# CHAPTER - I

# INTRODUCTION

## 1.1 Background of the Study

Health is valuable property for human beings in the context of quality of life. The health condition of the people of the country is very important. If the people are not physically, mentally and socially healthy, it is difficult to read, write and income generating work. Health is also one of the important and necessary factors to make a happy life. Health is wealth, health is everything so, WHO 1948 define "Health is the State of Complete Physical, Mental and Social well being not merely an absence of disease or infirmity". Reproductive health is a main part of sound health. The WHO defined reproductive health as "A state of complete physical mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system, its function and process".

Maternal and child health care practice is a part of Reproductive Health (RH). To achieve sound RH, MCH care and practice should be good. Without getting reproductive health, sound health can't be happen. In fact, maternal and child health care practice is a very important component of primary health care. Now a day most of the countries in the world have emphasized maternal and child health care. GOs, NGOs, and INGOs have started maternal and child centered health programs in different parts of Nepal such as antenatal checkup, Immunization, safe delivery practice, postnatal care services, supplementary food programs and child immunization programs that will save the mother as well as the child.

Nepal is a landlocked agricultural country. It lies between India and China. More than 80 percent people depend on agriculture. It is the second poorest country in the world, where about 40 percent of the total population still lives under the absolute poverty line. There are many problem in different fields. Health is one of the major problems. The major health problems of Nepal are high maternal and child mortality, communicable diseases, rapid population growth, environmental population and

malnutrition etc. Lack of education, poverty, nutrition, health services are the major course of maternal and child mortality and morbidity.

The population growth of our country is alarming and it affects the development process of the country. The demographic variable like fertility and mortality are responsible for population growth. Uncontrolled growth of population of Nepal increased from 11.6 million in 1971 to 26.4 million in 2011 and the total population of Nepal was 30,986,975 (July 2014 estimated) in 2015 and growth rate was 1.35 percent according to CBS 2015, maternal mortality rate was 170/1,00,000 live births. Crude Death rate was 6.62/1000 live births. In this way the status of women and children with reference to their health care practice is much considerably low. Recently female literacy is only 46.7 percent and women less decision making power in family. Only pregnant women immunized against tetanus and 13 percent of birth was attended by trained health personal (CBS, 2015).

Dodhara is situated in Kanchanpur district of Far-western development region. It is surrounded by India in northern, western and western northern part and eastern part Chandani VDC and Mahakali river. This VDC is back regarding the all round development in comparison to the other parts of Kanchanpur district. It is away from Mahakali river so it is famous. But newly made suspension bridge has highlighted this all over the country and linked with the district head quarter. Women of this VDC get little bit relief because of the bridge. But still maternal and child health care practice is very poor because of lack of the education, health post, health worker, traditional approach etc. Most of the women are the household worker and delivery at home and assisted by TBA, so the main target of this study is to provide reliable and valid information on various aspects of maternal health care practice of Dodhara VDC's women. Women have no more freedom of mobility. Because of economic problems, cultural norms, beliefs, lack of awareness about the health care and accessibility of health services all the people cannot utilize the health care services.

## 1.2 Statement of the Problems

Pregnancy can be risky event for a woman. One of every 40 women in a developing country risks dying from complications of pregnancy and child birth during her life

time. For women in more developed countries, this risk as much lower about one death per 1800 woman. Direct causes like infection, unsafe abortion, hypertensive disorders, obstructed labour, hemorrhage and others cause. Maternal death nearly 15 percent, 13 percent, 12 percent, 8 percent, 25 percent and 8 percent per year respectively. Indirect causes like Malaria, Anemia, T.B, Heart diseases, hepatitis etc cause 19 percent maternal death (Shane, 2015).

Respiratory infections, diarrhea, malaria, measles and malnutrition are the major causes of children death in developing countries, yet these some diseases rarely kill children in more developed countries. Malnutrition is a major problems contributing to child mortality. Half of all child deaths are though to be associated with malnutrition. Many of deaths can be prevented through vaccinations, adequate nutrition, safe water, sanitation and family planning (Shane, 2015).

In the part of developing world where fertility rates are high, teenage pregnancy and early marriage are common. World wide adolescents have more than 14 million births each year and more than 90 percent of these occur in developing countries. The proportion of teenage woman who are mothers or currently pregnant is greatest in sub-Saharana Africa (20.40%). The risk of maternal death during childbirth is 2 - 4 times a high among adolescents younger than 18 as among women aged 20 or older (WHO, 2015).

Woman under 20 years of age are more likely to experience maternal complications than women age 20 and above. Early child bearing can be especially perilous where anemia and malnutrition are common and access to trained obstetrical care is poor. In Nepal, 26 percent adolescences have become mother under the age of 18 years. There is no appropriate gap between two children. Similarly unwanted pregnancy is a major factor affecting maternal health. Many women have suffered from premarital pregnancy, rape, unsafe sexual contact, STDs, pregnancy related complication and mental depression (Karki, 2060).

In Nepal, total fertility rate reached at 4.1 per women and population growth rate is 2.4 percent likewise, maternal mortality rate, infant mortality rate, child mortality rate are 170 per 100000 live birth, 40.43 per 1,000 live birth and 71.2 per 1000 live birth

respectively. Similarly literacy rate of male is 71.1 percent and female is 46.7 percent (CBS, 2011).

Presently, various types of programs are launching through government, Non-government, private and volunteer health agencies to reduce the maternal and child morality and morbidity. However, no satisfactory result found in this regard. In order to improve health states of mother and children program and plan should develop. Likewise, prior to plan and develop health situation facilities, the present health situation and problem should be identified which are very important for the planner and specialists. So far, studies have not been carried out to access the maternal and child health care practice among Magar community a very important indicator of social development in Dodhara VDC. The researcher selected the topic "Utilization of maternal and child health care services in Magar community of Dodhara VDC" to explore knowledge and practices of MCH care in Magar mothers. MCH care is an important issue and no one had researched about this topic in Dodhara VDC. The research questions are set as stated below:

1.2.1 How does the socio-economic status of Magar people correspond with their MCH practice?

1.2.2 How mother do practices minimum requirement of antenatal, natal and post natal care.

1.2.3 What were the diseases affecting mothers and child and their management practices of them?

## 1.3 Objectives of the Study

The main objective of the study were to find out the maternal and child health practice in Magar community of Dodhara VDC. The specific objectives of the study were as follows.

1.3.1 To find out the socio-economic and demographic characteristics of the study population.

1.3.2 To identify the antenatal, natal and postnatal care practices in the mother groups.

1.3.3 To assess the management practices of disease affecting the child and mother.

## 1.4 Significance of the Study

Maternal and child health care practice are directly concerned to the improvement of child and mother health. The main goals of this study were to find out the socio-economic status of the Magar community in Dodhara VDC and it effects on maternal and child health care practices. Significances of the study were as follows:

1.4.1 The results study would give detail situation on maternal and child health care practices so it will useful to guide to policy makers to make policies and programme planners to plan programmes.

1.4.2 It would be useful to the educator to develop teaching materials and health agencies to conduct programmes in Dodhara VDC and areas with similar socio-economic situation.

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

1.4.4 The findings of the study would be useful to the health workers of that community to develop awareness programmers towards the health care in Magar community.

## 1.5 Delimitation of the Study

Due to limitation of time and budget the study was delimited in the following areas:

1.5.1 The study was delimited around 200 household located within the Magar community of Dodhara VDC.

1.5.2 The mothers aged between 15 - 49 years having at least one child under 5 years of age were included in the study.

1.5.3 The study was delimited in major MCH practices of antenatal, natal and post natal.

1.5.4 The study has been carried in small size of population, so it may not represent in whole country.

1.5.5 Only permanent residential mother's groups were included in the study.

## 1.6 Definition of Key Terms

**Abortion**: An operation or other intervention to and a pregnancy by removing an embryo or fetus from the womb.

**Anemia**: Condition where blood is too less because of reduced red blood cells or hemoglobin.

**Antenatal Care**: Care of mother and her fetus during pregnancy.

**Child Bearing Age**: A kind of practice, which is related to immunization, providing good nutrition and maintaining of personal hygiene.

**Colostrums:** the thin, yellow Milky fluid secreted by the mammary and a few days before or after parturition.

**Fertility:** Actual child bearing capacity of women

**Immunization:** Process of rendering immune to a certain disease by injecting serum or Vaccine.

**Infant Mortality rate:** probability of dying between birth and exactly one year of age expressed per 1000

**Intra natal Care:** It refers to the care of mother during the delivery period.

**Low Birth Weight:** Infants who weight less than 2.5 kg in the first few hours of life or at the time of birth.

**Malnutrition:** Pathological state resulting from relative nutrients that are more essential.

**Maternal Mortality:** A maternal mortality is defined as the death of a women while pregnant or within 42 days of termination of the pregnancy from any causes related to or aggravated by the pregnancy or its management but not from accidental causes.

**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).

**Micro-nutrient Malnutrition**: Micro-nutrient malnutrition refers to a group of conditions caused by deficiency of essential vitamins and minerals such as vitamin A. calcium, Iodine, Iron and zinc.

**Pelvic Inflammatory Disease**: A severe infection of the upper reproductive tract which can lead to infertility and ectopic pregnancy.

**Postnatal Care**: Six weeks period after delivery is called postnatal care period.

**Pregnancy**: The state of being with child, the condition starts from conception and ends before delivery of the baby.

**Teenage Pregnancy**: The mother becomes pregnant before the age of 20 years or before the physiological and psychological maturation.

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

**Uterine Prolapsed**: A sinking of uterus into or extending outside the vagina usually regulating from injuries during child birth or advanced stage.

