A STUDY ON CHILD HEALTH PROBLEMS AND CARE PRACTICES OF DOM COMMUNITY

BY

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EXAM ROLL NO: 2140239/2064

T. U. REG NO: 12615-88

A THESIS

SUBMITTED TO HEALTH,

POPULATION EDUCATION DEPARTMENT

IN PARTIAL FULFILLMENT OF THE REQUIREMENT

FOR THE MASTER'S DEGREE IN HEALTH EDUCATION

TRIBHUVAN UNIVERSITY

FACULTY OF EDUCATION

SUKUNA MULTIPLE CAMPUS

HEATH, PHYSICAL AND POPULATION DEPARTM

June, 2012

RECOMMENDATION LETTER

This thesis entitled **A Study on Child Health Problems and Care Practices of Dom Community** has been done and completed by Kamala Dulal under my guidance and supervision for the partial fulfillment of the requirements of the thesis for the award of the Master's Degree of Health Education. I hereby, recommend this work for its evaluation and approval.

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ACKNOWLEDGEMENT

First of all, I would like to express my gratitude and sincere thanks to my respectful guide Mr. Krishna Prasad Bhurtel, Lecturer and Department member of Health Education, for his suggestions, continuous encouragement, supervision, support and guidance on the course of preparation of this report.

I can't forget to extend my sincere gratitude and thanks to Mr. Pit Kumar Shrestha, campus chief, Mr. Prem Prasad Bhattarai and Mr. Mohan Prasad Kafle assistant campus chiefs of Sukuna Multiple Campus and Mr. Laxmi Kumar Shrestha coordinator of Degree Program. Similarly, I would like thank to Mr. Hari Bahadur Khatri, Head of Health and Physical Education Department and also to all the members associated with this department for their suggestive help for the preparation of this report. I would like to thank the Chief Librarian and his staff for providing us books and necessary documents from the library.

I would like to extend my sincere acknowledgement to all the members of Dom community of Itahari Municipality, Sunsari district. I would like to thank the DACAW, an INGO related to Itahari Municipality for providing the data. I can't forget to thank Mrs. Sita Koirala, a social worker of Dom Community for her helpful support in the field work. Similarly, I would like express special thanks to Mr. Ram Chandra Malik and Mr. Bablu Malik for their support during questionnaire survey and field work.

I would like to thank Mr. Prem Prasad Bhattarai, assistant campus chief, Sukuna Multiple Campus for his kind help and support in the preparation and editing this report.

Lastly, I like to thank my beloved husband Mr. Narayan Prasad Dulal, my beloved husband for inspiring me for further education and writing this report.Similarly I like ti thank myy children Sujan Dulal, Usha Dulal, Mukesh Chaudhary, Shyam Ghimire for their assistance in preparing this report.

And thank to Mrs. Deepa Thapa for typing, setting, and designing this report. And also thanks all of those who are directly or indirectly related to the preparation of this report.

Kamala Dulal

2012

ABSTRACT

The study entitled “Child Health Problems and Care Practices in Dom Community of Itahari municipality of Sunsari District’’ based on primary data collected from 52 children of age group five years from ward no. 8 of Itahari Municipality, Sunsari District to make aware about the economic and cultural factors affecting on child health problems and care practice and also existing situation of child health. The child problem and care practices of Dom community of Itahari, sunsari have not been studied up to now by any aspects.

In this area having population 206 in which 110 are male and 96 are female. Among which parents (either father or mother) of all together 52 children of age group five was selected for the study. The 52 children contain 44.23% male and 55.77% female. The structural observation and interview schedule were major tools for the data collection. The data was collected from the parents of the children. The study has tried to present real picture of knowledge of the people of Dom community and also the health condition of the children of age group five. All the respondents were illiterate. Due to lack of education and awareness their economic condition, health condition and way of living was found to be very poor. Majority of them live in houses made up of mud and fence with improper ventilation system, improper source of drinking water. delivery place, practice of antenatal check up, colostrums feeding, breast feeding, child immunization and supplementary food to their children, were not found satisfactory. The intake of iron tablet during the pregnancy, postnatal check up, additional food during pregnancy needs to be improved in the community. Most of the children were found to suffer from various diseases frequently. The diseases like jaundice, pneumonia and diarrhoea were found to be most prevalent diseases among the children. Due to lack of consciousness they still believe in witch doctors like dhami/jhankri. In conclusion, most of the respondents were found limited themselves in family and household works. All the respondents had low socio-economic status so they didn’t take additional food, health facilities, and proper care of child. Similarly, they feed usual meal to their children. Their diet is not balanced diet. The result of the study shows that economic and cultural factors have influenced in some areas/fields of child health and care practice of the study area.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURE

ABBREVIATIONS

BCG	: Bacillus Calmatte Guerin
CBS	: Central Bureau of Statistics
DPT	: Diphtheria Pertussis Tuberculosis
FP	: Family Planning
GNP	Gross National Product
HDK	: Home Delivery Kit
HPE	: Health Population and Environment
IFPP	: International Family Planning Perspectives
IUD	: Intra- Uterine Device
PEM	: Protein Energy Malnutrition
PVT	: Private
MCH	: Maternal and Child Health
MCHW	: Maternal and Child Health Worker
MOH	: Ministry of Health
NHRC	: Nepal Health Research Council
NMIS	: Nepal Multiple Indicator Surveillance
SLC	: School Leaving Certificate
SPSS	: Statistical Package for the Social Sciences
TBA	: Traditional Birth Attendant
TT	: Tetanus Toxid
UN	: United Nations
UNFPA	: United Nations Funds for Population Activities
UNICEF	: United Nations Children Emergency Fund
VDC	: Village Development committee
VHW	: Village Health Worker
WHO	: World Health Organization

CHAPTER - ONE

INTRODUCTION

1.1 Background of the Study

Nepal is a small land-locked Asian country situated in south east part of the continent. The country has the total population of 23,114,681 according to the census 2058, and the population density is the 157.23per sq.km. The rapid population growth rate of 2.27 per year has significantly affected the overall socio- economics status (CBS 2001), life expectancy is59.73 years. High reproductive rate of 4.2 is the prime factor for increasing population. Similarly, the infant mortality rate is 61.5 per thousand. According to National Planning Commission HMG/Nepal 1992, infant mortality rate is 102 and under five mortality rate is 165 per thousand which shows the seriousness of malnutrition for the children (especially who are under five). Crude birth rate is 9.62 per thousand. The literacy rate is 65.1% and the woman literacy is only 42.5%. These all scenarios about socio-economics aspects, however, are not satisfactory.

In the context of Nepal there is diversity in the various aspects such as variation in climate condition, varied culture, and multi –characteristics land topography. Most of the people in Nepal are farmers and the main occupation of Nepali people is agriculture. In this regard, we can boldly say that Nepal is an agriculture country. Educational situation of the country is still backward, as many children living in rural area do not have access to education. This may be due to the lack of appropriate education laws and their effective implementation. Child health status is affected by complex biological, social, economic and cultural factor that are highly interrelated. The cultural and socio-economic environment influences women's exposure to disease and injury, their diet, their access to and use of health services and consequences of diseases.

A mother's health can affect the health of her children. In developing countries, a mother's death in childbirth means almost certain death for a newly born child and

severe consequences for her older children. Poor health among pregnant women, due to infections and malnutrition, increases their risk of giving birth to unhealthy infants.

Maternal anemia and small pelvic size among women whose growth has been stunted increase the risk of both maternal and infant mortality. Iodine-deficient mothers are at great risk of giving birth to infants with severe mental retardation and other congenital disease (World, bank, 1994). Protein Energy Malnutrition (PEM) is a range of pathological condition arising from coincident lack of protein and energy in varying properties, most frequently seen in infants and young children and it is usually associated with infection (WHO). In other word, PEM means the kind of malnutrition, which results from insufficient intake of energy protein and other nutrients. The severe forms of PEM are marasmus, kwashiorkor and marasmic kwashiorkor. WHO estimates that of the 10.4 million deaths of children under 5 years of age occurred in developing countries in 1995, about half of the toll were associated with malnutrition (WHO, 1998)

Over 200 million children under the age of five in developing countries are malnourished. Malnutrition contributes to more than half of the nearly 12 million children under five deaths in developing countries each year (UNICEF 1998:6). Child malnutrition rates in Pakistan are among the highest in the world, as is the proportion of low-birth weight infants at 25%. Half of South Asia's children are malnourished. In Africa, one of every three children is under weigh (UNICEF 1998:10).

Around the world everyday many children are exposed to dangers that hamper their growth, and development. Millions of people suffer from the poverty, hunger and homelessness. Many children die from the malnutrition and diseases due to lack of safe drinking water. Child occupy 39.35% of the total population in Nepal among them 30.8% are under five years of age (2001 census). They are facing many health problems like communicable diseases, malnutrition, scarcity of health and others services. Due to these causes child mortality as high (91.2 per thousand).

More than 10 million children die each year in the developing countries, due to the lack of good care, nutrition and medical treatment. Thus greater effort is needed to insure that health care and other public service reach the poor (World Bank, 2004).

Child is national assets of the country. Their future should be shaped harmoniously because they are innocent and dependent and they are curious, active and full of hope. A healthy child can easily adjust in his society. Heredity, environment, Economic status and use of health service are factors, which determine the status of the child health.

The disturbances of children growth and development and their difficulty to their difficulty to adjust in environment are termed as children's health problems. Theses problems sometimes lead them to death. Communicable diseases, nutritional cause and other environmental factors are responsible for this condition. Child health care is an important component of primary health care. It refers to the promotive, preventive, curative and rehabilitative health care for mothers and children. It includes the sub-area of maternal health, child health, family planning, school health, handicapped children, adolescence and health aspect of care of children in special setting such as day care. The specific objectives of MCH are a) reduction of maternal, prenatal, infant and childhood mortality and morbidity. b) Promotion of reproductive health and c) promotion of the physical and psychological development of the child and adolescent with the family (Park, 2005).

Nepalese women are facing various health problems due to the lack of knowledge on reproductive health. Nepal is multi- language, multi- religious and multi ethnic country. Some of them regard themselves to be of higher caste. On the other hand some castes are backward such as Dom, Tharu, Raji, Dura etc. Dom is backward in all aspect as compare to others caste. The socio-economics status and literacy rate of this caste is very low. Dom has their own social norms and values in the study area. They depend on tradition, social and cultural system. In this situation education is one of the most important factors which affect behaviors and knowledge a related maternal and child health care practice.

Itahari is the municipality which is the situated between in east Bhuri Ganga River, in west Pakali, in south Khanar and in north char kose jungle. The study area The Dom community lies in Itahari, jute bikas-8 which is on the bank of the Bhuri River and shares its territory with Khanar VDC. There is a diversity in the caste. Brahmin, Chhetri, Gurung, Rai, Limbhu, Tharu, Musar, Harijan, Dom etc. the Dom community

has different commune from that of other caste. They are the most back warded in the ward. They are a lack of various facilities and opportunity. Their's literacy rate is very low and many of the children are malnourished. They have no registered land. They use firewood for energy sources and keep pig near their house and that had adverse effect on their health.

1.2 Statement of problem

Child health problem is one of the main problems in developing countries of the world. Child health problem is one of the burning problems in our country. The term 'child Health Problems' refers to the disturbance of child growth and development, and their difficulty to adjust in the environment. Such problems sometimes lead to their demise. Communicable diseases, nutritional cause and other environmental factors are responsible for this condition. The major causes of the death of the children are meningitis, measles, malnutrition, diarrhea and respiratory disease. Lack of education, and traditional health practices are the man causes of child health and morbidity. Whooping cough, Diphtheria, Diarrhea, Pneumonia and ARI and other Communicable diseases are the major causes of infant and child mortality and morbidity. However, many parents are unaware of the good treatment for above mentioned diseases. So they just depend on the traditional practices and beliefs. They first of all consult to Dhami and jhankri for the treatments of the children. Only Some of the parents may take their children to their to the health care center if the child's health get more worsen. Every day, 'a women dies and many children get birth in a vulnerable condition due the complication of child birth '(UNICEF1996).

