of light do you use in your home?
 - a) Electricity
 - b) Kerosine
 - c) Fire
 - d) Others

13. Do you have following communication facilities?
 - a) Radio
 - b) T.V.
 - c) Telephone
 - d) All

14. What is the source of drinking water?
- a) Piped water
 - b) Lake
 - c) Underground water
 - d) Others
15. What types of toilet facility do you have?
- a) Khalde charpi
 - b) Modern
 - c) No toilet

B. Antenatal Care Practices

16. What was your age at first marriage?
-
17. How did you know that you were pregnant?
- a) By urine test
 - b) By testing breast sign
 - c) By stopping menstruation
 - d) Others
18. When did you get first pregnancy?
-
19. During pregnancy how much food should be taken?
- a) More than as usual
 - b) Same as usual
 - c) Less than as usual
 - d) I don't know
20. Did you drink alcohol during pregnancy?
- a) Yes
 - b) No
21. Did you use following additional foods during pregnancy?
- a) Green vegetable
 - b) Meat/egg/fish
 - c) Milk/curd
 - d) All
22. Do you wash your hand before meal and after defecation?
- a) Yes
 - b) No

23. If yes, what do you use when you wash you hand?
- a) Soap & water
 - b) Soil & water
 - c) Kharani & water
 - d) Only water
24. Have you heard about ANC visit?
- a) Yes
 - b) No.
25. Did you take antenatal care service?
- a) Yes
 - b) No
26. If yes, where did you visit?
- a) Hospital
 - b) Health post
 - c) Medical
 - d) Others
27. Did you go for health check up during pregnancy?
- a) Yes
 - b) No.
28. How many times did you go for health check up during pregnancy?
-
29. Where would you go for check up during last pregnancy period?
- a) Health post
 - b) Hospital
 - c) TBA
 - d) Others
30. Why didn't you go for check up during pregnancy period?
- a) Lack of time
 - b) Lack of knowledge
 - c) By the shake
 - d) Others
31. Did you take T.T. vaccine during pregnancy?
- a) Yes
 - b) No

32. If yes, how many times?

.....

33. If no, why haven't you taken TT vaccine during pregnancy?

- a) Lack of time
- b) Lack of knowledge
- c) Traditional faith
- d) Lack of facility

34. Did you take iron/folic acid tablets?

- a) Yes
- b) No.

35. What danger signs does a pregnant woman have?

- a) Swelling of hand/face
- b) Severe headache
- c) Severe back pain
- d) Bleeding
- e) Others

C. Delivery Practices

36. Where and how was the baby delivered?

- a) Home
- b) Hospital
- c) Health post
- d) At clinic

37. If at home, who helped the delivery?

- a) Health worker
- b) Family member
- c) TBA
- d) Other

38. Did you use delivery kit?

- a) Yes
- b) No

39. If at home, what types of complications happened?

- a) Bleeding
- b) Fever
- c) Headache
- d) Others

40. At the delivery of the child, who cut and tied the cord?
- a) Health worker
 - b) Family member
 - c) Herself
 - d) Others
41. What instrument was used for curd cutting practices?
- a) New razor blade
 - b) Old razor blade
 - c) Knife
 - d) Others

D. Post-natal Care Practices

42. After what time should a mother feed milk to the newly born baby?
- a) Immediately after birth
 - b) After 2 hours
 - c) After 4 hours
 - d) After 6 hours
43. Are you agreed to give colostrums (first milk) to the new baby?
- a) Yes
 - b) No
44. Do you sterile the breast nipple by water before and after each feed?
- a) Yes
 - b) No
45. Did you immunize your children?
- a) Yes
 - b) No
46. If no, give reasons
- a) Lack of time
 - b) Lack of knowledge
 - c) Lack of health facilities
 - d) Lack of traditional faith

47. If yes, what type of immunization do you give your child less than one year?
-

48. When did you stop the breast feeding?
- a) After 1 year
 - b) After 2 year
 - c) After 3 year
 - d) More than 3 years
49. Why did you stop breast feeding so early?
- a) Due to next pregnancy
 - b) Due mother's bad health
 - c) Due to insufficient milk
 - d) Due to lack of time
50. How did you breast feed your child?
- a) By laying down
 - b) By turning side
 - c) By putting on lap
 - d) By putting on chest/ All
51. What do you feed to the child in infant stage except breast feeding?
- A) Cows/buffalows milk
 - B) Powder milk
 - C) Sarbottam pitho
 - D) Jaulo
52. Did you receive vitamins capsules after the pregnancy?
- a) Yes
 - b) No
53. Did you have enough rest after the pregnancy?
- a) Yes
 - b) No
54. Do you take any family planning devices?
- a) Yes
 - b) No
55. If yes, temporary devices
- a) Depo
 - b) Pills
 - c) Norplant
 - d) Condom by husband
 - e) Copper T

56. If permanent devices

- a) Laproscopy
- b) Minilap
- c) Vasectomy

E) Child Health Care Practices

57. Did you visit hospital to immunize your child?

- a) Yes
- b) No

58. Did you give bottle milk to your child?

- a) Yes (only when mother is not lactating)
- b) No. (We always give mother milk)

59. Is your child suffering any disease?

- a) Yes
- b) No

60. If yes, what type of disease is your baby suffering from?

- a) Kwashiorker
- b) Diarrhoea
- c) Night blindness
- d) Others

61. Who accompanied you to vaccinate your child?

- a) Husband
- b) Other family members
- c) Mother in-law
- d) No one