# CHAPTER - II

# REVIEW OF RELATED LITERATURE

This chapter attempts to present some relevant literatures concerned to the maternal and child health care practices. The literature review was done by collecting information from the HPE department central library and health journals. Some of facts, opinions, principles and study reports directly or in directly related to this study are mention as follows:

Maternal health care is the care of women during the pregnancy, delivery and after delivery. The provision of care for women during pregnancy and child birth is essential to insure healthy and successful born infant. The maternal health care covers the several aspects i.e. antenatal care, delivery care and postnatal care. The three elements of maternal health services according to World Health Organization are antenatal care, delivery care, and postpartum care. Each element should consist of the following services as prescribed by the WHO.

1. *Antenatal care*: WHO recommends a pregnant woman to get 4 ANC visits for health promotion, assessment, prevention and treatment.
2. *Delivery care:* WHO recommends a skilled or trained birth attendant (TBA) at every birth, which can provide good quality care to the mother and child. Such a TBA is expected to perform hygienic, safe and sympathetic services and able to recognize and manage complications and refer promptly if more care is needed.
3. *Postpartum care:* WHO recommends integrated postpartum care, which includes identification and management of problems in mother and newborn, counseling, information and services for family planning; and promotion for the new born and mother (WHO, 2011).

## 2.1 Related Literature

Thapa, (1990) has studied child health care practices of Gopali community of Makwanpur district, covering three VDCs. Mothers who had children under 5 years were the respondents of the study. The study has concluded that inappropriate child feeding practice was the main cause of malnutrition. It was also found that the

practices of personal hygiene, sanitation and oral rehydration were poor. The cord cutting practices were unhygienic. Tetanus was the highest child killing disease and the kwashiorkor and marasmus were major problems in that community.

NFHS, (1991) reported that about 82 percent of the births occurred during the last five years received no antenatal care. Only 15 percent received antenatal care by by trained health personnel, and 9 out of 10 births were delivered at home 58 percent of women who gave birth in past 5 years have not received T.T. Vaccine at all, only 20 percent of children had shown immunization cards. About 44 percent of the currently married women didn't intend to use contraceptives in future.

According to FPMCH report (1991) on Nepal fertility, family planning and health survey have reported that infant mortality is higher among children than women who did not receive any antedated or delivery care services during pregnancy and child birth. Women who received either antenatal or delivery services from the health personnel had reduced mental and child mortality and morbidity.

Gubhaju (1991) stressed on family planning as a determining factor to reduce IMR and CMR in his book child mortality and survival in south Asia as follow. An important program to reduce mortality is family planning. It can to minimize child mortality rate by increasing the child bearing age by reducing the higher parties and lengthening the spacing between births. It is essential to launch the effective programs especially to the women by introducing to improve health and sanitation as well as socio- economic status to reduce IMR and CMR. Water the essence of life can be deadly if contaminated thus a safe source of water is one of the fundamental of good health everywhere. In the developing words over 4 million young children die every year from disease associated with unsafe drinking water.

UN (1995) mentioned that the male involvement in maternity care is highly appraisal. Many of the maternal deaths are due to late transportation to health facility. There is very important role of male in terms of transporting wives to health facility. There is very important role of male in terms of transporting wives to health facilities. Maternal mortality has many causes that require a comprehensive strategy comprising community mobilization, prenatal care, and clean delivery with trained assistants and must critically, emergency care to manage complications.

Ondium (1998) noted that women's reproductive health status is being seen as measure of gender equality, because men have a major role to play in making pregnancy safe. Men should accompany their wives to prenatal clinics so that men can be thought about the important of a proper diet and rest during pregnancy and about the danger signs of pregnancy. Men should be willing to reduce the burden of physical demanding work of pregnant wives and to provide funds for medical fees and transportation to medical facilities. Men should also provide emotional support and not subject pregnant women to violent behavior.

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 as infection and malnutrition often make vicious cycle exclusive breastfeeding in first 4 months of life is very important ( World Bank, 2004).

WHO/UNICEF'S (2000) noted that material mortality ration in countries of the south-east Asian region are among the highest in the world ranking second after African countries. Such as Bangladesh, Indonesia and India where has been a steep decline, continue to have very high maternal mortality ratio.

MDH (2001) stated that maternal health care consists of various aspects and the care is highly optimized for promoting the health status of mother and child. The maternal health care services that a woman receives during the pregnancy and at the time of delivery are important for the wellbeing of the mother and her child.

Khanal (2001) had found that more than 83 percent respondent mothers immunized their children. Around 46.67 percent respondent had visited two times for antenatal check up. 65 percent mothers had taken TT injection during pregnancy. Only 41.67 percent women have taken additional food during pregnancy. Furthermore around 72 percent had home delivery. Only 35 percent respondents were used MCH kit during delivery. 78.33 percent respondents have fed colostrums to their babies. The study conducted that the maternal and child health care- practice of Gaine and pole castes of Rabki Districts were not satisfactory.

Mahato (2001) reported that about 59.3 percent women didn't take T.T. injection during delivery. More than 85 percent women found first pregnant at the age of 18. More than 14 percent of them were found to be pregnant below 17 women had done health checkups during pregnancy.

UNFPA (2006) reported that maternal mortality in Nepal is estimated to be around 540 deaths per 1,00,000 births; one major factor is low use of maternal health care, despite government efforts to improve services including an expanded network of rural clinics and the training of auxiliary nurse midwives. Less than 40 percent of women relevancy antenatal care forms a trained provider and fewer than 10 percent o births take place in a health facility. In seeking to explain these low level of health care use, most research have focused on the provision and geographic accessibility of services, however no studies have looked at how socio- cultural factors, such as inequitable gender roles and women's position within the household, have influenced use of services.

Paudel (2006) had objectives to explore the antenatal and postnatal care practice among mother, assess the prevalence of disease affecting the child and find out the child death was done over 100 respondents of ward no 2 and 3 of Icchangunaraya village development committee, Kathmandu, the respondent was selected purposively. Interview schedule was the main tool used to get information on child health care practices with relation to infant mortality. Major finding have been derived. The study has become success to explore that 55 percent of mothers get marriage between 55 to 19 years, while only 3 percent got it after 30 years. Out of total 180 babies were born spacing above 3 years. The birth space of babies was not poor. All of the respondents ' mothers of this community were conscious about their health and health check up during pregnancy period. Only 30% mothers eat more than extra food during pregnancy period. The majority of the women 55% had delivered their babies at hospital. About 55% respondents had used safe delivery kit. Breast feeding condition is very positive in this study area. All women were found to doing breast, 5 percent of children under age, five showed symptoms of acute respiratory infection (ARI). Seventeen percent of children under five reported to have had fever 12 percent of children under age five had diarrhea. 88 percent of children aged 6-59

months, were given vitamin A supplements in the six month one in two Nepalese children age 6-59 months are classified as anemic.

Januwali (2008) had objectives to find out the socio- cultural impact on maternal health care practice and family planning practice. 46.60% respondents got married under the 16-19 year and only 2.91% respondents got married at age after 26 years. More than 63% respondents got first pregnant under the age of 20 years, 29.13 percent respondents had not done any health checkups. During pregnancy 25.24 percent respondent didn't received dose of T.T. injection. Majority of respondents (79.61%) had delivered their babies at home. After delivery most of the respondents (72.81%) had not taken required diet. More that 89% respondents had knowledge about family planning and more that 50 percent respondents used temporary devices but researchers did not found any male users of contraceptives.

Adhikari, (2010) had concluded that about 57 percent of the children were found ill during one year of age. Prevalence rate of disease was found to be influenced by many factors like age of the children, ethnicity, parents' education and occupation. He has also found that most of the delivery cases were handled by the traditional healers at their homes. More than 80 percent of the children received the vaccine like DPT, BCG, Polio and Measles.

Nepal Demographic and Health Survey (2011) one in every 18 Nepalese children a dies before reaching age one, while one in every sixteen does not survive to the fifth birthdays. Infant mortality has declined by 38 percent over the past 15 years from 68 death per 1000 live birth to 36 under five mortality has gone down by 48 percent from 61 deaths per 1000 live birth to 44. Eighty three percent of children age 12-23 months has fully immunized. Ninety three percent have received the BCG Vaccination, and 85 percent have immunized against measles. First dose of DPT is very high (93 percent) but only 89 percent go on receive the third dose of DPT. Seventy six percent of children age 12-23 months received the first dose of the hepatitis B Vaccine. The percentage of children 12-23 months fully immunized 3 percent of children 12-23 months did not receive any vaccine feeding their children. Furthermore, among the respondent, 58.39% couples have used temporary device, which cover the highest% of contraceptives users, and 41.66% respondents' couples used male and female sterilization. The most prevalence disease among children was

found ARI and the study has investigated that the child death rate of the study area was 62.5 % per 1000 live birth.

## 2.2 Empirical Literature

World Summit for child (1990) reported that child survival is closely linked to the timing, spacing and number of births and to the reproductive health of mothers early late, numerous and closely spaced pregnancies are major contributors to high infant and child mortality and morbidity rates, especially where health care facilities are searched (ICPD, International Conference of Population Development 1994).

FPMCH (1991) on Nepal fertility, family planning and health survey have reported that infant mortality is higher among children than women who did not receive any antenatal or delivery care services during pregnancy and child birth. Women who received either antenatal or delivery services from the health personnel had reduced maternal and child mortality and morbidity.

The risk of dying in prenatal period is 1 in 10; the main causes of death this period or in neonatal are congenital abnormalities, prematurely birth injuries, neonatal tetanus and low birth weight. In Nepal, 49 percent of all infant deaths may occur in the neonatal period in the first four weeks and more boys die than girls do. How ever, in later the trend is reversed (UNICEF, 1991).