It is necessary to know the existing problems before making the survey of a particular place. Further it is necessary to mention the way to identify such existing problems and is compulsory to visit the target place beforehand. For the same, visiting of Dom Tol, Itahari-8, Sunsari will be done primarily. On visiting the place, it will be found that community is one of the most backward in which the miracles of science and technology of 21st century have no effect on the people. The minor looking problems, but having major effect on community health sector like toilet, drinking water, disposal of waste matter, health and educational facilities are found lacking. Hence for this reason, with the motive of positive changes for the above mentioned problems,

the researcher has made up the mind to carry out the data collection in the above mentioned Dom community. Beside the social system and structure other various causes play vital role to push the child health problems among them some of the major causes are follows The study has attempted to explore the answers of the following questions. What are the health problems of Dom community in Itahari-8, Sunsari? 2. What is the condition of health and communicable diseases in Dom children? 3. What steps are taken by the parents for curative purposes? 4. How can we make them aware for improving health conditions?

- Socio-Economic status : socio-economic condition of the parents of the child like education, occupation and income is one of the major factors which affects the health of the child.
- Cultural System : Caste/Ethnic religion.
- Age at marriage
- Age at first pregnancy and child birth.
- Mortality and morbidity-Infant and maternal mortality rate.

Health Facilities: Availability, quality, access, utilization are main causes of child health problems.

Child health care practice :

- ANC
- Delivery
- PNC
- Nutrition
- Treatment
- Sanitation

Likewise the elements of child health care practices which are in practice in the modern age play positive are not available it can easily cause harm for both mother and child.

On visiting the Dom Community, the existing problem about the community and the children will be found out and mentioned. On visiting the life style, facilities,

education status, socio-economic status etc. will be observed. The research will be based on the health problems of Dom's children. It identifies health problems, condition of health and communicable health and the curative or preventive steps taken by the parents. And at last the research work will show some ways for improving child and make the parents aware for child's health. In this Topic will be study contemporary child health issue.

1.3 Objectives of the Study

The main objective of the study is to find child health care practice in Dom community of Itahari Municipality-8, Sunsari District. The specific objectives as follows:

a. To identify the child health problems of age group up five years children of Dom community.
b. To identify the situation and condition of communicable diseases of age group up five years children.
c. To find out of the treatment, and practices and care of the children to their parents.

1.4 Significance of the Study

The study examines the child health problem and care practices of Dom culture in Itahari Municipality Sunsari, District child health care practices including antenatal, natal and postnatal care and sanitary practices, child healt problems and care practices and personal hygiene and sanitation.

Significance of the study are listed as follows:

a. The study would be highlight the problems of child health and help to solve them.

b. The study would be useful to guide policy makers to make policies and programme planners to plan programmes.

c. This study would be helpful to parents to become aware of taking care of their children health.

d. It would be useful as a guideline for further researches in the similar study.

e. The finding of the study would be useful to the health workers to develop awareness programmes towards the child health problems and care in the Dom community.

1.5 Delimitation of the Study

This study attempts to analyze the Child Health problem and Care Practice with the help of views age group of 5 years Dom Children Sunsari District, Itahari Municipality following are the delimitation of the study.

a. This study was based on parents of the total house of Dom Community.

b. This study was based on only parents of having age group five years.

c. The study was delimited within the Dom community of Itahari- 8 of Sunsari, district.

d. This Study was delimited in child health problems and care practices and personal hygiene and sanitation.

1.6 Definition of used Terms

Biggha : A unit area of land equivalent to 72900 square feet.

Community : It is defined as a collection of a group of persons in social interaction in geographical area sharing a common social and cultural life.(L.R\ Chandram1999).

Dhami/ jhankari: The traditional faith healer.

Household: as a group of people related by blood, marriage are adoption who have a joint kitchen and income. (Ray 1986.P.19).

.**Immunization**: It is the process of rendering a personal immune to a certain disease by injecting him/her with serum or vaccine.

Infant mortality Rate: Probability of dying between birth and exactly one year of age expressed per, 1,000 live births.

Khatta: A unit of area of land which is equivalent to 3645 square feet.

Low Birth Weight: Infants who weight less than 2,500 grams in the first few hours of life or at the time of his/her birth.

Malnutrition: The condition of body, in which body systems or functions are adversely affected due to either access or lack of nutrition, primarily found due to lack of protein and energy in a poor family.

Mental Retardation: It refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (American Association of Mental Deficiency).

Nutrition: It is the dynamic process in which the food is consumed and utilized nourishing the body.

Under Five Mortality Rate: probability of dying between birth and exactly five years of age expressed per 1,000 live births.

In brief, the review of the above mentioned literature every community has some problems on health issues. This study is based on the health problems of the Dom community. It is a study of the Dom children and their health conditions. I think this study may help improving health condition of the Dom children in Ithahari-8, Sunsari.

CHAPTER -TWO

REVIEW OF RELATED LITERATURE

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

2.1 Theoretical Literatures

2.2 Empirical Literature

2.1 Theoretical Literatures

Major causes of death in children in Nepal are meningitis, measles, malnutrition, diarrhea and respiratory disease programmes to combat these include immunization, primary health care, and improvement in nutrition the mother and child health Sharma (1985).

Written in “preventive and social medicine “ that socio-economic conditions have long been known to influence human health for the majority of the worlds people, health status is determined primarily by their level of socio-economic status ,nutrition status employment and per capita etc. They also write the per capita GNP as the most widely accepted measure of general economic performance. There can be no doubt that in many developing countries, it is economic progress that has been major factor in reducing morbidity increasing life expectancy and improving the quality of life. The economic status determines the purchasing power, standard living quality of also an import factor is seeping health care. So, economic status affects nutritional status of the people.

The nursing association of Nepal under took a study of the feeding practices 0-3 year children among different ethnic groups in Nakathum panchayat of Bara district. During the analysis of the data, it is found that there is no difference in feeding

practices in not similar among all mothers, some feed for one year, other for three years. The idea of supplementary feeding was highly ignored. The kinds of food supplementary feeding was also found in appropriate according to the age of the baby. It was also found that the supplementary food like “Jaulo and Sattu” were use as replacement of breast milk rather than additional feeding need for growth and development. Maximum numbers of mothers were feeding their babies during diarrhea which was very appreciable. According to the finding of study, it was found important to educate the mothers about the feeding of colostrums, timely introduction of wearing food and the continue breast feeding up to two years. Park,(1991).

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 diarrhea, measles and other infections in infancy and early childhood are important to reduce malnutrition rates in infection and malnutrition often make vicious cycle. Exclusive breast feeding in first 4 months of life is very important (World Bank, 2004)

2.2 Empirical Literature

A study of child health problems and their treatments practices at Beshishar village Development Committee, lamjung. He found that 57% of children were found ill during one year, prevalence rate of diseases was found influence by many factors of children, ethnicity parents, education and occupation. He also found that nearly 6 % of children under one year of age were not breasting due to next pregnancy of mother s. Most of the delivery case was handle by the traditional healers at their homes.65 % of the mother had examined their health during pregnancy. More than 30 % of children received the vaccine like DPT, BCG, polio and Measles. Adahakari, (1994).

Himali (1994) states according to Gomez classification 19% children are normally nourished. Whereas 53.42%, 26.87% and 1.37% of the children were found in first degree, second degree and third degree malnutrition respectively. In MUAC standard 64.41% of the children were found normally nourished.

a. According to water low classification 73.34% and 81.37% of the children were suffering from stunted i.e. chronic malnutrition and wasted respectively.
b. Higher percentage of the children of illiterate father were found under nourished, whereas on contradiction it was found that the educational status of mother played no positive role on the nutritional status of children. Gautam, Krishna (1996), state as the Waterlow classification
c. Shows that 62.67 and 59.19% of boys and girls were found normal (90+) nutritional status.
d. Weight for age of indicator (Gomez classification) of Nutritional status shows that 15.67 % and 16.55% schools boys and girls respectively were found to be normal.
e. In first degree - 27.98 % boys, 42.27 % girls.
f. Second degree - 49.92 % boys, 35.36 % girls.

Third degree - 13.43 % boys, 5.85 % girls.

Devkota (1994) in his study entitled "A study on Knowledge Attitude and Practices the Mother on maternal and Child Health Care at Pondering Village in Gorkha" reported that only 18 % of women had received antenatal Care 24.8 % of deliveries were attended by trained TBAs and 92.5 % deliveries occurred at home.

Shrestha (1994) in her study "A Study on child health care practices of different Ethnic group in Baglung" found that 7.89 % mother breast fed baby less than one year, while 40.49 % mothers breast fed their babies less then two years, 32.46 % mothers breast-fed less than four year and the remainder 7.89 % breast-fed up to five years. She also found that among different ethnic group, 52.5 % newer households began weaning baby from the age of 4-6 months, 20 % wear from the age of 7-12 months and 27 % women wear after 2 years, likewise 59-38 % Chhetri household started to warned form 4-6 months 21.88 % weaned after 7-12 months and rest of 18.75 % warned after two years.

Nepal Multiple Indicator surveillance Health and Nutrition, 1995 indicates that 53% of children aged 6-36 months have chronic malnutrition (stunting) and 16% of

children aged 6-36 months have acute malnutrition (wasting) According to MUAC 38% children were found moderately malnourished and 12% of them were severely malnourished. It is also illustrated that children up to 36 months two % had some form of physical disability. 0.1% was blind or deaf and 0.2% had mental disability.

Early Childhood Feeding Nutrition and Development NMIS reflects that there is no significant nutritional disparities between boys and girls aged 6-36 months. Among the development region of country children in Mid-Western Development region suffer most from chronic malnutrition. Two children of three in Nepal (63.5%) aged 6-36 month age group suffer from chronic malnutrition.

It also indicates that Nepali children were generally adequately nourished in early infancy, prevalence increase from 6-18 months of age which is result of poor complementary feeding practices, various infection, poor environmental condition and lack of clean water and sanitation.

Giri (1996) has conducted study on "child health care practice with relation to child morality in Pyuthan district" This studied was the descriptive type in nature and carried objectives to find out nutritional status, feeding practices, immunization practices, family planning and oral dehydration practices. It aimed to find out relationship between educational statuses of mother, immunization, oral dehydration therapy and child mortality status in this study 300 respondents (30%) were selected among 1000 mothers. On the basis of the finding of the study found out 87.8 % mother started weaning food to their children between the age of 4-6 months, where as 8 and 4.20% mothers started weaning food after 6 months and before 4 respectively. Similarly 90% of the mothers used the buffalo milk as the supplementary food after 4-6 months of their children. It has also found that 93% of the mother feed colostrums to the infants because they were aware of the importance of the colostrums. The duration of breast feeding showed that 11.1% of mother did breast feeding to the baby for one year while 56% mothers did so for two years, 24% mother for three years and the remaining 8.3% mothers up to 4 years.

UN, (2000) Infant mortality is generally higher for boys than girls, in a few countries in Eastern, South-Eastern and South Asia and in Oceania. The biological advantage

that girls have over boys seems to be weight by cultural and behavioral factors, such as gender based discrimination. For age1 for every 10,000 girls born live, versus 67 deaths among boys. In China, the corresponding figures are 48 for girls and 35 for boys. In the developed regions child mortality rates are less than 1 death per 1000 children and rates are lower for girls than for boys.

Ghimire (2001) in his study "Nutriton Status of Under Five Years in Brahmin and Gurung Community of Bhalayakharka VDC, Lamjung District" found that 36.5% children had only been taken to the health care centre,35.3% pregnant women did work during pregnancy, 45.6% pregnant women did not have required food during their pregnancy, 39.5% women gave birth to their first child at the age of seventeen to eighteen,15% children only got good nourishment during their childhood,16% women had only been taken to the health care centre for delivering their babies,13% children got proper amenities which are essential for them,75.5% children did not get food with protein and vitamin as per the requirement during their childhood.

Shrestha, (2006) in his study "Child Health Problems and Their Treatment Pratices of the Tamang Community at Wanna VDC, Sankhuwasava" found that 38.75% mothers started weaning food between the age of -6 months, 100% mothers were found having breast feeding to their child, 47.50% mothers did breast feeding for two years, 46.25% mothers want two children, 10.15% were just literate, 37.82% were illiterate, 48.74% were school level, 3.29% were SLC or Higher Level Education, 91.25% people were involved in agriculture.

