UTILIZATION OF MATERNAL AND CHILD HEALTH CARE SERVICES IN MAGAR COMMUNITY OF DODHARA VDC

$\mathbf{B}\mathbf{y}$

Motimaya Baral

Symbol No: 281972/2067-2068 T.U. Reg. No. :9-2-404-130-2004

A Thesis

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

CENTRAL DEPARTMENT OF EDUCATION
UNIVERSITY CAMPUS
FACULTY OF EDUCATION
TRIBHUVAN UNIVERSITY
KIRTIPUR, KATHMANDU
April, 2016

RECOMMENDATION LETTER

This is to certify that Mrs. Motimaya Baral has completed her research work entitled "UTILIZATION OF MATERNAL AND CHILD HEALTH CARE SERVICES IN MAGAR COMMUNITY OF DODHARA VDC" in partial fulfillments of the requirements of Master Degree in Population Education under my supervision.

I recommend this thesis for final evaluation.

Date: April, 2016

.....

Prof. Dr. Shyam Krishna Maharjan Health, Physical and Population Education Department Tribhuvan University, Kirtipur

APPROVAL SHEET

This thesis entitled "UTILIZATION OF MATERNAL AND CHILD HEALTH CARE SERVICES IN MAGAR COMMUNITY OF DODHARA VDC" submitted by Mrs. Motimaya Baral, in partial fulfillment of the requirements for the Master Degree in Population Education has been approved.

Thesis Evaluation Committee	Signature
Prof. Krishna Prasad Acharya	
Head, Health, Physical and Population Education	Chairman
Department, FOE, T.U. Kirtipur.	
Prof. Dr. Shyam Krishna Maharjan	
Health, Physical and Population Education	Supervisor
Department, FOE, T.U., Kirtipur.	
Prof. Dr. Lokendra Sherchan	
Health, Physical and Population Education	External
Department, FOE, T.U. Kirtipur.	
Viva Date: 11 th April, 2016	

DECLARATION

I hereby declare that to the best of my knowledge this thesis is my original no part of it was earlier submitted for the candidature of research to any University. Whatever subject matter I have presented in this thesis is the result of my own work.

Date:	April, 2016	
		Motimaya Baral

ACKNOWLEDGEMENT

First off all, I would like to express my sincere gratitude to my respected supervisor **Prof. Dr.**

Shyam Krishna Maharjan, Health, Physical and Population Education Department,

Tribhuvan University, for his valuable suggestions, proper guidance, continuous

encouragement and contribution for preparing this study.

My deepest thanks goes to Prof. Krishna Prasad Acharya, Head of HPPE Department for his

valuable suggestion and cooperation. I would like to extend my sincere thanks to all the

respondents of the study area who helped me by providing their valuable time in the process of

data collection. It is obvious that, without their help, this study would have never been

completed. I would also like to extend thanks to all community leaders of Dodhara VDC for

their support and kind co-operation during data collection.

I also like to express my sincere thanks to all the faculty members of HPPE Department T.U.

for their valuable suggestions and cooperation.

Motimaya Baral

April, 2016

iv

ABSTRACT

This study entitled "Utilization of Maternal and Child Health Care Services in Magar Community of Dodhara VDC" has been carried out with the objectives; to find out the socio-economic and demographic characteristics of the study population, to identify the antenatal, natal and postnatal care practices in the mother groups and to assess the prevalence of disease affecting the child and mother. This study was descriptive and quantitative in nature. It was based on obtaining information about the existing situation of maternal and child health care practices in Magar community of Dodhara VDC, Kanchanpur. In this research, researcher focused on finding the maternal and child health care practices with maternal and infant death about childbearing mother with the consideration of their various background variables. The research was based on primary and secondary data. Primary data were collected from the 200 mothers having children less than 5 years. Married women aged between 15-49 years having at least one child less than 5 years were the population of the study.

Among all the respondents 6.66 percent were found with only first antenatal check up. It was found that 13.13 percent were found visiting health post two times during their pregnancy and 20 percent were found with the experience of ANC check up three times and remaining all other respondents had the experience of the more than three times ANC check up practices. Data showed that large number of the respondent mother were found with taking the Iron tablet during their pregnancy period and remaining other 15 percent mother had not the experience of the taking iron tablet. Among all the respondents most of them (94.73%) said they had given immunization to their baby and remaining 5.27 respondents were found not having any immunization to their child. In the present time the entire child should be immunized but in the community few percent of the child are still out of vaccination that was not good situation. They had protection against infantile diarrhea, respiratory infection and other kinds of pediatric disease. Breast—feeding provided a natural form of birth control. The situation of using family planning devices was found good in this study. Data showed that 57.90% of the respondents were found going to doctor or health worker in order to treat their children in the hope of being cured.

TABLE OF CONTENTS

		Page No.
DECLARATION		i
RECOMMENDA	ii	
APPROVAL SHE	iii	
ACKNOWLEDGE	EMENTS	iv
ABSTRACT		V
ACRONYMS AN	D ABBREVIATIONS	vii
TABLE OF CONT	TENTS	vii-ix
LIST OF TABLES		X
CHAPTER - I:	INTRODUCTION	1-7
1.1	Background of the Study	1
1.2	Statement of the Problem	3
1.3	Objectives of the Study	5
1.4	Significance of the Study	5
1.5	Delimitation of the Study	5
1.6	Definition of Key Terms	6
CHAPTER - II:	REVIEW OF RELATED LITERATURE	8-17
2.1	Related Literature	8
2.2	Empirical Literature	13
2.3	Implication of Literature Review for the Study	18
2.4	Conceptual Framework	19
CHAPTER – III:	RESEARCH METHODOLOGY	20-22
3.1	Research Design	20
3.2	Sources of Data	20
3.3	Population of the Study	20