Paudel (1993) reported that 100 respondents had delivery in normal condition assisted by their relatives and neighbor but 20 respondents took assistance from health personal due to complication. The study has revealed the most of them were illiterate. They had lack of awareness of utilization of health services during antenatal and postnatal period. The data revealed the picture of very low health status of Female Population of Pida VDC. The major cause of this ignorance of the mothers in sate motherhood is knowledge and poor health services. Only emergency condition they consult with health personal for a special medical care to overcome the dangerous situation.

Devkota (1994) reported that about one third of the total respondent mothers had taken more food that usual during pregnancy. About 67.2 percent of the mother's had reported to have done two or more health check up during pregnancy period. Eight in ten mothers knew more than two dangerous sing in pregnancy and 36 percent of the respondent's mother had taken two or more does of T.T Vaccine during their last pregnancy.

Panta (1995) found that 53.80 percent of mothers had done the first milk (colostrums) feeding practices whereas 34.76 percent mothers were against first milk feeding she also found that 11.42 percent mothers were against first milk feeding she also found that 11.42 percent mothers had not known about first milk practices. Similarly she found that 70 percent of the respondent mothers started wearing food to their children between the age of 4 to 6 months 18.37 percent mothers started wearing before 4 months and 21.42 percent mothers' started after 6 months.

Nepal Family and Health Survey (1996) mentioned that for 24 percent of births, mothers received antenatal care from a doctor (13%) or trained nurse midwife( 11%) . for 10 percent of birth , mother received antenatal care from village health workers ( VHW), Maternal and child Health Worker (MCHW) (4%) or other health professional (2%). Women received antenatal care from a trained birth attendant (TBA) for only one percent of births. The majority of births in Nepal (56%), mother did not received any antenatal care showed that younger women are more likely to use antenatal services that older women. For about one third (33%) of births, mothers received two or more does of tetanus toxid during pregnancy, while 13 percent received one does of TT injection. For well over half of births (54%) mothers did not receive a single dose of Tetanus toxid.

According to the WHO (1996), the risk of dying from pregnancy is 1:20 in some developing countries, compared to 1: 10,000 in some developed countries. At present, approximately 90 percent of the countries of the world representing 96 percent of the world population have policies that permit abortion under legal condition to save the life of women. Maternal deaths have very serious consequences within the family given. The crucial role of mother increases the risk to the survival of her young children especially if the family is not able to provide a substitute for the maternal role.

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

WHO (1999) stated that world wide nearly 6,00,000 women die between the age of 15 to 49 every year as result of complication arising from pregnancy and child birth. The poor health, nutrition and lack of care that contribute to the death in pregnancy and child birth also have an impact on the health and survival of the infants and children they are behind. It is estimated that nearly two third of the eight million infant death that occurs each largely from poor maternal health and hygiene, inadequate care in efficient management of delivery and lack of essential care of new born.

According to WHO (1999), worldwide nearly 6,00,000 women die between the age of 15 to 49 every, year as result of complication arising from pregnancy and child birth. The poor health, nutrition and lack of care that contribute to the death in pregnancy and child birth also have an impact on the health and survival of the infants and children they are being. It is estimated that nearly two third of the eight million infant death that occurs each largely from poor maternal health and hygiene inadequate care in efficient management of delivery and lack of essential care of new born.

Awasthi (2003) found that 100 percent of respondents immunize their child 88 percent respondents feed colostrums to their baby. Likewise 70 percent took additional food during postnatal period. About 60 percent of the respondents used family planning devices and 83 percent respondents were in the opinion of giving birth 1 to 2 children.

World Bank (2004) concluded that malnutrition makes the child more susceptible to infection recovery is slower and mortality is high. Malnutrition in infancy and child hood 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 as infection and malnutrition often make vicious cycle. Exclusive breast feeding in first 4 months of life is very important.

Acharya (2004) found that about 58.33 percent of respondents had visited health post/ hospital for antenatal check up, 45 percent women had taken TT injection. The majority of Sarki and Dadi women had antenatal check- up 6.5 percent respondents had taken additional nutritious food during pregnancy. Moreover, 75 percent of respondents occur home delivery. Family members assisted 55.55 percent deliveries. About 46.67 percent of respondents had used safe delivery kit at home. The majority of the mothers had not done postnatal check-up, 70 percent respondents had fed colostrums.

According to CBS (2011) the life expectancy of female had been reported 48.1, 53.4 and 68.56 since 1991, 2001 and 2011 census respectively. It has been seen that life expectancy is slightly increased in later census; similarly median age at marriage of female had been seen 17.2 in 1991, 18.1 in 2001 and 19.5 in 2011 census. That is very low age at marriage of female in Nepal, which enforces fertility increasing. The total fertility rate is 2.3 per women in Nepal that has reported by 2011 census.

According to the census report 2011 maternal mortality was 170 per hundred thousand female. Infant mortality rate was 40.43 per 1000 live birth and child mortality rate 71.2 per 1000 live birth. In this way the status of women and children with reference to their health care services is much considerable now. Female literacy rate is only 46.7 percent and women Maternal and child health care is not sufficient for them. Due to lack of knowledge women cannot utilize health services properly. Pregnant women immunized against tetanus were only 13 percent in 2001-2011 and percentage of birth attended by trained health personnel was only 9 percent.

Shrestha, (2012) had found that the mothers from Newar family were educated and had good economic conditions and did not feel necessity to go out side for health care. So they could give better health care to their children. Economic status of Chhatri family mother is not so bad but they are so over burned with agriculture and household work that they could not give more time to child care. Similarly, Brahmin, Sarki and Majhi families' educational and economical status was poor. So they could

not give time to their children for better care. Nutritional status of the children was higher from literate mothers than from those of illiterate mothers. She found that must of the pregnant mothers has antenatal check ups and 96.47 percent of mothers immunized their children.

Adhikari (2013) had found that most of the respondent mothers were illiterate. They lacked the awareness about antenatal care and the knowledge about dangerous signs and their precautionary measures. But she has found that 78 percent of them have positive attitude towards the necessity of antenatal check-ups; 68 percent of them have felt need of additional care and 70 percent of them have done antenatal check-ups at district hospital and MCH clinics. 80 percent of the women have taken T.T. vaccine only for baby's health. Similarly, 42 percent of them did not take additional care due to their traditional feeding and 52.23 percent did not have knowledge of additional care.

In Nepal, there reported by MOPE (2014), one in two pregnancy women receive antenatal care at least one and trained medical professionals attends 13 percent of births. About 89 percent births are delivered at home. Prevailing preference for sons has negative relationship with women's in Nepal. Men, particularly, husbands, in Nepal have dominant role in decision making one in two currently married women stated that there husband alone has a final say in her health care.

National planning Commission (2014) reported that 4 times. ANC check up pregnancy is 14.3 percent, 15 -44 T.T. immunization is 46.3 percent delivered by trained health personal is 13 percent, contraceptive prevalence rate 39 percent, total fertility rate is 4.1, neonatal mortality rate 39, child mortality rate 91, infant mortality rate 64 and average life span is 61.9 year.

CBS (2015) stated that sanitation, water facilities and housing sanitation, accompanying waste disposals are also extremely unsatisfactory in Nepal. The sources of drinking water are usually wells, rivers, spouts and ponds which are easily contaminated, causing diarrhea, gastroenteritis and dysentery.

The poor socio-economic status of women in many communities creates high level of infant and child mortality. There is inverse relationship between lower status of

women and child mortality. The prevalence of hinge IMR and CMR is associated with the existing socio-economic environment. Illness of children and their death are found higher in the poor society. An illiteracy as well as traditionally dominated attitude of women with respect to basic knowledge of health and inaccessibility of health facilities etc contributing factors to massive infant and child mortality rates.

The merits breast feeding are beyond dispute, and it is especially valuable if infants can fed nothing but breast milk for two first six months of life period when they are least resistant to infections and most need the nature and nutrition breast feeding alone confers (UNICEF, 2014). According to UNICEF, birth spacing is one of the most powerful way of improving the health of women and children birth which are too many or too close or to women who are below 18 years and past 35 years old one responsible for approximately one third of all infants deaths world wide children born close together as well as two years apart do not usually develop mentally and physically.