CHAPTER - THREE

METHODOLOGY

In this chapter describes about the research design, population of the study, sampling procedure and sample size, data collection Tools validation standardization of tools, data collection procedure, analysis and interpretation of data.

This study has been based on the descriptive method intending to have qualitative analysis implementing the primary and secondary data.

3.1 Research Design

It has been based on obtaining information about the existing situation of Child Health Problems and care practices in Dom community of Itahari Municipality-8, Sunsari. Descriptive and quantitative research design has been used in this study.

3.2 Population of the Study

Total Dom households having the children of the age group of five years children have been taken as the total population. Children of age group five years and their parents have been the source of the primary data and the secondary data have been taken from the Tol Office records. Meanwhile, some necessary data have been taken from the head of the household active members of the family, social workers working for Dalit, and the health workers of the Tol. 52 children of the age group of five years were the population size for the study. Sunsari district Itahari -8, Municipality.

3.3 Sampling Procedure and Sample Size

Itahari Municipality, Sunsari district was selected purposively for the study. In order to collect the data, researcher had applied purposive sampling. The respondents in age group up 5 years childrens were first identified in the study area. They were them briefed about the purpose of the visit after taking interview has conducted. In selection process houses without children of age group of five years were replaced with the others household who have it. There were 52 such children, which can be

considered as appropriate for statical analysis and these children has been studied for their health problems and care practices.

3.4 Data Collection Tools

To collect the necessary information regarding the study, an interview schedule and observation schedule were constructed including child health problems and care practices of age group of 5 years children's parents.

The tool was constructed to collect information about the major component of child health problems and care practices. The tool was divided different sector i.e. Demographic and socio-economic, Material and Child Health Care Practice.

3.5 Validation/Standardization of Tools

After preparation of interview schedule and observation schedule, it has been submitted to the supervisor. After getting suggestion, the corrected interview schedule and observation schedule has been pre-tested to the children of age group 5 years of the mentioned area for its validity, objectivity and reliability. According to the supervisor’s suggestions and pre-test result, further essential modifications and improvement has been made before writing thesis.

3.6 Data Collection Procedure

Mainly this study has been based on the primary data although the necessary data was not refused. Therefore, the main source of primary information is 37 household of the selected community. Most of the design question in the interview schedule and observation schedule has been submitted to their own answers. Data collection procedure has been done by selected Dom community and their houses. Similarly some necessary information has been taken from the people of the research area to collect the data. The data has been collected by means of interview and observation and some secondary data has been collected from the concerned Tol office, social workers of Dalit, and health workers of the Tol. The researcher had the good rapport with the concerned members of the related area as well as the respondents. Then the researcher had applied the purposive method to collect information from each. Then

the researcher had administered the interview and observation from to the target respondents for the needed information.

3.7 Analysis and Interpretation of Data

After the completion of data collection, the researcher had tabulated the data on different headings according to the objectives of the study. For the analysis and interpretation of the data, tabulation figures, pie charts, bar diagram was analyzed by using simple statistical methods.

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF DATA

This chapter is mainly concern with the analysis and interpretation of the collected data. After collecting the data they were tabulated and calculated in the percentage regarding each item of the questionnaire. It was kept sequential order according to need of the study. The analysis and interpretation were made with the help of table, charts, pie-chart and graphs. The analysis and interpretation is presented in the following sections:

4.1 Demographic and Socio-economic Characteristics

4.1.1 Family Structure

4.1.2 Educational Status of Respondents

4.1.3 Land Holding Size

4.1.4 Main Source of Income

4.1.5 Monthly Income

4.1.6 Ethnicity and Religion

4.2 Maternal and Child Health Care Practices

4.2.1 Antenatal visit during Pregancy

4.2.2 Place of Antenatal Check up

4.2.3 Additional Food during Pregnancy

4.2.4 Practice of T.T. Injection

4.2.5 Knowledge and practice of Iron Tablets (Taking Iron Tablet)

4.3 Delivery Care Practice

4.3.1 Place of Delivery and Economic Status

4.3.2 Types of Delivery

4.3.3 Devices used to cut the Baby's cord.

4.4 Postnatal Care Practice

4.4.1 Knowledge and Practice of Colostrums Feeding

4.4.2 Prevalent Diseases during postnatal period.

4.4.3 Child Immunization Practice

4.5 Child Care Practice

4.5.1 Breast Feeding Practice

4.5.2 Supplementary Food

4.5.2.1 Types of Supplementary Food

4.5.3 Most prevalent Diseases among the Children

4.5.4 Treatment of the Diarrhea

4.5.5 Consultations for treatment of illness

4.6 Family Planning Practice

4.6.1 Birth Spacing

4.6.2 Child Interest

4.6.3 Uses of Contraceptive Devices

4.7 Personal Hygiene and Sanitation of the children

4.7.1 Bathing Practices

4.7.2 Brushing Practices

4.7.3 Sources of Drinking Water

4.7.4 Way of Purifying Drinking Water

4.8 Observation Checklist

4.8.1 Types of House

4.8.2 Available Ventilation System in the house

4.8.3 Location of Kitchen in the house

4.8.4 Lighting System in the house

4.8.5 Type of Toilet

4.8.6 Situation of shed of the animal

4.8.7 Disposal of waste water

4.8.8 Nutritional Deficiency diseases in the children

4.8.9 Physical Disability in the children (handicapped)

4.8.10 Personal Hygiene of the children

4.1 Demographic and Socio-Economic Characteristics

The Demographic and Socio-Economic characteristics of the respondents like land size, family structure, education, occupation, and religion were included in socio-economic and demographic section.

4.1.1 Family Structure

Family is a group of person of different living under the same roof with common provision of food and sharing the functions, responsibilities and available resources of the group with each other. Family members are closely related to the each other, so there is sympathy and co-operation. In the study area respondents were asked about their type of family and data obtained from the study area presented below in the table no.1.

Table No.1

Types of Family

Types of Family	No. of Respondent	Percentage (%)
Nuclear	30	57.70
Joint	22	42.30
Total	**52**	**100**

Table no.1 shows that 42.30 % of the respondent has reported to be in a joint family and others 57.70 % are practicing nuclear family.

Above data can be represented in the pie chart drawn below.

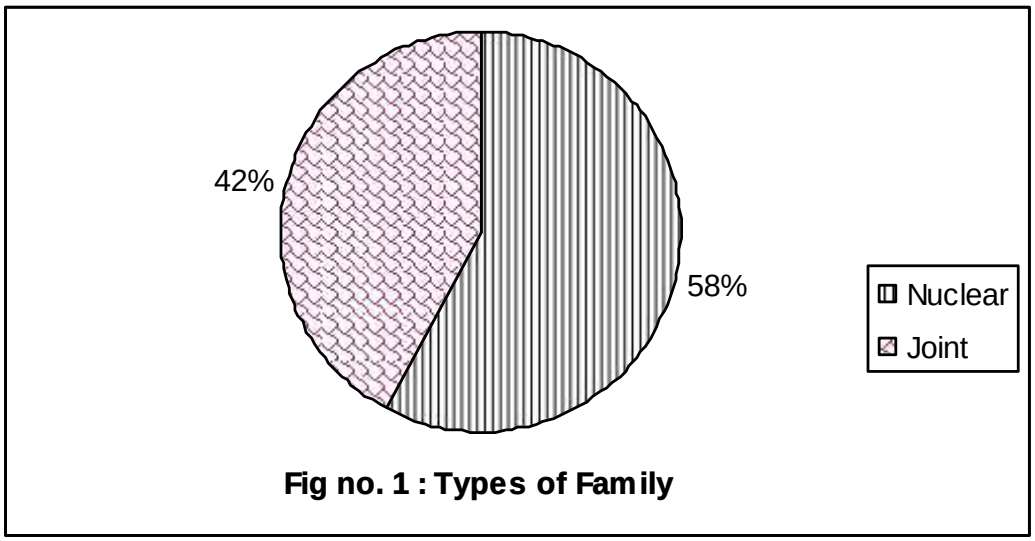

Fig no. 1 : Types of Family

The above information indicates that most of the respondents are still interested to live with nuclear family. Family type is very important social indicator, which directly

affects the number of children, health and care of children, economic condition of family etc. Nowadays nuclear family has become common and popular, and also in this study area nuclear family is more popular than joint family.

4.1.2 Educational Status of respondents:

Educational level is also important for the better status of the family. If the parents are well educated, they can earn more; they can live productive life and manage their household works in better ways. But in the dom community, none of the parents are educated. This is also the reason for the poor health condition of their children. Due to the lack of primary health education in the women of dom community , they are not aware of fundamental health measures.

4.1.3 Land Holding Size.

Area of Land indicates the socio-economic status of the people. The most of the people of the dom community do not have their own registered land to live. Very few people in the community have their own land.

In the study area respondents were asked about their land they have and data obtained from the study area presented below in the table no. 2.

Table No. 2

Size of Land Holding

Land	No. of Household	Percentage (%)
More than 1 kattha	3	5.76
1 kattha	6	11.54
10 dhoor	9	17.30
NIL	34	65.40
Total	**52**	**100**

Above data can be represented in the pie chart drawn below.

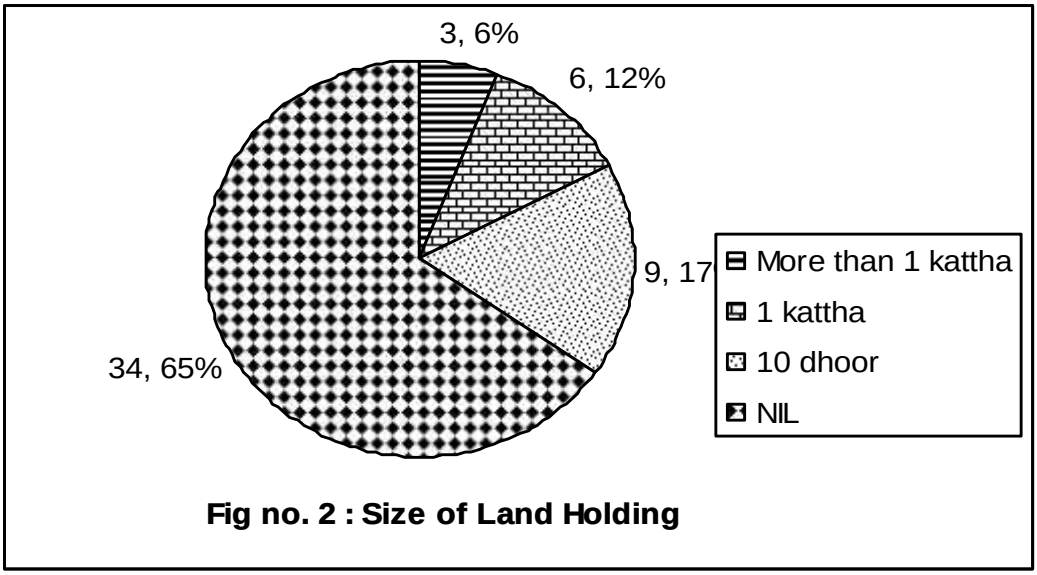

Fig no. 2 : Size of Land Holding

Out the 52 respondent, 34 respondent i.e.65.40% have no land they are living in the illegally in the unregistered land, 9 of the respondent i.e. 17.30% have 10 dhoor land, 6 of the respondent i.e. 11.54% and 3 of the respondent i.e. 5.76% have more 1 kattha land.

Thus the above information shows that the most of the people are living on the government land without permission. This also proves that their economic condition is very poor.

4.1.4 Main Source of Income

Everyone is involved in common profession like labourers cleaners and some are foreign employees. All people do work to fulfill their needs. They work according to their needs and capacity. In the study area respondents were asked about their main source of income and data obtained from the study area presented below in table no.3.

Table No.3

Main Source of Income

S.N.	Main source of Income	Number	Percentage (%)
1.	Cleaners	**31**	**59.60**
2.	Labourers	**13**	**25.00**
3.	Foreign employees	**8**	**15.40**
	Total	**52**	**100**

Table no. 3 can also be represented as bar diagram as below.