3.4	l Sar	mpling Procedure and Sample Size	20
3.5	5 Dat	ta Collection Tools and its Validation Procedures	21
3.6	5 Dat	ta Collection Procedure	21
3.7	Me	ethods of Analysis and Interpretation of Data	22
CHAPTER - IV	: ANAI	LYSIS AND INTERPRETATION OF RESULTS	23-61
4.	1 De	mographic and Socioeconomic Characteristic	23
	4.1.1	Age Composition of the Respondents	23
	4.1.2	Population of Respondents Family	24
	4.1.3	Education Status of the Respondents and their	
		Husbands	24
	4.1.4	Occupational Status of Respondents	25
	4.1.5	Occupational Status of Respondent's Husband	26
	4.1.6	Age at Marriage of Respondents	27
	4.1.7	Types of Family	27
	4.1.8	Ownership of Land and Size	28
	4.1.9	Sufficient of Food	29
	4.1.10	Income per Month	29
	4.1.11	Fulfillment of Family Basic Needs by the Income	30
	4.1.12	Available of Toilet and its Type	30
	4.1.13	Types of Marriage	31
	4.1.14	Mothers Age of First Child	31
	4.1.15	Source of Drinking Water	32
	4.1.16	Cooking Practice of Food	33
	4.1.17	Information Resources of Respondents	33
4.2	Mother	rs and Child Health Care Practices	33
	4.2.1	Antenatal Care	33
	4.2.2	Intra-natal Care and Practices	40
	4.2.3	Postnatal and Child Care Practices	44
13	Most I	Provolant Disagge and Their Management	51

	4.3.1	Praction	ces of Child Disease Treatment	51
	4.3.2	Morbi	dity of Neonatal	52
	4.3.3	Neona	atal Diseases	53
	4.3.4	Manag	gement of ARI by Respondents	53
	4.3.5	Manag	gement of Diarrhea by Respondents	54
4.4	Major	Finding	gs of the Study	55
CHAPTER -V:			Y, CONCLUSION AND ENDATIONS	62-65
	5.1	Summ	ary	62
	5.2	Conclusion		63
	5.3	Recommendations		64
		5.3.1	Recommendations for Improvement	64
		5.3.2	Recommendations for National Policy	64
		5.3.3	Recommendations for Further Study	65
REFERENCES				
APPENDIX				

LIST OF TABLES

	Table No	Title	Page No.
1	Age composition		23
2	Population of Responde	ent's Family	24
3	Education Status		25
4	Occupational status		26
5	Occupational Status of	Respondent's Husband	26
6	Age at marriage		27
7	Types of family		27
8	Ownership of Land		28
9	Area of Land		28
10	Sufficient of Food		29
11	Income Per Month		29
12	Fulfillment of Family B	asic Needs	30
13	Situation of Toilet		30
14	Types of Toilets		31
15	Types of Marriage		31
16	Age of Mothers while the	he First Childbearing	32
17	Source of Drinking Wat	ter	32
18	Cooking Practice		33
19	Source of Information		33
20	Finding of Pregnancy		34
21	Practice of ANC		35
22	Frequency of Antenatal	Visits	35
23	Place of Antenatal Chec	ck-up	36
24	Taking food during pres	gnancy	37
25	Practice of T.T. Vaccine	e	37
26	Practice of Iron/FS Tab	lets	38
27	Bad Signs of Pregnancy	7	39

28	Opinion on Personal Hygiene	39
29	Place of Delivery	40
30	Assistance during Delivery	41
31	Practice of use of MCH Kit	41
32	Utilization of Health Facilities	42
33	Types of Delivery	42
34	Complication during Labor	43
35	Cord- Cutting Instrument	44
36	Status of the Cord Cutting Practices	44
37	Colostrums Feeding Practice	45
38	Practice of Postnatal Check Up	45
39	Immunization Practices	45
40	Reasons of Not Immunizing	46
41	Time for Breast-Feeding	47
42	Extra Milk Feeding Practices	48
43	Additional Milk Feeding Practices	48
44	Weaning Practices	49
45	Types of Supplementary Food	50
46	Practice of Contraceptives	50
47	Types of Used Contraceptives	51
48	Practice of child Treatment	52
49	Distribution of Neonatal Morbidity	52
50	Types of Diseases	53
51	Management of ARI	54
52	Management of Diarrhea	54

ACRONYMS AND ABBREVIATIONS

AHW Auxiliary Health Worker

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Care

ANM Auxiliary Nurse Midwife

CBS Central Department of Statistics

CDPS Central Department of Population Studies

CDR Crude Death Rate

DHS Demographic Health Survey

FCHV Family and Child Health Volunteer

FP Family Planning HA Health Worker

ICPD International Conference on Population and Development

IMR Infant Mortality Rate

INGO International Non-Government Organization

MCHW Maternal and Child Health Worker

MMR Maternal Mortality
MOH Ministry of Health

NESAC Nepal South Asian Center
NFHS Nepal Fertility Health Survey
NPC National Planning Commission

PHC Primary Health Center
PHW Primary Health Worker

PNC Postnatal Care

RH Reproductive Health

SAARC South Asian Association for Regional Co-operation

SLC School Leaving Certificate
STDs Sexually Transmitted Disease

TBA Trained Birth Attendant

TT Tetanus-Toxoid

UNFPA United Nations Fund for Population Association

USA The United States of America
VDC Village Development Committee

VHW Village Health Worker WHO World Health Organization