## 2.3 Implication of Literature Review for the Study

The literature review is most important task of any research. Utilization of maternal and child health care services plays an important role for the wellbeing of the women because it can affect length of breast-feeding, the timing of weaning periods, the type supplementary food and other factors. Many studies of utilization of maternal and child health care services found a relationship between knowledge and utilization safe motherhood. It is found that the health of children whose mother had higher knowledge on utilization of maternal and child health care services was higher than those of lower knowledge. The implications of literature reviews provided:

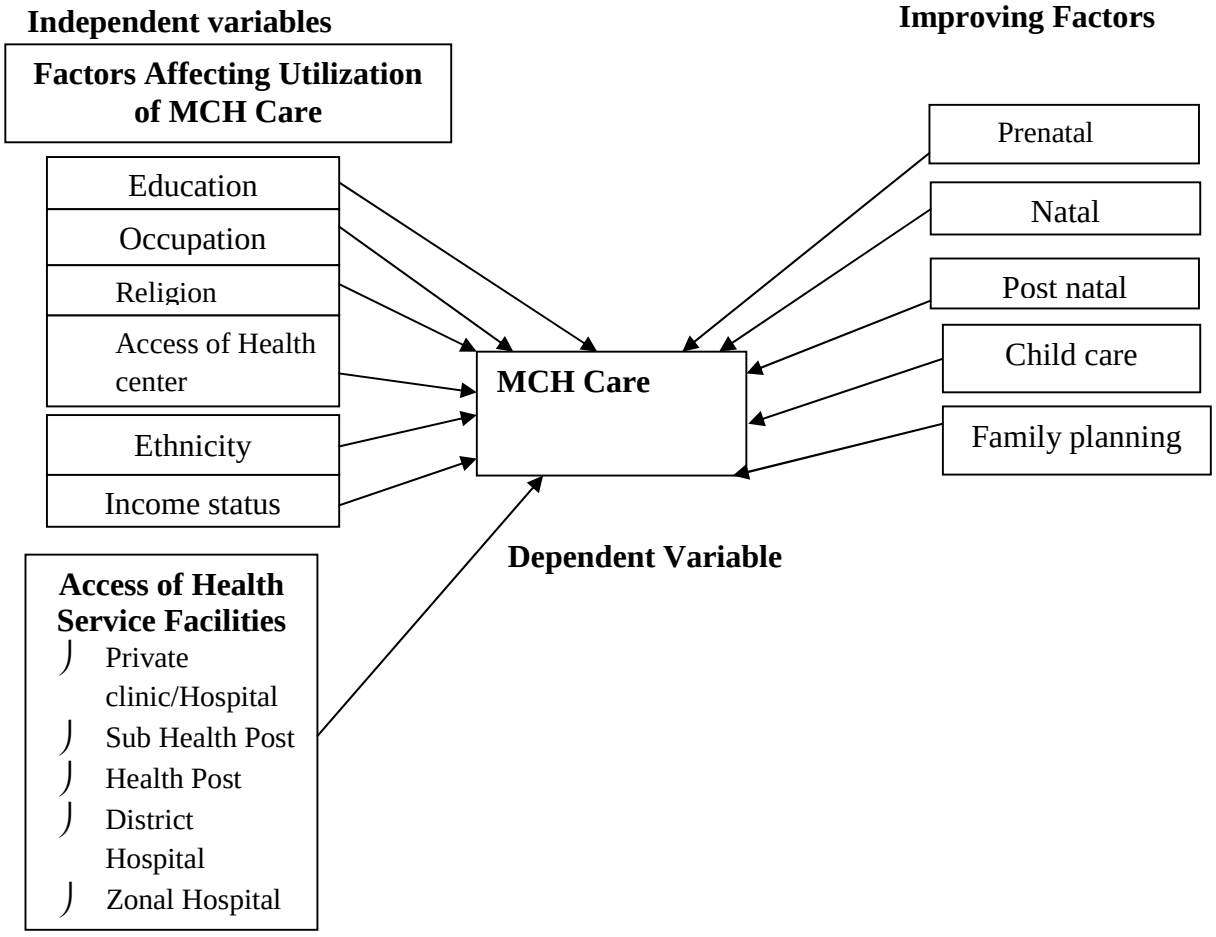
- The previous studies provide deeper knowledge in related field.
- Literature review provided the major ideas for collection of the data and its treatment procedure.
- Literature review may be helpful to reduce research gaps.

From the above literatures, it can be concluded that situation of maternal and child health is not satisfactory in Nepal and its territory. The maternal and child mortality

has been found very high in our country. The practices which contribute for the health of both mother and child have not been followed seriously. Above mentioned literature helped researcher to sensitive about the problem. Beside these, the above relevant literature review helped the researcher for stating the statement of problems of the study, selecting variables necessary for the study, conceptualizing the study, selecting the methodology and interpreting and analyzing the result of data.

### 2.4 Conceptual Framework

The conceptual framework has been prepared based on research reports and above mentioned literature. From the above literature review, the researcher would present following conceptual framework:



# CHAPTER - III

# RESEARCH METHODOLOGY

## 3.1 Research Design

This study is descriptive and qualitative in nature. It is 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.

## 3.2 Sources of Data

The research is based on primary and secondary data. Primary data were collected from the mothers having children less than 5 years. Secondary sources of data related to maternal and child health care were also collected from the books, journals, reports and articles as well as from the VDC office and health post.

## 3.3 Population of the Study

The study was delimited in the Magar community of Dodhara VDC ward of Kanchanpur district with consideration of available time and resources. Married women aged between 15-49 years having at least one child less than 5 years were the population of the study, total child bearing of that ward is 550. Pilot survey was done in a small group with same characteristics in the same community of the next village.

## 3.4 Sampling Procedure and Sample Size

Among the total population of the study altogether 200 mothers were selected by using the simple random sampling method (lottery method) from 4, 5 and 7 wards of VDC. For this, names of the population of the study were written in a paper with their ward number. Each name was written in a small and identical paper slip. Slips was folded mixed

thoroughly in a basket and select one by one selected names were taken as the samples. Their selected samples were finally listed. The population and sample size under study are as follow:

| Ward No. | Population | Sample size |
|---|---|---|
| 4 | 200 | 75 |
| 5 | 200 | 75 |
| 7 | 150 | 50 |
| Total | 550 | 200 |

### 3.5 Data Collection Tools and its Validation Procedures

In this research, information was collect with the help of interview schedule. Interview schedule is the main instrument for the collection of data. For the development of the tool, the investigator had consulted references such as previous research works journals and got suggestions from supervisor and colleagues in the course of preparing interview schedule. After preparation of interview schedule containing open and close questions it was submitted to the supervisor. After getting suggestions, the corrected interview schedule was pre-tested to 10 mothers who had under 5 years child in next ward, i.e. ward no 1 for its validity, objectivity and reliability. According to the supervisor's suggestions and pre-test result, further essential modification and improvement had made before making final them.

### 3.6 Data Collection Procedure

After preparing the final interview schedule, it was translated into Nepali language for the convenience of the interview. Then, the researcher had visited the "VDC secretary and ward member with an authorized request letter of health and physical education department. From respondents were selected by lottery method of simple random sampling.

After selecting the samples their name and ward no were listed. The interview schedule had filled up by making door-to-door visit in order to collect information. The investigator will visit and talk about the purpose of the survey and request respondents to

give information without any doubt. After collecting necessary information, the interview was closed with thanks.

### 3.7 Methods of Analysis and Interpretation of Data

After the completion of data collection, the investigator had tabulated the data under different headings for the analysis and interpretation of the data, figure and cross tabulation were constructed with the help of computer software program (Microsoft Word, Microsoft Excel). The tabulated data was analyzed on the basis of simple statically methods like frequency and percentage and finally interpreted in descriptive methods.

# CHAPTER – IV

# ANALYSIS AND INTERPRETATION OF RESULTS

This chapter is mainly concerned with analysis and interpretation of the collected data. After collecting the data they were tabulated and calculated in percent regarding each item of the questionnaire. It was kept in sequential order according to need of the study. The analysis and interpretation were made with the help of the tables, charts and graphs. The analysis and interpretation have been presented in two main parts namely: demographic and socio – economic characteristics of the respondents, maternal and child health practices i.e. antenatal, natal, postnatal and prevalence of diseases affecting the child, infant and mother mortality rate of Magar community of Dodhara VDC.

## 4.1 Demographic and Socioeconomic Characteristic

Demographic and socioeconomic characteristic of respondents like Age composition, population, family, composition, occupation, source of income, income per month, age of marriage, education, occupying land size, using toilet, mother's age of first child, source of drinking water, food cooking practice and information resources are presented in this section.

### 4.1.1 Age Composition of the Respondents

Age is the main component of the human beings. The study was mainly conducted to obtain necessary information from the mothers who have child less than five years and directly involved in maternal and child health care practice.

**Table 1: Age Composition**

| S.N. | Age | No | Percentage | Remarks |
|---|---|---|---|---|
| 1. | 15-19 | 30 | 15 | |
| 2. | 20-24 | 70 | 35 | |
| 3. | 25-29 | 60 | 30 | |
| 4. | 30-34 | 30 | 15 | |
| 5. | 35-39 | 10 | 5 | |
| 6. | 40 above | 0 | 0 | |
| | **Total** | **200** | **100** | |

Among all the respondents 15 percent respondents were found aged 15-19, 35 percent were found aged 20-24, 30 percent were found aged 25-29, 15 percent were found aged 30-34 and remaining 5 percent respondents were found aged 35-39 and no one respondent were found aged above 40 although the reproductive age of women in the world is 15-49.

### 4.1.2 Population of Respondents Family

Age and sex wise population of the respondent's family was measured in this study. Population of anyfamily indicates the whole status of the family. More crowded family is not good for maintaining basic needs, health and make qualitative life status of the family. The total population of the all family is found 550 and no of less than 5 years children was 150 and 45 infants were found in the community under1 year. Other description is given in the following table.

**Table 2: Population of Respondent's Family**

| S.N. | Age | Male | Female | Total |
|---|---|---|---|---|
| 1. | 0-1 | 20 | 25 | 45 |
| 2. | 1-5 | 50 | 55 | 105 |
| 3. | 5-14 | 35 | 45 | 80 |
| 4. | 15-49 | 115 | 110 | 225 |
| 5. | 50 above | 45 | 50 | 95 |
| **Total** | | **265** | **285** | **550** |

The total number of the respondents was 100 but the total population of the respondent's family is 550. Among all the population, 265 were male and remaining 285 were found female population of the community. Majority of the peoples were aged 15-49 and 95 peoples were found aged above 50 years of aged.