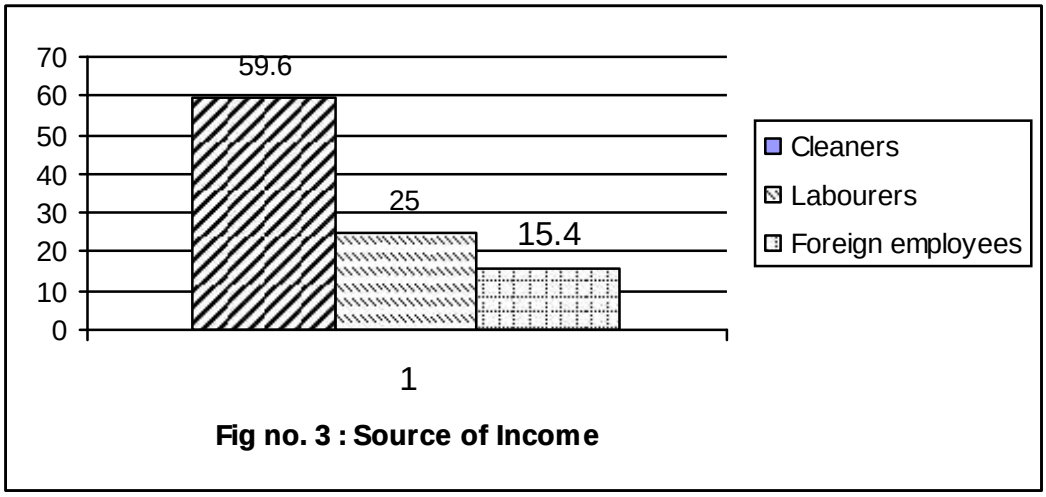

Fig no. 3 : Source of Income

From above table no.3 and bar diagram so that out of the total respondent , 31 of them works as cleaner which is 59.60% of the total respondent ,13 of them i.e.25% of them are labourers and 8 of them (15.40%) are foreign employers.

They work as a cleaner in a hospitals, banks, schools and roads. By analyzing their source of the income they seem to be in the stage of poverty but their involvement as foreign employee seems to help to raise their economic condition in future.

4.1.5 Monthly Income

Income per month can be taken as the amount of money that the family members earn from their occupation during a month. Family's income has great role for the promotion of health of family members.

Table No. 4

Distribution of Respondents by Income of family (Per Month)

Income(NRs)	Number	Percentage (%)
Less than 3000	8	15.38
3000-5000	18	34.62
5000-10,000	21	40.38
More than 10,000	5	9.62
Total	**52**	**100**

Table no.4 shows that about 15.38% i.e. 8 respondent have income less than Rs.3000 per month and 18 respondents (34.62%) have income Rs. 3000-5000 per months. Whereas, 21 respondents (40.38%) had income of Rs. 5000-10,000 and 9.62% i.e. 5 respondents had income more than Rs.10,000. Only 40.38% respondents said that their family income is sufficient for household works. Respondents, whose family income was less than Rs. 5,000 per month, mostly said that their income is not sufficient. The low income job has become a great reason for the major problems of the people of Dom community.

Thus their low income is not sufficient to overcome the expenses of their families so they too cannot afford extra expenses for the child health problems. It seems to be that their increase in their income may help to improve their condition.

4.1.6 Ethnicity and Religion

Among 52 respondents included in the study are from dom homogeneous group and all of them belong to Hinduism. They celebrate the major festival of Hindus like Dashain, Tihar, Holi, etc.

4.2 Maternal and Child Health Care Practice

Maternal and child health care refers to the preventive, curative and rehabilitative health care of mothers and children. In our country maternal health condition is not satisfactory due to the lack of knowledge, attitude, practice, education, economic status and our socio-cultural practices. Maternal health care practices including antenatal care, delivery care and postnatal care practices.

4.2.1 Antenatal Visit during Pregnancy

Antenatal visits are one of the vital parts of the antenatal care which provides the necessary information about the health of pregnant women and fetus. The regular antenatal visits predict and reduce many complication related to pregnancy and child birth. Safe motherhood program has recommended three times of antenatal visits during the pregnancy period.

Obstetricians generally recommend that antenatal visits must be made on monthly basis to the first seventh months, fortnightly to the eight months and after that time, during the last period of pregnancy this visit should be once a week, if everything is normal. It means women should make more than ten visits. The number of antenatal visits by respondents is given in table no. 5.

Table No. 5

Number of Antenatal Visits

No. of visits	**No. of respondent**	**Percentage (%)**
Never	5	9.61
1	16	30.80
2	24	46.14
3 and more than 3	7	13.45
Total	**52**	**100**

Table no.5 shows that least of the respondents 7 (13.45%) visit only 3 and more than 3 times antenatal checkup. Similarly, about 46.15% i.e. 24 respondent received 2 times antenatal checkup. About 30.80% i.e. 16 respondent visits only 1 times and 5 of the respondent i.e.9.61% of the respondents never visits for the antenatal checkup

From the above data, it is concluded that though the majority of the respondents had Antenatal visit, they visited very few times and irregularly. Only 13.45% were aware about it but still few of them are unconscious about it.

4.2.2 Place of Antenatal Check up

Antenatal check up is provided by the skilled and authorized person in hospitals, SHP/HP and private clinics. It is required to choose a correct place for antenatal check-up. Thus the antenatal checkup helps them to know about the condition of their health and of their child in their womb which also help them to know about the additional food and diet they have to take during pregnancy. The collected data about the places of antenatal check up from the respondents of Dom community has been tabulated in following table no. 6.

Table No. 6

Place of Antenatal Check up

Place	**No. of respondents**	**Percentage (%)**
Hospital	8	15.39
SHP/HP	28	53.85
Private clinic	11	21.15
None	5	9.61
Total	**52**	**100**

In this study area, majority of the respondent's i.e.28 (53.85%) went to SHP/HP for the antenatal check up whereas; only 8 respondent i.e.15.39% went to hospital. Out of the total respondent 11 respondent i.e.21.15% went to private clinic and 5 of them i.e.9.61% never went for checkup.

Most of the respondents cannot afford for the private hospitals and clinic. They said that SHP/HP is free so they frequently visit there for antenatal checkup. So SHP/HP is very convenient to them for their checkup.

4.2.3 Additional Food during Pregnancy

In the pregnancy period additional food is necessary for the growth and development of the fetus and to prevent anemia and malnutrition in the mother. Additional and nutritious foods are meat, fish, eggs, milk, butter, fruits, grains, green vegetables etc.

Table No. 7

Additional food taken during Pregnancy

Additional food	No. of Respondent	Percentage (%)
Milk and milk products	5	9.61
Meats and fish	14	26.93
Green vegetables and fruit	9	17.30
None	24	46.16
Total	**52**	**100**

Table no.7 shows that 5 respondents take milk and milk products as additional food i.e. 9.61%, and respondent taking meat and fishes was 14 i.e. 26.93%. Similarly those who took green vegetables and fruits was 9 i.e.17.30%and those who neither took any additional food was 24 i.e.46.16%.

This shows that they are less conscious about the importance of green vegetable, fruits, milk and milk product and meat. Though they have taken additional food during pregnancy they took nutrition food irregularly.

4.2.4 Practice of T.T. Injection

Tetanus Toxid injection is given to pregnant women and children to prevent them from tetanus. Usually two or three doses of tetanus injection are given during pregnancy. First dose is given at the first antenatal visit. The second dose is given in

pregnancy not less than 6 weeks after the first dose and third dose is last phase of pregnancy. In this context the collected data are presented below.

Table No. 8

Uses Tetanus Toxid Injection

No of injection taken	No. of respondent	Percentage (%)
1	18	34.62
2	20	38.46
3	9	17.31
None	5	9.61
Total	**52**	**100**

Table no. 8 shows that majority of the respondents received T.T. injection whereas only 9.61% had not received the T.T injection.18 respondent i.e.34.62%took T.T once and 20 respondents i.e. 38.46% took twice. Similarly 9 of them (17.31%) took thrice and 5 respondents had no T.T injection.

Since most of the respondent had not taken T.T injection thrice so there is the risk of children suffering from tetanus. This is also a cause of poor health condition of the children.

4.2.5 Knowledge and Practice of Iron Tablets (Taking Iron Tablets)

Iron requirements are greater when there is rapid expansion of tissue and red cell mass, as for example during pregnancy and childhood. Iron is necessary for many functions in the body including formation of hemoglobin, development and function of brain, regulation of body temperature and muscle activity. Lack of knowledge about the iron can make a mother suffer from iron deficiency or anemia. Therefore women should take iron tablets during last five months of the pregnancy period to 45 days after the delivery because its requirement cannot be fulfilled by the food. The response is shown in following table:

Table no. 9

Taking Iron tablets

Responses	No. of respondents	Percentage (%)
YES	**24**	**46.15**
NO	**28**	**53.85**
Total	**52**	**100**

Above data can be represented in the pie chart drawn below

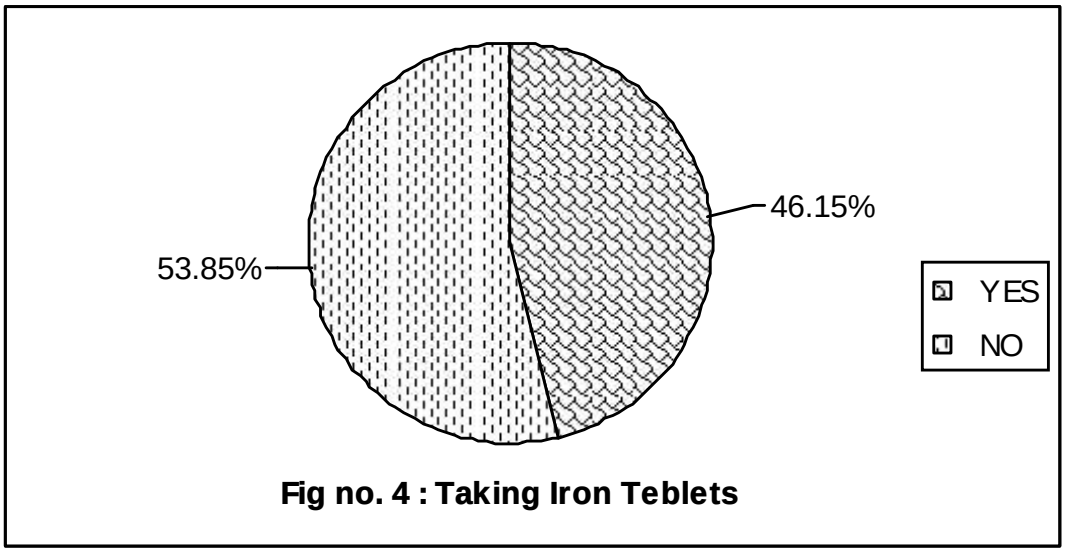

Fig no. 4 : Taking Iron Teblets

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Table no. 9 and above figure shows that, out of the total respondent 52, 28 of them i.e. 53.85% of the respondents do not take iron tablet and 24 of them i.e. 46.15% of the respondents take the iron tablets.

It is concluded that majority of the respondent do not take iron tablets. It can be concluded that they are unaware about the necessity iron in the body during pregnancy.

4.3 Delivery Care Practices

Safe delivery care is very important for reducing delivery complications and to save mothers and child's life. The proper medical attention and hygienic birth place can reduce the risk of complications and infections .The personal hygiene of the Attend-

ants, the birthing place and the instruments /devices used in delivery greatly influence the health of both mother and child.

4.3.1 Place of Delivery

Nepalese women delivered babies at home with the attendance of family members usually in home deliveries there is greater risk on the health of mother and child. The better way to reduce the health risk of mothers and children is by encouraging the delivery at the hospital or clinic. Especially in the poor families, they may discourage in changing their traditional home birth attended by a family.

In this study, respondents were asked about the place of delivery of their last baby and collected information is given in the following table.

Table No.10

Place of Delivery

Place of delivery	No. of respondents	Percentage (%)
Home	27	51.92
Hospital	11	21.15
Private clinic	14	26.93
Total	**52**	**100**

Above data can be represented in the bar diagram drawn below.