### 4.1.3. Education Status of the Respondents and their Husbands

The education level is also important for the better status of the family. If the parents are well educated, they can earn, they live productive life and manage their household works better. Education helps women to improve their status in their homes and in society. Educated women assume greater role in family decision, receive better treatment at clinics and hospital and participate more in community affairs. Moreover, educated mothers have better knowledge of disease prevention and cure, hygiene and the nutrition requirements of children and family member. Education may represent greater efficiency in household production for better child health

**Table 3: Education Status**

| S.N. | Educational status | Wife | % | Husbands | % | Remarks |
|---|---|---|---|---|---|---|
| 1. | Illiterate | 140 | 70 | 110 | 55 | |
| 2. | Literate | 50 | 25 | 70 | 35 | |
| 3. | Secondary level | 10 | 5 | 10 | 5 | |
| 4. | Higher level | - | - | 10 | 5 | |
| **Total** | | **200** | **100** | **200** | **100** | |

Higher proportions of the respondents (70%) were found illiterate. This is the bad situation of educational level of the reproductive aged women in the community. Among all 55 percent of the husbands of them were found illiterate. Similarly, 25 percent of the respondents mother were found literate, five percent were found having secondary education and remaining 0 percent wives and 5 percent of their husband were found having higher level education in the community.

### 4.1.4 Occupational Status of Respondents

Occupational status of female is a determining factor of family health and social status and has direct upon maternal and infant or child mortality. The occupation of the mother can be an important variable affecting infant and child mortality, as it determines the

amount of care that mother can render to a child. The status of female occupation is given below.

**Table 4: Occupational status**

| S.N. | Occupation | No of Respondents | Percentage | Remarks |
|---|---|---|---|---|
| 1. | Agriculture | 90 | 45 | |
| 2. | Household | 10 | 5 | |
| 3. | Labour | 50 | 25 | |
| 4. | Teaching | 50 | 25 | |
| 5. | Total | **200** | 100 | |

The large number of the respondents was found having agricultural occupation and only 5 percent of them were found with household works and 25 were found with labour and teaching. The situation of the respondent is found only depending on the traditional profession i.e. agriculture. In this twenty first century only this occupation is not sufficient for improvement of community.

### 4.1.5 Occupational Status of Respondent's Husband

Occupation is an important factor for human being, without it one cannot survive in his life. Without engaging in any economic activities, people cannot fulfill the increasing demand of the family and society. Unlike female occupation, male occupation is measured by male involvement in any economic activities, like service, agriculture and daily wages. Male occupation status is presented in figure no

**Table 5: Occupational Status of Respondent's Husband**

| S.N. | Occupation | No of husband | Percentage | Remarks |
|---|---|---|---|---|
| 1. | Agriculture | 120 | 60 | |
| 2. | Carpenter | 20 | 10 | |
| 3. | Job holder | 40 | 20 | |
| 4. | Labour | 20 | 10 | |
| | **Total** | **200** | **100** | |

Among all the husbands of the respondents, majority of them (60%) were found having agriculture profession, 10 percent were found as carpenter, 20 percent were found having different types of modern jobs and remaining 10 percent of them were found labors as the main source of income to survive daily life.

### 4.1.6 Age at Marriage of Respondents

The age at which a female marries and enters the reproductive period of life has a great impact on her fertility. Marriage is a crucial step on the road to adulthood. Early marriage is typically driven by poverty, parental concerns about premarital sex and pregnancy, and other economic and cultural reasons. Young people in urban areas marry later than those living in the countryside.

**Table 6: Age at Marriage**

| S.N. | Age | No of Respondents | Percentage | Remarks |
|---|---|---|---|---|
| 1. | Below 16 years | 80 | 40 | |
| 2. | 16-20 | 80 | 40 | |
| 3. | After 20 | 40 | 20 | |
| | **Total** | **200** | **100** | |

About 40% of early marriage takes place in Nepalese society. Girls get married before they reach 20 years of age including 7 % before 10 years or less. The early marriage system have serious ramifications and fall- out to women gender such as low literacy rates (34.6%), 70 percent anemia, more dropouts and exam failures, high maternal morbidity and mortality, high fertility and low national productivity resulting to heavy social and economic burdens.

### 4.1.7 Types of Family

Family is the most important unit of the social structure in Nepal. Mainly there are 2 types of family systems: nuclear and joint. Both types of family systems are found in this study area.

**Table 7: Types of Family**

| S.N. | Types of Family | No of Respondents | Percentage |
|---|---|---|---|
| 1. | Nuclear | 170 | 85 |
| 2. | Joint | 30 | 15 |
| | **Total** | **200** | **100** |

Among all the respondents, majority of the respondents (85%) were found with nuclear family and remaining 15 percent were found with joint family. The situation of the nuclear family in this community is found good which is better than national data.

### 4.1.8 Ownership of Land and Size

Agriculture land is also an important source of income and helps to raise the economic and nutritional status of the family. If any family has enough agricultural land, they can use land for many beneficial works.

**Table 8: Ownership of Land**

| S.N. | Have land | No | Percentage |
|---|---|---|---|
| 1. | Yes | 160 | 80 |
| 2. | No | 40 | 20 |
| | **Total** | **200** | **100** |

Area of land indicates the level socioeconomic status of the respondents. From the size of the land, their economic status can be calculated. So the size of the land holding by sampled respondents is given in the following table.

**Table 9: Area of Land**

| S.N. | Size of land | No | Percentage |
|---|---|---|---|
| 1. | Less than 1 Ropani | 40 | 20 |
| 2. | 1-2 Ropani | 60 | 30 |
| 3. | 3-4 Ropani | 40 | 20 |
| 4. | 5-10 Ropani | 20 | 10 |
| 5. | No Land | 40 | 20 |
| | **Total** | **200** | **100** |

Note- 1 Ropani = 5oo sq m / 5476 sq / ft

Among all the respondents 20 percent of the respondents were found having less than one ropani land, about 30 percent were found with 1-2 ropani , 20 percent were found with 3 - 4 ropani land and remaining respondent were found with having 5-10 ropani and no one found having more than 10 ropani land in the study area.

### 4.1.9 Sufficient of Food

Food is the basic need of living things. Without food there is not the possibility of life in the world. Many peoples every year dying due to lack of food and scarcity of other different basic needs. In Nepal many community peoples are suffering from lack of food, shelter, land and mal nutrition.

**Table 10: Sufficient of Food**

| S.N. | Enough food | No | Percentage |
|---|---|---|---|
| 1. | Yes | 40 | 20 |
| 2. | No | 160 | 80 |
| **Total** | | **200** | **100** |

Higher proportion of the respondent (80%) said that the available food of their family was not sufficient but 20 percent of them were found with Yes answer about the sufficient of the available of the food in the family.

### 4.1.10 Income per Month

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

**Table 11: Income Per Month**

| S.N. | Income (NRS) | No | Percentage |
|---|---|---|---|
| 1. | Less than 3000 | 120 | 60 |
| 2. | 3000-7000 | 80 | 40 |
| 3. | 7000-15000 | - | - |
| | **Total** | **200** | **100** |

Majority of the respondent were found with the income less than 3000 per month, the percent of them was found 60 and remaining 40 percent of the respondents were found with the income of 3000-7000 and no one respondents was found with the income of the more than 7000 thousand per month.

### 4.1.11 Fulfillment of Family Basic Needs by the Income

Without sufficient income it is very difficult to fulfill all the basic needs of a family. Respondents were asked about their family income and its maintaining the basic needs of their family.

**Table 12: Fulfillment of Family Basic Needs**

| S.N. | Enough for Household Work | No. | Percentage |
|---|---|---|---|
| 1. | Yes | 70 | 35 |
| 2. | No | 130 | 65 |
| | **Total** | **200** | **100** |

Among all the respondents 35 percent were found with fulfilling their basic needs by their own income sources and remaining large number of the respondents were found not fulfilling their basic needs by their family income.

### 4.1.12 Available of Toilet and its Type

Human excreta disposal is still a big problem in many part of Nepal. It is one of the sources of many infectious diseases. So, its proper disposal is a responsibility of even individual. Besides this, proper disposal of excreta is fundamental necessity for environmental health. The toilet use of selected areas of people is shown in the following table.

**Table 13: Situation of Toilet**

| S.N. | Toilet | No | Percentage |
|---|---|---|---|
| 1. | Yes | 160 | 80 |
| 2. | No | 40 | 20 |
| | **Total** | **200** | **100** |

Respondents were asked about the situation of toilet that is made or not, majority of the respondents (80%) were found with making toilet and remaining others (20%) were found not having toilet in their home.

**Table 14: Types of Toilets**

| S.N. | Types of Toilet | No | Percentage |
|---|---|---|---|
| 1. | Bore hole | 20 | 10 |
| 2. | Kock- Pit | 80 | 40 |
| 3. | Sanitary | 60 | 30 |
| 4. | No toilet | 40 | 20 |
| | **Total** | **160** | **100** |

Among having the toilet, 10 percent were found Bore Hole type, 40 percent found Kock Pit and remaining others (30 %) toilets were found Sanitary types of toilet.

### 4.1.13 Types of Marriage

Marriage is almost universal and takes place in early ages in Nepalese society. Magar women have more social freedoms in marriage than Bahun-Chhetri.

**Table 15: Types of Marriage**

| S.N. | Types | No | Percent |
|---|---|---|---|
| 1. | Love | 90 | 45 |
| 2. | Arrange | 110 | 55 |
| | **Total** | **200** | **100** |

Among all the respondents, 45 percent of the mothers said love marriage and remaining 55 percent of the mothers were found with arranged marriage. Data revealed that the rate of the love marriage of the community is higher that the national data.

### 4.1.14 Mothers Age of First Child

In parts of the developing world where fertility are high, teenage pregnancy and early marriage are common. Compared with older women, teenagers are at increased risk for poor maternal and infant health, particularly maternal death and having an infant who is

low- birth weight or dies. The risk of maternal death during child birth is 2-4 times as high among adolescents younger than 18 as among women aged 20 or older. Early marriage is more frequent in Magar community. Early marriage is often leads to early childbearing.

**Table 16: Age of Mothers while the First Childbearing**

| S.N. | Mothers age | No | Percent |
|---|---|---|---|
| 1. | Below 16 years | 40 | 20 |
| 2. | 16-19 years | 110 | 55 |
| 3. | 20-34 years | 50 | 25 |
| 4. | Over 35 years | - | - |
| | **Total** | **200** | **100** |

Among all the respondent mothers, more than 20 percent were at the age of below 16 while the first child bearing, 55 percent were found aged 16-19, similarly 25 percent were found aged 20-34 while the first child bearing and no one found more than 35 and above aged at the first child bearing.

### 4.1.15 Source of Drinking Water

The status of public health depends on the safe drinking water facility. It is an essential part of health and sanitation. This prevents many communicable diseases and promotes the health of the people.

**Table 17: Source of Drinking Water**

| S.N. | Source of water | No | Percent |
|---|---|---|---|
| 1. | Tape water | 190 | 95 |
| 2. | Well | 10 | 5 |
| 3. | Hand pump | - | - |
| | **Total** | **200** | **100** |

Among all the respondents, most of them (95%) were said tape water is their main source of water and remaining only 5 percent of the respondents were found using Well and no one found using others resources of water.

### 4.1.16 Cooking Practice of Food

Different peoples use different types of the practices of cooking different things. Respondents were asked about the practices of cooking concerning the types of fuel of cooking.

**Table 18: Cooking Practice**

| S.N. | Cooking practice | No | Percent |
|---|---|---|---|
| 1. | Unventilated | 160 | 80 |
| 2. | Ventilated | 10 | 5 |
| 3. | Gas | 30 | 15 |
| | **Total** | **200** | **100** |

Majority of the respondents (80%) were found using unventilated practices of cooking and remaining 5 percent were found using ventilated technique similarly 15 percent respondents mother were found with the availability of gas system of cooking.

### 4.1.17 Information Resources of Respondents

Information is most important for every people but many peoples of our country are out of assessing of these sources. Because of the lack of facilities, poverty, and geographical diversities large number of Nepalese are using only Radio as the main source of communication.

**Table 19: Source of Information**

| S.N. | Resource | No | Percentage |
|---|---|---|---|
| 1. | T.V. | 140 | 70 |
| 2. | Radio | 40 | 20 |
| 3. | Neighbor/ friend | 20 | 10 |
| | **Total** | **200** | **100** |

Among all the respondents, majority of them (70% ) were found with TV, 20 percent with radio and remaining 10 percent of the respondents were found only having information from neighbors and friends.

## 4.2 Mothers and Child Health Care Practices

Another important factor to influence the maternal and child health status is health practices. If pregnant women and infants get proper health care practices, it helps to maintain the health of mother and children. Use of antenatal services is very important for a successful delivery. Similarly, use of delivery and postnatal services are equally important for increasing the chances of survival of an infant.

### 4.2.1 Antenatal Care

Antenatal care practices are the cares taken for the health of the women during pregnancy. The primary aim of antenatal care is to preserve the mother's health in good condition and to achieve a healthy baby at the end of pregnancy. This section deals with the antenatal health care practices on the basis of the collected data such as health check up during pregnancy, T.T immunization, additional food and iron/ folic acid tablets during pregnancy, dangerous signs of pregnancy and personal hygiene practices.

#### 4.2.1.1 Confirmation of Pregnancy

Pregnancy is the process of being pregnant and it is happened due to the conception of both spermatozoa and ova in the uterus. In the early stage it ids difficult to know the pregnancy. Many women think stop of menstrual period is the major symptom of being pregnancy but it is not only the method of confirmation of pregnancy. There are others different investigation to find out the situation**.**

**Table 20: Finding of Pregnancy**

| S.N. | Confirmation technique | No | Percent |
|---|---|---|---|
| 1. | Amenorrhoea | 130 | 65 |
| 2. | Marching sickness | 20 | 10 |
| 3. | Checking with health worker | 50 | 25 |
| | **Total** | **200** | **100** |

Among all the respondents majority of the respondents, 65 percent were found finding and conforming about their pregnancy by knowing amonorrhoea, 10 percent were found with marching sickness and remaining 25 percent of the respondents were found finding their pregnancy with the help of the health personnel.

#### 4.2.1.2 Antenatal check – up Practices

Antenatal visits are one of the vital parts of the antenatal care, which provide the necessary information about the health of pregnant woman and fetus. The regular antenatal visits predict the reduce many complication related to pregnancy and childbirth.

**Table 21: Practice of ANC**

| S.N. | Health check up | No | Percent |
|---|---|---|---|
| 1. | Yes | 150 | 75 |
| 2. | No | 50 | 25 |
| | **Total** | **200** | **100** |

#### 4.2.1.3 Frequency of Antenatal Visits

The safe motherhood program has recommended four 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 there after once a week, if everything is normal. It means a woman should make more than ten visits. The number of antenatal visits by respondents during the pregnancy is given below

**Table 22: Frequency of Antenatal Visits**

| S.N. | No of visits | No | Percentage |
|---|---|---|---|
| 1. | Once | 10 | 5 |
| 2. | Twice | 20 | 10 |
| 3. | Thrice | 30 | 15 |
| 4. | More than three | 90 | 45 |
| 5. | No check up | 50 | 25 |
| | **Total** | **200** | **100** |

Among all the respondents 5 percent were found with once time antenatal chick up, 10 percent were found two times during their pregnancy and 15 percent were found with the experience of ANC chick up three times and remaining all other respondents had the experience of the more than three times ANC chick up practices.

#### 4.2.1.4 Place of Antenatal check-up

Antenatal check up is provided by the skilled and authorized person in hospitals, SHP/HP and private clinic. Mothers can take advantage from skilled health care provider. Place of antenatal check up is also important factor for women and child.

**Table 23: Place of Antenatal Check-up**

| S.N. | Place of check up | No | Percentage |
|---|---|---|---|
| 1. | Health post | 80 | 40 |
| 2. | Hospital | 40 | 20 |
| 3. | Private clinic | 20 | 10 |
| 4. | T.B.A. | 10 | 5 |
| 5. | No check up | 50 | 25 |
| | **Total** | **200** | **100** |

Different places ANC chick up are found in this study. Among all the respondents more than 40 percent of the respondent had said health post, 20 percent were found with hospital, 10 percent had said private clinic and remaining 5 percent of the respondents mother had taken help of TBA for their ANC chick up.

#### 4.2.1.5 Taking Food during Pregnancy

During pregnancy, additional food is necessary for the growth and development of the fetus and for the prevention of anemia and malnutrition in the mother. In general, more than usual foodstuff should be taken during pregnancy to fulfill the required protein, vitamin and minerals. Mothers in good nutritional status are better equipped for the strain of labour and lactation. Poor nutrition before and during pregnancy period results in a

baby with a low birth weight (below 2.5 k.g.) and leads to pregnancy complication, like abortion, intro- uterine death, premature delivery etc.

**Table 24: Taking food during pregnancy**

| S.N. | Additional food during pregnancy | No of Res | Percentage |
|---|---|---|---|
| 1. | More than usual | 120 | 60 |
| 2. | Usual | 70 | 35 |
| 3. | Unknown | 10 | 5 |
| | **Total** | **200** | **100** |

Among all the respondents, 60 percent of them were found taking food more than usual during pregnancy period, 35 percent used as usual of food and remaining others 5 percent respondents had said no thing about the additional food during pregnancy.

**4.2.1.6 Practice of T.T. injection**

Tetanus spores infect women and children through unsafe or unclean delivers, accounting for an estimated 5 percent of maternal deaths and 14 percent of neonatal deaths in the world. Tetanus toxoid vaccines can prevent infections and save the lives of the mothers and infants alike. Pregnant women should receive at least two doses of tetanus toxoid, which provide two to three years of protection. However, if a woman has been vaccinated during a previous pregnancy, she may only require one dose during the current pregnancy.

**Table 25: Practice of T.T. Vaccine**

| S.N. | Taken doses | No of respondents | Percentage |
|---|---|---|---|
| 1. | One dose | 10 | 5 |
| 2. | Two dose | 140 | 70 |
| 3. | None | 50 | 25 |
| | **Total** | **200** | **100** |

Only 5 percent of the mothers had taken only one dose of TT vaccine and 70 percent of the mothers were found with taking two dose of the TT vaccine and remaining 25 percent had given no any answer about it. Data revealed that no one found getting all doses of the TT vaccine in the community.

#### 4.2.1.7 Knowledge and practices of Iron/ Folic Acid tablet during pregnancy

Iron requirements are greater when there is rapid expansion of tissue and red cell mass, as for example during pregnancy, childhood and adolescence. Iron is necessary for many functions in the body including formation of hemoglobin, brain development and functions, regulation of body temperature and muscle activity. Similarly, folic acid is required for the growth of healthy red blood cells. 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.

**Table 26: Practice of Iron/FS Tablets**

| S.N. | Knowledge of Iron/ Folic acid Tab | No | Percentage |
|---|---|---|---|
| 1. | Yes | 170 | 85 |
| 2. | No | 30 | 15 |
| | **Total** | **200** | **100** |

Table shows 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. In average this situation of taking the iron tablet is good in the community although most of all the pregnant women should take this tablet.