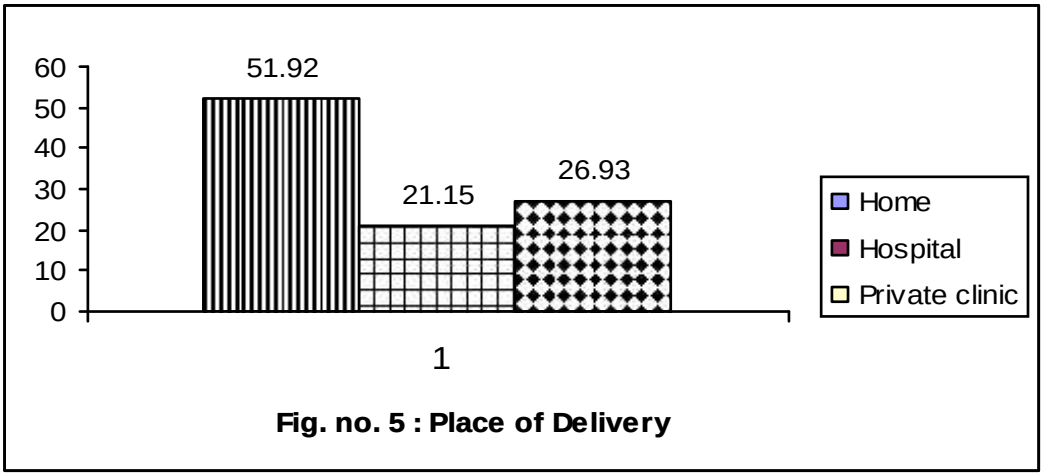

Fig. no. 5 : Place of Delivery

Above figure shows that, majority of respondents 27 i.e. 51.92% had low economic status so they had delivery at home whereas only 11respondents i.e.21.15% delivered at hospital where is provide low cost and safe delivery service. And only 14 respondent i.e. 26.93% respondent had taken private clinic's service for delivery.

After the study, it was found that most of the women whose family had high or sufficient income delivered at health facilities. They preferred safe delivery as they did not want to take any types of risk. But most of them had home delivery which might be highly risky.

4.3.2 Types of delivery.

In Nepal, health facilities are not accessible and affordable by all people. A facility based birth and emergency treatment represent a heavy financial burden for poor families. Due to this most of the people are compelled to choose home delivery. Respondents were asked about why they chose the health facilities during the delivery. In this study, respondents were asked about the types of delivery and collected information is given in the following table.

Table No.11

Types of delivery

Reasons	No. of Respondents	Percentage (%)
Normal	35	67.30
C/S c	17	32.70
Total	**52**	**100**

In this study area, majority of respondent i.e.35 of them (67.30%) said that they had normal delivery. Similarly 32.70% i.e.17 respondent had C/Sc (Cesarean) delivery.

The study found that most of the respondents were not aware about their own health and new born child. Sometimes complication that arises during the delivery may be fatal for the mother and child. Therefore, family and mother should be well-prepared about the safe delivery.

4.3.3 Devices used to cut the baby's cord

While cutting the cord of the new born baby very hygienic devices should be used. In home delivery, due to the unavailability of proper means many people use domestic devices. In this study, respondents were asked about the devices they normally use to cut the cord of the newly born baby and collected information is given in the following table.

Table No.12

Devices used to cut the cord

Device Used	No. of Respondents	Percentage (%)
Sterilized Blade	21	40.39
Knife	9	17.30
Sickle	7	13.46
Others	15	28.45
Total	**52**	**100**

Above table shows that out of the 52 respondents, 21 of the respondents i.e. 40.39% used sterilized blade to cut the cord. 9 of the respondents i.e. 17.30%used knife, 7 of the respondent i.e.13.46% used sickle and 28.45 used others medium to cut the cord. Thus still the people are using the others medium rather than the sterilized blade so they are knowingly inviting diseases like tetanus to their children.

4.4 Postnatal Care Practice

Care of the new born babies and the mothers after one hour of delivery up to six weeks is called postnatal care. The postnatal care helps to prevent complication of post natal period .The adequate breast feeding and adequate nutrition to the baby and mother helps to maintain proper health condition of baby and mother. Postnatal care practices include breast milk feeding practice, weaning practice, child immunization practice and treatment for children.

4.4.1 Knowledge and Practice of Colostrums Feeding

The thick and yellow wish milk that the mother produces in the few days after birth is called colostrums. It is very much beneficial for newborn babies. The colostrums has various properties. The first property is antibody riches which protects baby against infection and allergy, second property is many white cells which protect against infection, third property is purgative which clears conium helps to prevent jaundice and fourth property is growth factors which helps intestine to mature and prevents allergy in tolerance and the last property is vitamin 'A' rich that reduces severity of infection and prevents from eye diseases. In this study, respondents were asked about the knowledge and practices of colostrums feeding and collected information is given in the following table no. 13.

Table No.13

Knowledge and practice of colostrums

Responses	No. of Respondents	Percentage (%)
YES	13	25
NO	39	75
Total	**52**	**100**

Table no.13 shows of the total 52 respondents 13 of the respondent i.e.25% responsed yes to the colostrums and 39 of the respondents i.e. 75% response no to the colostrums feeding. It was found that majority of the respondent do not have good practice of colostrums feeding. This indicates that the child does not have strong immunity to protect himself\ herself.

4.4.2 Prevalent Diseases during postnatal Period

A newborn baby may suffer from many diseases like jaundice, pneumonia just after the birth or few days later. Respondents were asked about the kinds of disease during infancy period.

Table No. 14

Prevalent Diseases among the Infants

Disease During Infancy Period	No. of Respondents	Percentage (%)
Jaundice	12	23.08
Pneumonia	16	30.77
Others	24	46.15
Total	**52**	**100**

In this study area, almost all the respondents said that their babies had suffered from various problems in between postnatal period. Among them 12 of the respondent i.e. 23.08% of the respondents said that their babies had suffered from jaundice whereas 16 of the respondent i.e.30.77% said that their babies had suffered from Pneumonia and other 24respondent i.e. 46.15% of the respondents said that their babies had suffered from others (fever, wounds) diseases .

The study found that jaundice and pneumonia were common diseases among infants of the respondents. These diseases usually occur after a few days of birth of the baby.

4.4.3 Child Immunization Practice

Immunization is very important indicator of child health status which reduces child morbidity and mortality. It can protect children from six killer disease i.e. tuberculosis, whooping cough, diphtheria, tetanus, poliomyelitis and measles Breast feeding is a kind of natural immunization against several diseases. Some of the diseases can be controlled by mother's milk, which is difficult by a medicine too. Especially the thick yellow milk (called colostrums) which is produced during the first few days after birth is most useful. Without immunization, an average of three out of every hundred children born dies from measles, two die from whooping cough, one mother dies from tetanus. In this study, respondents were asked about the vaccines that they had given to babies and collected information is given in the following table.

Table No. 15

Vaccines provided to the children

Vaccines	No. of respondents	Percentage (%)
Full dose	16	30.78
Partial dose	25	48.07
Unknown about the vaccines	11	21.15
Total	**52**	**100**

Above table shows that very few only about 30.78% of the respondents i.e. 16 were aware about the necessary vaccines that are required to be given to the baby. Majority of the respondents 25 i.e. 48.07% respondent had only partial dose. Similarly 11 of the respondent i.e. 21.15% had no aware about the vaccines.

Since the most of the respondents were not aware about the importance of the vaccine to their children. This also might be the main cause for the problem of health to the children of this community.

4.5 Child Care Practice

Childhood is the most important period of life because of the socialization and developmental process. Children are more vulnerable to disease and disabilities. Many low-cost measures are available for saving the life of millions of children like Immunization, breast feeding, birth spacing, growth monitoring, improved weaning, Oralrehydration. Proper cares ensure the survival and healthy development of the child.

4.5.1 Breast Feeding Practice

Breast feeding provides valuable health benefits to infants and children, conferring immunity from certain disease, avoiding exposure to unclean drinking water and helping ensure adequate nutrition. Breast feeding should continue well up to the second year of life and for longer if possible. To find out the present status of respondents breast feeding practice to their children, they were asked how long they

offer breast feeding to their babies. Available information obtained from the study areas are as follows.

Table No. 16

Breast Feeding Practice

Duration of breast feeding	No. of respondents	Percentage (%)
One year	23	44.23
Two year	17	32.69
Three year	7	13.47
Four year	5	9.61
Total	**52**	**100**

It was found that majority (44.23%) of the respondents i.e.23 offered only one year to their baby. Similarly 17 of the respondent i.e.32.69% of the respondent fed their children for two year.7 of the respondent i.e.13.47% fed their children for three year and only 5 of the respondent i.e.9.61% fed their children for four. Breast feeding practice of the respondents was not found satisfactory.

This indicates that most of the respondents are engaged in some work so they cannot offer breast feeding to their babies or they were unaware about the importance of milk as immunity to their child.

4.5.2 Supplementary Food

Child under the age of 6 months should be exclusively breast feed. After 6 months for the proper development of the child, supplementary food i.e. Jaulo, juice, cow's milk, fruits etc should be provided very gradually in small amount because the mothers milk alone is not sufficient to proper growth of the child. Early and unhygienic practice of supplementary feeding may cause indigestion and infection to the child. So, 5-6 months after the birth of child is an appropriate age to introduce other supplementary food The available data about the age at which they provided supplementary food that to their children is presented in the table below.

Table No. 17

Supplementary Food Practices

Age	No. of respondent	Percentage (%)
After 3 months	23	44.23
5-6 months	17	32.69
After 1 years	12	23.08
Total	**52**	**100**

Table no. 17 shows that very few respondents (32.69%)i.e. 17 of the respondents started providing supplementary food to their children at proper time. About 44.23% of the respondentsi.e.23 started feeding supplementary foods to their babies at early age of just after 3 months and 23.08% of the respondent i.e.12 start providing supplementary food only after 1 year.

Respondents who had practiced it early said that their breast milk was insufficient for their babies and respondents who had practiced later said that their breast milk was sufficient and their babies didn't need it and also some were unaware about the importance of supplementary food for their children. Exclusive breast feeding up to six months is very essential for the healthy development of the child.

4.5.2.1 Types of Supplementary Food

A variety of food is necessary when child is about six months old along with breast feeding. Supplementary food should contain calories, vitamins, proteins and minerals which meet the nutritional requirement for the well development of the children. But the supplementary food should not cause any indigestion and infection in the children. Respondents were asked about the types of supplementary food that they had fed to their children and information is shown in table below:

Table No. 18

Types of Supplementary Food

Types of food	Respondent	Percentage (%)
Sarbottam Pitho ko Lito	14	26.92
Jaulo	18	34.62
Rice, Dal, Milk	13	25.00
Others	7	13.46

Table no 18 shows that 34.62%of the respondent i.e.18 fed their children Jaulo and 25% of the respondent i.e.13 fed Jaulo and rice, dal, milk to their children and about 26.92% of the respondents i.e.14 fed Sarbottam Pitho ko Lito. Similarly, 13.46%of the respondents i.e.7 fed other ordinary home- made food items.

Well prepared Jaulo and Lito are considered as the nutritious, low-cost, soft and digestible food for the children. Due to lack of money with money, most of them cannot afford the costly available artificial food items so they prefer home-made food items.

4.5.3 Most prevalent diseases among the children

The health condition of the children was not satisfactory , none of the children was completely wise . Diarrhea, acute respiratory tract infection, measles, fever, pertusis, typhoid, worms etc. are some childhood diseases which appear frequently among the children. In the study area respondents were asked about the types of diseases from which their children were often infected and data obtained from the study area presented below.

Table No. 19

Most prevalent diseases among the children

Disease	Number of Children	Percentage (%)
Diarrhoea	18	34.62
Pneumonia	11	21.15
ARI	14	26.92
Others	9	17.31
Total	**52**	**100**

Table no. 19 shows that majority of the childreni.e.18 of the respondent which is 34.62% of the total respondent frequently suffered from the Diarrhoea . Due to lack of proper sources of drinking water and clean environment they usually suffers from diarrhoea. And 21.15% i.e.11 respondent and 26.92%i.e.14 of the children frequently suffered from Pneumonia and ARI respectively. And others 17.31% of the children frequently suffered from other diseases like as fever, worms, etc.

The most prevalent diseases of the children in the study area were Diarrhoea, ARI and Pneumonia. Lack of the proper sanitation, vaccination might be the causes for these diseases among the children.