#### 4.2.1.8 Dangerous signs of Pregnancy Mentioned by Respondents

Pregnancy and child bearing is a normal natural process but there are certain risks. Swelling of feet and hand, anemia, bleeding, severe headache, high fever etc are dangerous signs during pregnancy. Woman herself and her family should be familiar with

these dangerous signs to prevent or to minimize morbidity and mortality rate of the mother and baby and to seek care in time.

**Table 27: Bad Signs of Pregnancy**

| S.N. | Dangerous signs | No | Percent |
|---|---|---|---|
| 1. | Swelling legs | 80 | 40 |
| 2. | Anemia | 100 | 50 |
| 3. | Bleeding | ¤ 20 | 10 |
| 4. | Others | - | - |
| | **Total** | **200** | **100** |

Among all the respondents 40 percent of the respondents were found with the bad sign of swelling legs, 50 percent were found with anemia, 10 percent of the respondents were found with bleeding and no one had other any dangerous sign and symptoms of the pregnancy related in the community.

#### 4.2.1.9 Opinion about Personal Hygiene

Personal hygiene is necessary to maintain good health of an individual. It helps the individual to preserve and improve his body and mind. Illness can be prevented by the practice of keeping proper personal hygiene of pregnant mother. Personal hygiene practices on bathing, washing hands etc employed by the pregnant women of the respective castes. Expressing here, opinion of mothers about personal hygiene.

**Table 28: Opinion on Personal Hygiene**

| S.N. | Opinion of Respondents | No | Percent |
|---|---|---|---|
| 1. | Good for baby | 10 | 5 |
| 2. | Good for mother | 90 | 45 |
| 3. | Good for mother and baby | 100 | 50 |
| 4. | Doesn't take vital role | - | - |
| | **Total** | **200** | **100** |

Among all them 5 percent said it is good for baby, 45 percent had said it is good for mothers and remaining other 50 percent of the respondents had given the answer of personal hygiene is very good for both baby and mothers.

### 4.2.2 Intra-natal Care and Practices

Childbirth is a normal physiological process, but complications may arise. The need for effective intranatal care is therefore indispensable even if the delivery is going to be a normal one. During the intranatal care, the emphasis should be given on the cleanliness and the skilled birth attendant. Delivery in the hospitals, private clinics, health center is safer

#### 4.2.2.1 Delivery Places

Assisting delivery with trained health workers can drastically reduce the risk of the childbirth. Because the trained persons knows the method of child born, keeping the birth clean and reduce the risk of infection, cutting the cord cleanly and safely, the wrong birth position, and the too much bleeding. Safe delivery places are most essential for the safe motherhood as well as safe childbirth. The study deals with home, hospital, TBA's home, health center and clinic as the main delivery places for respondent mothers are presented in table.

**Table 29: Place of Delivery**

| S.N. | Delivery Place | No of Res | Percent |
|---|---|---|---|
| 1. | Home | 120 | 60 |
| 2. | Hospital | 60 | 30 |
| 3. | TBA's home | 10 | 5 |
| 4. | Health center | 30 | 15 |
| | **Total** | **200** | **100** |

Among all the respondents, 60 percent of them had the experience of home delivery, 30 percent were found with hospital delivery and remaining 5 percent of the respondent mothers were found home delivery with the help of FCHVs.

#### 4.2.2.2 Assistance during Delivery at Home

Delivery assistance is necessary to get an emergency help during delivery period. The helper for this period is called delivery assistant. There are three types of delivery assistants: health personnel, traditional birth attendant (TBA ) and family members. The following table shows what types of delivery assistants were generally employed Magar women at the time of delivery.

**Table 30: Assistance during Delivery**

| S.N. | Delivery Assistance | No of Res | Percent |
|---|---|---|---|
| 1. | Health personals | 10 | 5 |
| 2. | TBA | 10 | 5 |
| 3. | Family members | 100 | 50 |
| 4. | None | 80 | 40 |
| | **Total** | **200** | **100** |

Respondents were asked about the assistance of different personnel. Among all the respondent, 5 percent said health personals were the most health care giver during devilry, same percent of the respondents used TBAs and remaining other respondents were found with the help of their own family members.

#### 4.2.2.3 Use of MCH- KIT at Home and JBA's home

Use of safe delivery instrument plays an important role in reducing neonatal tetanus and other infections. It is distributed free of cost by the government health organization. MCH kit is the suitable apparatus for having safe delivery. It has scientific reason that safe delivery prevents the complication at postnatal period. The information collected about the use of MCH kit presented in table.

**Table 31: Practice of use of MCH Kit**

| S.N. | Use of MCH / KIT | No of Respondents | Percent |
|---|---|---|---|
| 1. | Yes | 10 | 5 |
| 2. | No | 190 | 95 |
| | **Total** | **200** | **100** |

Respondents were asked about the use of MCH- Kit. Among all the respondents 5 percent said yes about the question and remaining other large number of the respondents mother were found not having the experience of the using MCH-KIT during the delivery.

#### 4.2.2.4 Utilization of Health Facilities

Health facilities are not accessible and affordable for all the people. A facility based birth and emergency treatment represents a heavy financial burden for poor families, making them reluctant to make the decision to seek care until the situation is very serious. Respondents were asked why did they choose the health facilities during the delivery. Reasons behind the selection of Health facilities during the Delivery.

**Table 32: Utilization of Health Facilities**

| S.N. | Reasons | No of Respondents | Percent |
|---|---|---|---|
| 1. | Safe and easy | 40 | 20 |
| 2. | Delivery | 20 | 10 |
| 3. | Avoid complication | 60 | 30 |
| 4 | After getting complication | 80 | 40 |
| | **Total** | **200** | **100** |

Among all the respondents 20 percent of the respondents had said they had utilized health facilities fir safe and easy, 10 percent were found taking delivery health facilities, 30 percent were found with to avoid complication and 40 respondents had gone to take health facilities after getting health complication.

#### 4.2.2.5 Types of Delivery of Respondents

**Table 33: Types of Delivery**

| S.N. | Types | No of Res | Percent |
|---|---|---|---|
| 1. | Normal | 170 | 85 |
| 2. | C.S. (Cesarean section) | 30 | 15 |
| | **Total** | **200** | **100** |

Among all the respondents more than 85 percent were found with normal delivery and remaining 15 percent respondent mothers were found with the surgery cases i.e. cesarean

section. Data revealed that majority of the respondents had got normal delivery, which is the good situation of types of delivery.

#### 4.2.2.6 Complication during Labor

Many complications occur during labor. Since, these complications cannot be predicted every women needs access to emergency obstetric care. Cesarean section may save the life of the mothers. Some complications like severe vaginal bleeding, abnormal position of the child, prolonged labor, convulsions may be occurred during the labor.

**Table 34: Complication during Labor**

| S.N. | Complication | No of Respondent | Percent |
|---|---|---|---|
| 1. | Severe vaginal bleeding | 10 | 5 |
| 2. | Abnormal position of child | 10 | 5 |
| 3. | Prolonged labor | 50 | 25 |
| 4. | Convulsions | 10 | 5 |
| 5. | Other | 120 | 60 |
| | **Total** | **200** | **100** |

Respondents were asked about the problems occurs during delivery period. Among all the respondents, 5 percent had said severe bleeding, same percent had said abnormal position of the baby. Similarly higher proportion of the respondents (25%) had said prolonged labor and remaining 5 percent of them were found with convulsion as the main problem of their delivery period.

#### 4.2.2.7 Cord- cutting Practices

Sterilized instruments should be used to cut the umbilical cord after the birth of the baby. Generally, sterilized blade is used as the cord cutting instruments in the hospitals and clinics, which prevent the neonatal tetanus. Respondents had been asked about the instruments, which they had used to cut the cord at home, and hospital. Cord-cutting instruments.

**Table 35: Cord- Cutting Instrument**

| S.N. | Instruments | No of Respondent | Percentage |
|---|---|---|---|
| 1. | Razor blade | 150 | 75 |
| 2. | Sterilizes blade | 50 | 25 |
| 3. | Knife | - | - |
| | **Total** | **200** | **100** |

Among all the respondents mothers, majority of them (75 percent) were found using razor blade as the curd cutting instrument, 25 percent had said sterile Blade. Data revealed that the no of sterile blade users is very low.

#### 4.2.2.8 Status of the cord cutting practices

Neonatal tetanus has been associated with the use of unspecialized cord cutting instrument. The use of sterilized cord cutting device is very important for the safe delivery. In this sub-unit cord cutting person and cord cutting instruments are included. They are given in the tables.

**Table 36: Status of the Cord Cutting Practices**

| S.N. | Person | No of Res | Percent |
|---|---|---|---|
| 1. | Health Personal | 45 | 22.5 |
| 2. | TBA's | 45 | 22.5 |
| 3. | Family members | 110 | 55.0 |
| 4. | Others | - | - |
| | **Total** | **200** | **100** |

Among all, 22.5 percent had said health personals were participated for curd cutting while delivery of mothers, same percent were found with the experience of TBAs, 55 percent of the respondents had said family members and remaining no one said other peoples as the service provider for curd cutting.

### 4.2.3 Postnatal and Child Care Practices

Care of mother and newborn baby after delivery is known as postnatal care. The main objective of postnatal care is to prevent possible complication of the post period, to check

up adequacy of breast-feeding and to provide adequate nutrition to the baby. Postnatal care practices include breast milk feeding practice, weaning practice, child immunization practice and treatment for children.

#### 4.2.3.1 First milk Practice (Colostrums feeding practice)

For the first few days after delivery, the breasts secrete colostrums. Colostrums is yellow and thicker than later milk and it is secreted in only small amounts. But it is enough for a baby and it is exactly what a baby needs for the first few days. Colostrums contains more antibodies and more white blood cells than later milk and protects a baby against most of the bacteria and viruses.