4.5.4 **Treatment of the Diarrhea**

Diarrhea is a common disease among under five year children. It causes dehydration of the body, weakness and malnutrition. Diarrhea has also been found most prevalent disease in the study area. So the respondents were asked about the way of treatment of diarrhoea that they usually take to treat their children and obtained data are given in the table no. 20.

Table No. 20

Treatment of Diarrhoea

Treatment of diarrhea	No. of respondent	Percentage (%)
Sugar, salt solution	13	25.00
Jeevan Jal	21	40.38
Water only	9	17.31
Others	9	17.31

Above table no. 20 indicates that most of the respondent i.e. 21 respondent (40.38%) prepare Jeevan Jal and provide their children. Similarly, 13 (25%)of the respondents said that they give salt and sugar solution in clean water to their children during the diarrheoa and 9(17.31% of the respondents said that they give enough water to their children during diarrhoea .And others 17.31% of the respondents follow other various methods of treatment. Thus most of them were aware about the use of the jevan jal

and others drink to be given during the diarrhea.

4.5.5 Consultations for the treatment of Illness

Treatment practice is affected by the social trends, traditional belief, education, economic condition. There in the study area the people were found to go in different places for the treatment of their children and available data are given below in table no. 21.

Table No.21

Consultations for the treatment of the Children

Consultation	No. of respondents	Percentage (%)
Dhami/Jhankri	21	40.38
Health posts/Hospital	10	19.23
Private Clinic	12	23.08
Others	9	17.31
Total	**52**	**100**

Above table shows that, most of the people of dom community go to the traditional Dhami/Jhankri for treatment which is 21 out of the 52 which is40.38%. Similarly, 10(19.23%) and 23.08% (12) of the respondents go to the Health posts and private clinic respectively. 9 of the respondent i.e.17.31% consult to others for their treatment.

Thus still there are people who use to go to Dhami and Jhakri for their treatment and due to this reason they are facing untimely death.

4.6 Family Planning Practice

Family planning implies the ability of the individuals and couples to anticipate and attain their desired number of children and spacing and timing of their births. Family planning promotes the health and welfare of the family group and contributes to the social development of a country. 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 Birth Spacing

The birth spacing between two children directly affects the health of both mother and child. There are different birth spacing found in Nepal due to various factors like family condition, educational status of the couples, individual interest, and others. In the study area, respondents were asked about the birth spacing they preferred and collected data are given below in the table no. 22.

Table no. 22

Birth Spacing of the Children

No. of years	No. of respondents	Percentage (%)
0-1	9	17.31
1-2	23	44.23
2-3	13	25.00
More than 3	**7**	13.46
Total	**52**	**100**

From the above table, it can be seen that majority of the respondent 23 (44.23%) prefer 1-2 years of birth spacing between two children. And 17.31% of the respondents i.e.9 prefer only 0-1 years of the birth spacing and 25.00% of the respondents i.e.13 prefer 2- 3 years of birth spacing. Only 13.46 % of the respondents prefer birth spacing of more than 3 years.

Thus they are very unaware about the importance of spacing between the two children. The mother would be fully prepared for the next birth and there would be no any danger in the health of the mother as well as the upcoming child.

4.6.2 Child Interest

The number of child interest depends on the interest of the couple and also in the interest on the elder family members, family economic status and so on. In the study area , respondents were asked about their child interest and collected data are given below in the table no. 23.

Table no. 23

Child Interest

No. of Children	No. of respondents	Percentage (%)
1	6	11.54
2	14	26.92
3	22	42.31
More than 3	**10**	19.23
Total	**52**	100

Above shows that, majority (42.31%) of the respondents i.e. 22 want 3 children, 26.92% of the respondents i.e.14 want 2 children, 11.54% of the respondents i.e.6 wants 1 children and 19.23% of the respondents i.e.10wants more than 3 children.

This shows that they are not worried about the increment in the expenses due to more number of children. Due to more number of children they cannot pay satisfied attention towards their children.

4.6.3 Uses of the Contraceptive Devices

Family planning devices are temporary and permanent types. The growing availability of modern contraceptive methods such as pills, Depo-Provera, Norplant and sterilization has made it possible for women and couples to space the birth of their children and to have smaller families if they want them. There are mainly two types of family planning devices- spacing method (temporary devices) and terminal method(permanent devices). In the study area, respondents were asked about the types of the family planning devices currently used by either respondents or their husbands

. Available information is given in the table no. 24.

Table 24

Types of contraceptive devices

Devices	No of Respondents	Percentage (%)
Pills	12	23.08
Condom	5	9.61
Depo-Provera	13	25.00
Vasectomy	4	7.69
Female sterilization	12	23.08
Others	6	11.54
Total	**52**	**100**

Table no. 24 shows that among the users of family planning devices, most of the respondents (25%) were using Depo-Provera and about 23.08% of the respondents were using pills. Likewise, 9.61% and 23.08% of the respondents were using condom and female sterilization, 7.69% of the respondents were using vasectomy and others 11.54% of the respondents were using temporary devices like Norplant, copper T etc.

Thus most of them used temporary family planning measures. They are having the knowledge about the contraceptives slowly.

4.7 Personal Hygiene and Sanitation of the Children

The personal hygiene of the children directly affects the health status of the children. The health of the child depends on the surrounding environment. To keep healthy, it is very much necessary to maintain proper sanitation in the house. In the Dom community, the sanitation and personal hygiene of the children was not good.

4.7.1 Bathing Practices

The habit of bathing is essential to maintain proper health. The children should be bathed by their parents in proper interval of time. The regular bathing prevents children from various skin infections, and also from other communicable diseases. In

the study area, parents of the children were asked in how many days do they bath their children and information obtained are presented below in the table no. 25.

Table no. 25

Bathing Practices of the Children

Interval of Days	No. of respondents	Percentage (%)
Once a day	3	5.77
Once a week	19	36.54
Twice a week	17	32 .69
Very Rarely	13	25.00
Total	**52**	**100**

Above table shows that 36.54% of the respondents bath their children once a week. Similarly 32.69% bath their children twice a week. And only 5.77% of the respondents bath their children once a day and others 25% bath their child rarely.

The respondent are still very unhygienic because they need to take bath regularly because they work as cleaners in toilets, road etc.

4.7.2 Brushing Practices

The proper habit of brushing teeth is essential to maintain proper health of the children. The parents of the children should build the regular brushing habit in the children. It prevents from tooth decay and problems in gums and also it prevents from several stomach pains. In the study area, the respondents were asked about the brushing habits on their children and obtained information is presented below in table no. 26.

Table no. 26
Brushing Practices of the Children

Interval of time	No. of respondents	Percentage (%)
Twice a day	0	0.00
Once in the morning	22	42.31
Once in a week	17	32.69
Very Rarely	13	25.00
Total	**52**	**100**

Above table shows that about 42.31% of the respondents brush the tooth of their child once in every morning. And 32.69% of the respondents brush the tooth of their child once a week and others 25% rarely brush the tooth of their children. Due to poor brushing habits, children frequently suffer from dental diseases and oral diseases.

4.7.3 Sources of Drinking Water

The source of the drinking water is very important factor. The proper source of drinking water helps to maintain proper health of the people. It prevents diarrhoea and other water communicable diseases. Due to lack of proper water supply, the drinking water source was not found satisfactory in dom community. Everyone in the dom community use tube well as source of drinking water.

4.7.4 Way of purifying drinking water

The available drinking water may not be totally free from the germs and diseases. So, it is always safe to purify the drinking water before using it. In the dom community, tube well was found to be the main source of drinking water so, it is necessary to purify the water. But in the dom community, no one follows any method of purifying the drinking water which is the main cause of diarrhoea and water communicable disease in the children.

4.8 Observation Checklist

Except on the basis of question asked to the people of the dom community, there were some topic for which self observation was done. These topic along with available data are discussed below:

4.8.1 Types of house

Housing is an important parameter of a family which reveals the economic condition and culture of the family. The type of houses in the Dom community on the basis of observation is listed below along with their numbers in table no. 27.

Table no. 27

Types of the house

Type of house	No. of house	Percentage (%)
Concrete	0	00
Mud-type	19	36.54
Semi-concrete	5	9.61
Fence type	28	53.85
Total	**52**	**100**

Above data can be represented in the figure drawn below:

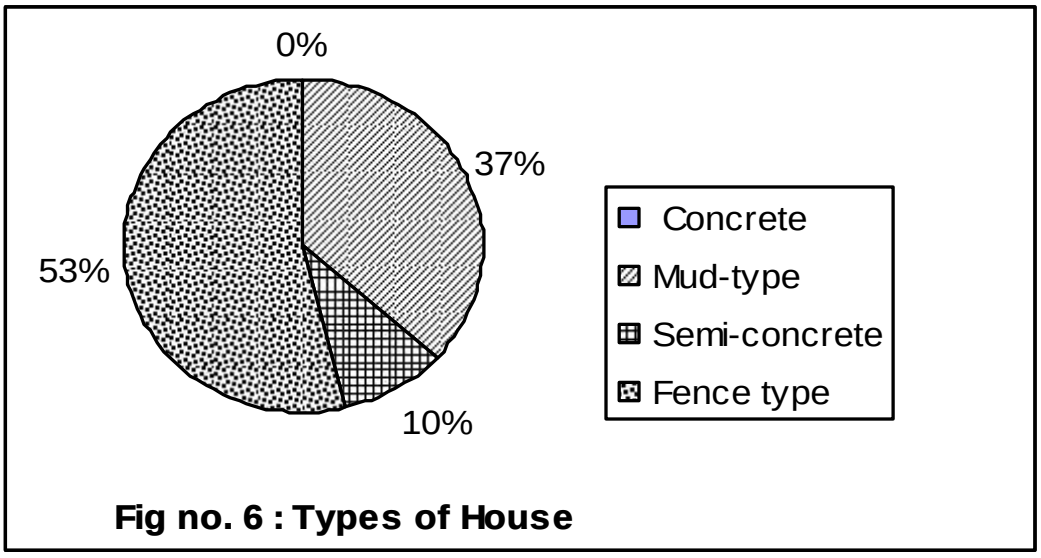

Fig no. 6 : Types of House

Above table shows that, majority of houses in the Dom community were made up of fence (53.85%) and mud (36.54%). Due to the poor economic condition of the people of Dom community, they cannot afford for the concrete houses. Very few people who had a better source of income had semi-concrete houses (9.61%).

Thus due to the poor economic condition people are living in the fence type houses and mud houses. None of them had made concrete house till now.

4. 8.2 Available Ventilation system in the house

The ventilation system available in the house plays an important in maintaining proper health of the family members. Proper ventilation is essential in every house. The ventilation system available in the houses of Dom community is listed below in the table no. 28.

Table no. 28

Ventilation system in the house

Description	No. of house	Percentage (%)
No Ventilation	22	42.31
Poor Ventilation	26	50.00
Satisfactory Ventilation	4	7.69
Sufficient Ventilation	0	00
Total	**52**	**100**

Above table shows that the houses in the Dom community were not ventilated properly. The houses were made up of fence and mud so they have very poor ventilation. Very few (7.69%) of the houses had satisfactory ventilation and all other remaining houses have very poor ventilation. None of the houses had sufficient ventilation. 22 of the respondent i.e.42.31% had no ventilation in their house and 26 of themi.e.50.00% had poor ventilation in their houses

4.8.3 Location of the Kitchen in the house

Kitchen is the source of smoke and wastages, so it is very necessary to maintain the kitchen at proper place in the house. The location of the kitchen in the houses of the Dom community is listed in table no. 29.

Table no. 29

Location of kitchen in the house

Description	No. of house	Percentage (%)
Separate room in the house	13	25.00
In the same living room	36	69.23
Separate from the house	3	5.77
Total	**52**	**100**

It was found that majority (69.23%) of the houses have their kitchen in the same living room. 25% of the family have separate room for the kitchen. 5.77% of the family have their kitchen separate from their house.

Due to inappropriate location of kitchen, the food items are not healthier and also wastages of the kitchen make house untidy.

4.8.4 Lighting system in the house

The lighting system is the major component of a house. Good lighting is essential for efficient vision. If the lighting systems are not efficient, the visual system of the members of the house is put to strain which may lead to general fatigue and loss of watching ability. The lighting system available in the house of Dom community is listed below in the table no. 30.

Table no. 30

Lighting System in the House

Description	No. of house	Percentage (%)
Electricity	43	82.69
Kerosene Lamp	9	17.31
Solar Lamp	0	00
Wax Candle	0	00
Total	**52**	**100**

Above table shows that majority of the houses use electricity for lighting system in the house. Only 17.31% of the houses do not have electricity and use kerosene lamp. None of the houses have solar lamp and none of them uses wax candle. This shows that the Dom community has satisfactory lighting system. Very few houses uses kerosene lamp and wax candle.

4.8.5 Type of Toilet

Toilet plays a vital role in maintain environmental sanitation. If there is no toilet in the house there is possibility of the pollution and spreading different kind of diseases. In the Dom community, there is no personal toilet. There is provision of few numbers of public toilets. And those toilets are of dug type.

Table no. 31

Types of Toilet

Description	No. of house	Percentage (%)
Water Seal	00	00
Dug-type	17	32.69
Bore hole type	4	7.69
No toilet	31	59.62
Total	**52**	**100**

Above data can be represented in the diagram below:

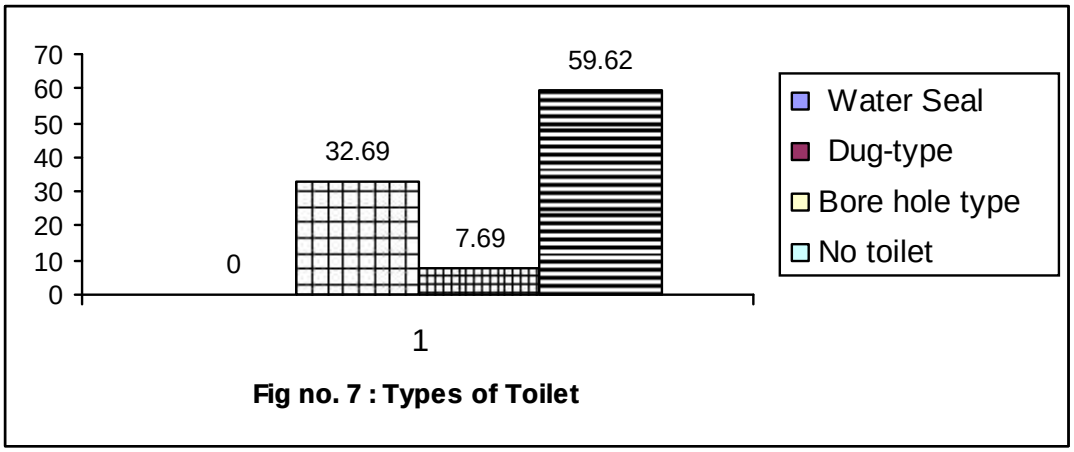

Fig no. 7 : Types of Toilet

Above diagram and table no. 31 show that majority (59.62%) of the houses shows that do not have toilet. 32.69% and 7.69% of the houses have dug type and bore hole type

of toilet. Due to lack of toilet, it is found that there is more prevalency of communicable diseases. And this causes the pollution in the environment.

4.8.6 Situation of shed of the domestic animals

Domestic animals are also responsible in spreading some kinds of diseases. If there is domestic animal in the house, it is very much essential to maintain its shed at proper place away from living house. The situation of shed of the domestic animals in the dom community are listed below in the table no. 32

Table no. 32

Situation of shed of the domestic animals

Description	No. of house	Percentage (%)
Separate and far from the house	0	00
Attached with the living house	26	50.00
Separate but near to the living house	9	17.31
No animals kept	17	32.69
Total	**52**	**100**

It was found that majority of the houses have domestic animal kept. 50% of the houses have animal shed attached with house. 17.31% of the houses have animal shed separate but near to house. Due to very small land area they cannot keep the animal at distance from living houses. Some kinds of diseases are transferred from the animal to human beings.

4.8.7 Disposal of waste water

To maintain proper sanitation around the surrounding, it is very necessary to maintain systematic disposal of the waste water. There in the Dom community, there was very poor condition of the system of disposal of waste water. Everyone in the community dispose the waste water anywhere in the surrounding.

Table no. 33

Disposal of waste water

Description	No. of house	Percentage (%)
In the Drain	11	21.15
Anywhere in the surrounding	41	78.85
Total	**52**	**100**

Above table shows that the disposal of waste water in the Dom community is not satisfactory. The lack of proper drain management system is the main reason for improper disposal of water. Majority (78.85%) of the respondents were disposing the waste water anywhere in the surrounding. 21.15% of respondents were using drain system but it was not managed properly. This is also a cause of polluted environment of Dom community.

4.8.8 Nutritional deficiency diseases in the children

The proper balanced diet is required for proper physical and mental growth of the children. The nutritional deficiency may cause several health problems specially in growing children. The most of the children in the Dom community were looking like being suffered from types of nutritional deficiency diseases and available data are presented below in the table no. 34.

Table no. 34

Nutritional deficiency diseases in the children

Diseases	No. of Children	Percentage (%)
Kwashiorkor	16	30.77
Marasmus	10	19.23
Rickets	5	9.61
None	21	40.39
Total	**52**	**100**

Above table shows that more than 50% of the children of age group five are suffering from various malnutrition diseases. The unawareness about the importance of balanced diet is the main reason for the poor health condition of the children. Among the children suffering from malnutrition diseases, more children are found to suffer from protein deficiency disease like kwashiorkor.

The lack of the colostrums, breast feeding and the additional food are the main cause for the nutritional deficiency among the children.

4.8.9 Physical disability in the children (handicapped)

Physical disability means malfunctioning of the some parts of the body like hand, leg or any other body parts. Some children are handicapped by birth and some are due to some accidents. Due to lack of proper care by the parents, some children in the Dom community were physically disabled.

Table no. 35

Physically Disabled Children

Description	No. of Children	Percentage (%)
Physically Disabled	6	11.54
Physically Able	46	88.46
Total	**52**	**100**

Above table shows that in the Dom community 11.54%i.e.6 of the children are handicapped or physically disabled and 46 of themi.e88.46% are physically able.

Due to lack of proper care during pregnancy and also after birth of the children are the main reasons for handicapped children and also partial dose of the vaccines may be the cause for being handicapped.

4.8.10 Personal Hygiene of the children

The personal hygiene plays vital role in maintaining proper health of the children. The personal hygiene of the children in the Dom community was not good. On the basis of observation the personal hygiene of the children in the Dom community are presented below in the table no. 36.

Table no. 36

Personal Hygiene of the Children

Description	No. of Children	Percentage (%)
Good	0	00
Normal	16	30.77
Bad	36	69.23
Total	**52**	**100**

Above data can be represented in the pie chart drawn below.

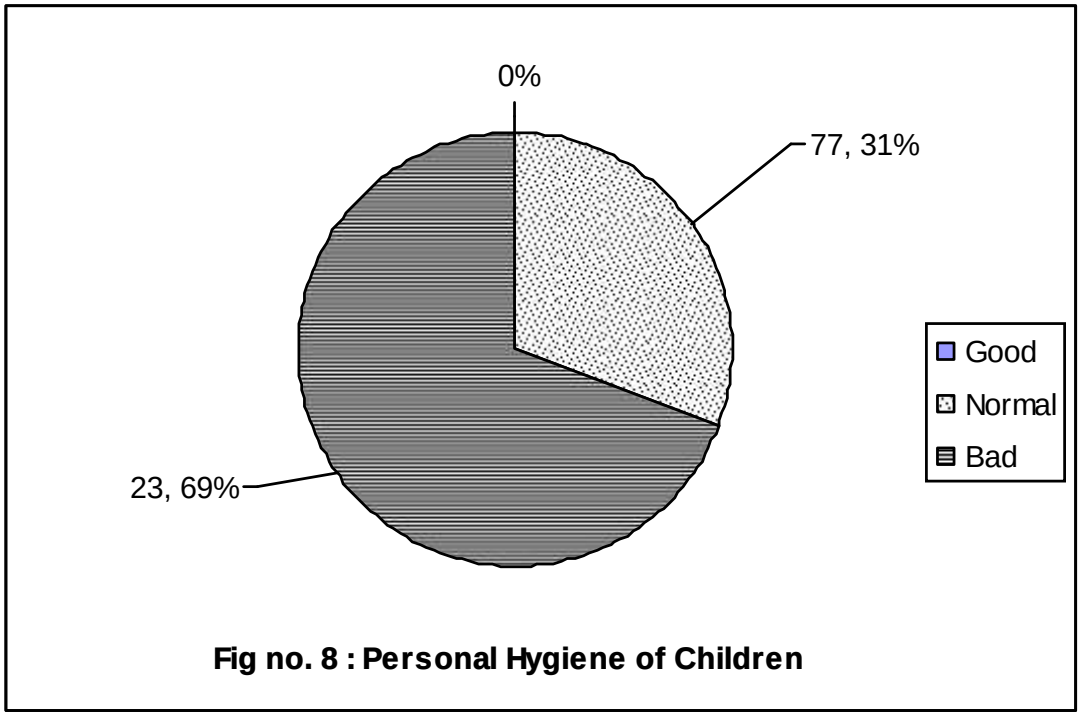

Fig no. 8 : Personal Hygiene of Children

Above figure and table no. 36 shows that personal hygiene of majority (69.23%) of the children is poor. Only personal hygiene of 30.77% of the children is normal. Due to lack of proper hygienic condition of the children they suffer from various communicable diseases frequently.

CHAPTER FIVE
SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The term “Child Health Problems “refers to the disturbance of child growth and development, and their difficulty to adjust in the environment. Such problems sometimes lead them to their demise. It refers to the promotive, preventive, curative and rehabilitative health care of the child.

Economic status of the family, cultural practices, availability of health services, awareness about the reproductive health and child care etc. determine the use of health facilities.

This study was conducted in the Dom community of Itahari Municipality ward no.8. The main purpose of the study was conducted to analyze the existing condition of child health problems and treatment practices. The study was mainly based on the primary data obtained from 52 respondents having under five years children. Interview schedule was the major tool used to obtain necessary information. The collected data have been tabulated and analyzed according to the objectives of the study. Simple mathematical techniques have been used in the analysis and interpretation of data. From data analysis and interpretation, the findings and conclusion were drawn and appropriate recommendation has been presented.

The researcher reviewed several literature and studies directly and indirectly related to present study. Child health care practice in Nepal was found poor.

Result : The researcher had administered some useful and reliable methods for collecting necessary data needed to the study. Both qualitative and quantitative data were collected through the interview, schedule observations schedule 52 childes age group up to five years were taken as sample of the study on the basis of purposive. Sampling procedure. Descriptive research design was adopted regarding to the nature of the study.

Another important part of this research is analysis and presentation of data. This part play vital role to present the causes factors of being a child health problems, explore the experience of child health care practices their life.

5.2 Findings

After analyzing and interpreting the data, the following major findings have been derived:

5.2.1 Socio Economic and Demographic Situation

a. Among the 52 respondents, 57.70% were found to live in nuclear family and 42.30% were found to live in joint family.
b. Almost all the respondents in the dom community were illiterate.
c. Majority of the respondents (65.40%) were found to live in government land without any registered land. Only 5.76% were found to have land more than one kattha, 11.54% of them were found to have 1 kattha land and 17.30% were found to have 10 dhoor land.
d. Among them 59.60% of the respondents were engaged in the profession of cleaner, 25% of them were engaged as Labourer and remaining 15.40% were engaged as Foreign Employees.
e. The monthly income of 15.38% of the respondents were less than 3000, 34.62% of respondents were found to earn in between 3000-5000,40.38% earned between 5000-10000 only 9.62% were found to earn more than 10,000.
f. All of the respondents (100%) were found to belong to Hinduism.

5.2.2 Maternal and Child Health Care Practices

a. Most of the respondents (46.14%) were found to have 2 times antenatal visit, 30.80% of them were found to have only 1 times, 13.45% of them were found to have 3 or more than 3 times and 9.61% of them were found never to have antenatal visit .

b. Among them 53.85% of the respondents were found to go to the SHP/HP, 15.39% were found were found to go the hospital, 21.15% were found to go to the private clinics for the antenatal check up and 9.61%repondents were not found visiting either of the place for antenatal checkup.

c. Among them 46.16% of the respondents did not take additional food during pregnancy. Others were found to take additional food during pregnancy. They usually take milk, meat, fish, green vegetables and fruit as additional food.

d. Majority of the respondents had taken T.T. injection during the pregnancy, among them only 17.31% took the injection completely and 38.46%took T.T. twice, 34.62% onceand9.61% neither took it.

e. About 46.15% of the respondents received iron tablet during the pregnancy and 53.85% of them had not received iron tablets.

5.2.3 Delivery Care Practices

a. Majority of the respondents (51.92%) had delivered their babies at home. And 21.15% had delivered at hospitals and 26.93% had at private clinics.
b. Among them, 67.30% of the respondents had normal delivery and 32.70% had C/Sc delivery.
c. In 40.39% of the delivery sterilized blade was used to cut the cord of the baby, 17.30% used the knife, 13.46% used the sickle and 28.45% used other devices.

5.2.4 Postnatal Care Practice

a. Only 25% of the respondents had the good practice of colostrums feeding, others 75% did not had practice of colostrums feeding. Lack of awareness was found to be the reason for not practicing the colostrums feeding.
b. About 23.08% of the infants suffered from Jaundice, 30.77% from pneumonia, 24% from others diseases.
c. Only 30.78% of the children had provided full doses of immunization according to the schedule. And 48.07% of the children had partial dose of immunization.

5.2.5 Child Care Practice

a. 44.23% of the respondents had breast feeding for 1 year, 32.69% for 2 year, 13.47% for 3 year and 9.61% for 4 years.
b. About 44.23% of the respondents started supplementary food to their children in the age of 3 months. 32.69% and 23.08% of the respondents introduced it after 5-6 months and after 1 year respectively.
c. Use of Lito and Jaulo to feed the child were 26.92% and 34.62% respectively whereas 25% of the respondents fed rice, dal, milk, and only 13.46% fed other products.

d. Diarrhoea covered highest proportion (34.62%) of the prevalent disease among the children of the study area whereas pneumonia, ARI covered 21.15% and 26.92% respectively and 17.31% others.
e. Most of the respondents (40.38%) prepared Jeevan Jal when their child suffered from diarrhea. 25% and 17.31% of the respondents fed sugar and salt solution and water respectively and similarly 17.31% also fed others solution.
f. Most of the respondents (40.38%) consulted to the dhami/jhankri when their child are ill. 19.23%, 23.08% consulted to the health post/hospital and private clinic respectively and 17.31% others.

5.2.6 Family Planning Practice

a. 17.31% of them prefer birth spacing of 0-1 year, 44.23%, 25%, 13.46% prefer birth spacing of 1-2, 2-3 and more than three year.
b. Most of them (42.31%) prefer three babies, 11.54%, 26.92%, 19.23% prefer one, two and more than three babies respectively.
c. Around 25% were using Depo-Provera, 23.08% were using pills, 23.08% were using female sterilization 7.69% were using vasectomy and 9.61% were using condom as the means of family planning and 11.54% were using other methods.

5.2.7 Personal Hygiene and Sanitation of the Children

a. Most of them (36.54%) bath their babies once a week, 32.69% twice a week, only 5.77% bath their babies daily and 25% very rarely.
b. Most of them (42.31%) brush the teeth of their children once in the morning and 32.69% only once a week and none brushed their teeth twice a day.
c. Everyone in the dom community use the tube well as the source of drinking water and they do not use any method for purifying drinking water.

5.2. 8 Observation Checklist

a. Majority of the houses (53.85%) were fence type. 36.54% of the houses were mud type and only 9.61% of the houses were semi concrete type and none had concrete house.
b. Most of the houses (50%) had very poor ventilation. 42.31% had no ventilation. And only 7.69% of the houses had satisfactory ventilation.

c. Majority of the houses (69.23%) had kitchen in the same living room, 25% had in the separate room and 5.77% separate from the house.
d. Majority of the houses (82.69%) use electricity for lighting system in the house. 17.31% use kerosene lamp for lighting system.
e. There is no personal toilet in Dom community. There are few numbers of public toilet which are of dug type.
f. Most of the houses (50%) had animal shed attached to the house and 17.31% had separate but near to the living house and 32.69% had no animals.
g. There is no drain for disposal of water. So, everyone dispose waste water here and there in the surroundings.
h. More than 50% of the children were appearing to be suffering from nutritional deficiency diseases like Kwashiorkor (30.77), Marasmus (19.23%), Rickets (9.61%) only 40.39% were not suffered from the deficiency.
i. 21.15% of the children were found to be physically handicapped.
j. Majority of the children (69.23%) had poor personal hygiene and sanitation and only 30.77% was normal but none of them were good.

5.3 Conclusion

In Dom community, they have their own culture**,** tradition, values, norms, language as well as certain ways of celebrating their festivals. The researcher has conducted the present study to find out the child health problems and care practices of children of age group five year. The study found that lack of awareness in parent is reason for bad health condition of the children. Socio-economic status of family, environmental sanitation, family size, cultural and social factors, provision of the health services and awareness about the reproductive health influence the health of child.

It was found that parents of all the children were illiterate. Most of the family live in government land without having any registered land on their name and are professionally cleaner. All the members of the Dom community were Hindus. Practice of T.T. injection was not found better in the study area and also intake of iron tablet and additional food during the pregnancy was not satisfactory. Majority of the respondents had delivered baby at home and some went to health post. Colostrums feeding practice and duration of breast feeding were not satisfactory among the respondents. Majority of the children were not immunized according to the schedule and full dose was not provided. Jaundice and pneumonia were the most prevalent disease during their postnatal period. Most of the respondents started feeding supplementary food to their children in the age of 3 months. Practice of feeding lito, jaulo and house made food was found higher than other commercial foods.

Due to lack of knowledge, they still believe in treatment of Dhami/ Jhankari and consult to them when their children became ill. Sanitation and hygiene was very poor in the Dom community.

The study concludes that the health condition of the children was very poor. The poor economic condition, lack of knowledge and awareness in the parents of the children was the main reason for poor health condition of the children.

5.4 Recommendation

Based on the findings of this study the following recommendations are suggested**.**

a. This type of research could be conducted to find out the socio-economic and cultural factors affecting on child health care practices in different rural areas or among different communities of the country.
b. Most of the respondents are illiterate. So, the awareness programme with an aim of promoting consciousness about health problems and symptoms and prevention of various diseases and environmental sanitation should be conducted.

c. Community should discourage delivery at home and colostrums feeding and breast feeding should be encouraged. And number of children should be not more than two and proper birth spacing should be preferred.
d. The most of the respondents engaged in low income work like cleaner. So, government should provide skill-based education and job opportunities so they can uplift their economic condition.
e. The local health post should be established in the community so, they may increase their visit to the health centre.
f. The awareness about the balanced diet and additional food for mother during pregnancy and supplementary food to the children at proper age should be promoted.
g. Proper drinking water supply and drain system should be maintained. And tips to purify the drinking water should be provided.
h. Proper location of kitchen and animal shed should be maintained in the houses.

5.4.1 Recommendation for the Further Study

This is the descriptive study of child health problems and care practices of Itahari municipality, sunsari –Dom community. This study is helpful for the formulation and implementation of plans and policies for that particular community. Also this type of studies should be conducted in other part of the country to find out the child health problems and care practices. This is just a descriptive and quantitative research, so analytical type of research is necessary for reaching to logical end. This study is conducted in homogenous society, it could be more effective in other ethnic groups and backward societies.

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APPENDIX- I

Interview scheduled on "Child Health Problems and Care Practices in Dom Community of Itahari municipality of Sunsari District."

Part "A"

Demographic and socio-economic characteristics

Respondent Parents

Name:

Address:

Types of family: (Nuclear/Joint)

Age:

Education:

Religion: **Sex:**

Caste:

Occupation:

Details of other family members:

S.N.	Name	Relationship	Sex	Age	Education
1					
2					
3					
4					
5					
6					
7					

Economic Status

1. What is the main income source of your family?

a)Agriculture b) business

c) Employment d) Others

2. How much registered land do you have?

a) NIL b) 10 dhur

c) 1 kattha d) more than 1 kattha

3. What is the average monthly income of your family?

a) Less than 3000 b) 3000-5000

c) 5000-10,000 d) more than 10000

Part "B"

Maternal and child Health Care Practice

Antenatal Care

1. How many times did you do antenatal visit?

a) Never b) 1

c) 2 d) 3 and more than 3

2. Where did you go for antenatal check up?

a) Hospital b) SHP/HP

c) Private Clinic d) None

3. What additional food items did you take during pregnancy?

a) Milk and milk products b) Meat, egg and fish

c) Green vegetables and fruits d) None

4. How many times did you take T.T. injection during pregnancy?

a) 1 b) 2

c) 3 d) None

5. Did you take Iron tablets during your pregnancy?

a) Yes b) No

Delivery Care Practices

1. Where did you go for delivery?

a) Home b) Hospital

c) Private clinic

2. What was the type of your delivery?

a)Normal b) C/Sc

3. Which instrument was used for cord cutting practice?

a) Sterilized blade b) Knife

c) Sickle d) Others

Postnatal care

1. Did you feed colostrums to your newborn baby?

a) Yes b) No

2. What diseases did your child suffer from any just after the birth?

a) Jaundice b) Pneumonia

c) Others

3. What are the vaccines that you have provided to your children?

a) BCG b) DPT

c) Polio d) Measles

e) None

Child Care Practice

1. How long did you breast feed to your baby?

a) One year b) Two years

c) Three years d) Four years

2. When did you start supplementary food to your child?

a) After 4 months b) Between 5-6 months

c) After 1 years

3. What supplementary food did you provide to your baby?

a) Lito (sarbottam pitho ko lito) b) Jaulo

c) Rice, dal and milk d) Others

4. What is the most prevalent disease from which your child has suffered?

a) Diarrhoea b) Pneumonia

c) ARI d) Others

5. Which treatment do you prefer for your child during diarrhoea?

a) Sugar salt Solution b) Jeevan jal

c) Water only d) Others

6. Where do you consult for treatment when your child become ill?

a) Dhami/Jhanki b) Health Posts/Hospital

c) Private Clinic d) Others

Family Planning

1. What should be minimum child spacing period?

a) 0-1 b) 1-2

c) 2-3 d)more than 3

2. How many children do you prefer?

a) 1 b) 2

c) 3 c) more than 3

3. What family planning devices you have been currently using?

a) Pills b) Condom

c) Depo-Provera d) Vasectomy

e) Female sterilization f) Others

Personal hygiene and Sanitation

1. How often do you bath your child?

a) Once a day b) Twice a week

c) Once a week d) Very rarely

2. How often do you brush teeth of your child?

a) Twice a day b) Once in the morning

c) Once a week d) Very rarely

3. What is the main measure followed in the case of common diseases condition of the children?

a) Use of locally available herbs b) Medicine from shop

c) Consult to the health personnel d) Visit to the witch doctors

4. What is your source of drinking water?

a) Tube-well b) River

c) Well d) Pipe water

5. How do you use the drinking water?

a) After boiling b) After filtering

c) Directly from tap d) After using water guard

OBSERVATION CHECKLIST

1. Type of the house.

a) Concrete b) Mud-type c) Semi-concrete d) Fence type

2. Ventilation system of the house.

a) No ventilation b) Poor Ventilation c) Satisfactory d)Sufficient

3. Location of the kitchen.

a) Separate room in the house b) In the same living room

c) Separate from the house

4. Lighting system available in the house.

a) Electricity b) Kerosene Lamp

c) Solar Lamp d) Wax Candle

5. Type of the toilet.

a) Water-seal b) Dug-type

c) Bore-hole type d) Service type

6. Distance between source of drinking water and toilet.

a) 5-15 ft b) 15-25 ft c) above 25 ft

7. Situation of shed of the domestic animals.

a) Separate and far from the house b Attached with the living house

c) Separate but near to the living house d) No animals kept.

8. Disposal of water.0

a) Anywhere b) Drain

9. Nutritional deficiency disease in the child.

a) Kwashiorkor b) Marasmus c) Rickets d) None

10. Whether child is handicapped.

a) YES b) NO

11. Personal Hygiene of the Child

a) Normal b) Good c) Bad