**Table 37: Colostrums Feeding Practice**

| S.N. | Colostrums feeding practice | No of Res | Percent |
|---|---|---|---|
| 1. | Yes | 130 | 65 |
| 2. | No | 70 | 35 |
| | **Total** | **200** | **100** |

Respondents were asked about the feeding practices of colostrums, majority of the respondents were a found with yes answered and remaining others respondents mothers were found with no answers.

#### 4.2.3.2 Postnatal check up practice of respondents

**Table 38: Practice of Postnatal Check Up**

| S.N. | Postnatal check up | No of Res | Percent |
|---|---|---|---|
| 1. | Yes | 70 | 35 |
| 2. | No | 130 | 65 |
| | **Total** | **200** | **100** |

In the context of postnatal care practices, 35 percent of the respondents were found with PNC chick up practices but large number of the respondents mother had said they did not take post natal services this is not good situation on PNC chick Up of mothers.

#### 4.2.3.3 Condition of child immunization practices

Immunization is the most important component, which helps to reduce high child mortality and morbidity. Immunization protects children from Whooping cough, Tetanus, Diptheria, Tuberculosis, Measles and Poliomyelitis. These six types of child killer diseases can be prevented by immunization.

**Table 39: Immunization Practices**

| S.N. | Practices | No of Res | Percent |
|---|---|---|---|
| 1. | Yes | 180 | 90 |
| 2. | No | 20 | 10 |
| | **Total** | **200** | **100** |

Among all the respondents most of them (90%) said they had given immunization to their baby and remaining 10 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 is not good situation.

#### 4.2.3.4 Reasons for not immunizing

Different reasons have been found in the families about not immunizing their children. They are given in the following table. Immunization is very essential to prevent and protect of children from dangerous communicable disease as TB, Measles, Tetanus, Diphtheria, Pertusis etc.

**Table 40: Reasons of Not Immunizing**

| S.N. | Reasons | No of Respondents | Percent |
|---|---|---|---|
| 1. | Lack of knowledge | 6 | 3 |
| 2. | Lack of facilities | - | - |
| 3. | Fear of complication | 4 | 2 |
| 4. | Other | 190 | 95 |
| | **Total** | **200** | **100** |

Those respondents who had not given the immunization of their children, they were asked about the causes of not using the immunization, among them 3 respondents had said due to lack of knowledge, 2 respondents due to the fair of complications.

#### 4.2.3.5 Breast Feeding Practices

Breast milk is ideally suited to a new baby for it is composed of exactly the right protein, carbohydrates, fat and iron and is very low in sodium ( salt). It is the perfect food for the baby containing antibodies, which are of enormous benefit in building up his or her resistance to infection. The colostrums or "pre- milk" which the breast produces immediately after birth and for the first day or two is particularly rich in these antibodies, besides breast-feeding fosters love and affection between mother and baby.

**Table 41: Time for Breast-Feeding**

| S.N. | Period | No of Respondents | Percent |
|---|---|---|---|
| 1. | Up to 6 months | 20 | 10 |
| 2. | 6 months to 1 year | 10 | 5 |
| 3. | 1 year to 2 years | 80 | 40 |
| 4. | More than 2 years | 90 | 45 |
| | **Total** | **200** | **100** |

Breast feeding babies gain weight at a faster rate and are active too. They have protection against infantile diarrhoea, respiratory infection and other kinds of pediatric disease. Breast –feeding provides a natural form of birth control. This section deals with the time for breast-feeding practices on the basic of the collected data such as timing half year, one year, two year and more than two years children. Time of breast-feeding practice presented in table.

#### 4.2.3.6 Extra Milk Feeding Practices

There is a saying " Breast is best". It means that feeding babies with mother's breast milk is healthier than feeding them with artificial or cow's milk. However, other types of milk can be nutritious food for children. It is a kind of supplementary food.

**Table 42: Extra Milk Feeding Practices**

| S. N. | Extra milk feeding Practices | No of Respondent | Percent |
|---|---|---|---|
| 1. | Yes | 90 | 45 |
| 2. | No | 110 | 55 |
| | **Total** | **200** | **100** |

Among all the respondents 45 percent said they had given additional milk to their children under 6 months and remaining 55 percent of the respondents mother had said that they had not given additional milk to the under six months children. Additional milk for less than 6 months infant is not necessary because mother mils is sufficient for them.

#### 4.2.3.7 Types of Extra Milk Feeding Practices

There are verities of milk available in the market supplying for the supplementary milk or as the food for children's. Respondents mother were asked about the practices and types of additional milk given to their children's, their answers were found as followings.

**Table 43: Additional Milk Feeding Practices**

| S.N. | Names of Extra milk | No of Respondents | Percent |
|---|---|---|---|
| 1. | Cow/ buffalo milk | 70 | 35 |
| 2. | Powder milk | 10 | 5 |
| 3. | Others | 120 | 60 |
| | **Total** | **200** | **100** |

Among all the respondents majority of them (35%) had said cow or buffalo milk was given as the additional milk for their children. Among all, 5 percent respondents were found using powder milk and same percent of them were found using other different products as the additional supplementation of milk to their children.

#### 4.2.3.8 Weaning Practices of Children Age

Weaning practices refer to the process of gradually stopping feeding a baby with its mother's milk and starting feeding it with solid food. Such practices differ in different societies and cultures. Only breast-feeding is not sufficient for sustainable growth of child after four months. The appropriate age to start weaning a baby is from 4 to 6 months of childbirth.

**Table 44: Weaning Practices**

| S.N. | Weaning age | No of Respondent | Percent |
|---|---|---|---|
| 1. | 4 to 5 months | 30 | 15 |
| 2. | 6 months | 150 | 75 |
| 3. | More than 6 months | 20 | 10 |
| | **Total** | **200** | **100** |

Among all the respondents 15 percent had done weaning practice during 4 -5 months of child age, majority of respondents infant weaning was done at the age of 6 months and remaining 10 percent of their child weaning was done after the age of six months. Data revealed that most of the respondent was found with the weaning practices when their infant age was 6 months.

#### 4.2.3.9 Types of Supplementary Food after Weaning

Child under the age of 6 months should be exclusively breast-fed. After 5-6 months for the proper development of the child, supplementary food i.e. jaulo, juice, cow's milk, fruits etc should be introduced very gradually in small amount because the mothers milk alone is not sufficient to sustain growth. Early and unhygienic practice of the supplementary feeding may leads to indigestion and infections of the child whereas if it is started too late, is often leads to malnutrition. 5-6 months after the birth of child is an appropriate age to introduce other food in addition to breast milk to a baby. The available information about the supplementary food practice is presented in the table below.

**Table 45: Types of Supplementary Food**

| S.N. | Types of food | No of Respondents | Percentage |
|---|---|---|---|
| 1. | Sarbottam Pitho ko lito | 60 | 30 |
| 2. | Jaulo | 40 | 20 |
| 3. | Usual meal | 80 | 40 |
| 4. | Others | 20 | 10 |
| | **Total** | **200** | **100** |

As the additional food 30 percent of the respondents were found with the practices of Sarbotam Pitho Ko Lito, 20 said Jaulo, more than 42 per cent said usual food and remaining others had said other different things as their additional food of their children's after weaning of their child.

#### 4.2.3.10 Family planning Practices

The essential aim of family planning is to prevent the unwanted pregnancies. If the mothers are below the age of 20 and above the age of 30-35, they face greater risk during the pregnancy and delivery. These kinds of situation may be prevented by the family planning. Similarly, it is the best way to limit the number of births and keep the proper spacing. Family planning devices applied and non applied by the respondents who are currently users of the family planning devices are given in the table.

**Table 46: Practice of Contraceptives**

| S.N. | F.P practices | No of Respondents | Percent |
|---|---|---|---|
| 1. | Applied | 150 | 75 |
| 2. | Not applied | 50 | 25 |
| | **Total** | **200** | **100** |

The growing availability of modern contraceptive methods such as pills, intrauterine devices, Depo-Provera, Norplant and sterilization, has made it possible for women and couples to space the births 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.

**Table 47: Types of Used Contraceptives**

| S.N. | Types of contraceptive | No of Respondents | Percent |
|---|---|---|---|
| 1. | Condom | 10 | 5 |
| 2. | Pills | - | - |
| 3. | Depo provera | 150 | 75 |
| 4. | IUD | ¤ 10 | 5 |
| 5. | Norplant | - | - |
| 6. | Vasectomy | - | - |
| 7. | Laprascopy | - | - |
| 8. | Minilap | 30 | 15 |
| | **Total** | **200** | **100** |

Among all the respondents, 5 percent had used condom by their husband, no one was found using pills, majority of respondents were found using Depo-Provera inject able method, 5 percent had used IUD. Similarly, 15 percent of the respondents were found using permanent method of female sterilization i.e. Mini-lap. The situation of using family planning devices is found good in this study.

## 4.3 Most Prevalent Disease and Their Management

There are many kinds of prevailing communicable disease from which the most of children are suffering in Nepal. It is one of the most serious problems in Nepal. Most prevalent diseases of children are Diarrhoea, ARI and malnutrition. Maternal morbidity is also most problem of Nepal. Maternal morbidity like anemia, vaginal bleeding, UTI and STDs etc are main problem of women. They hide their problem, lack of money and education. In this section, maternal and child morbidity and mortality are mentioned.

### 4.3.1 Practices of Child Disease Treatment

Child treatment is very sensitive process. Many children are dying due to the life threatening disease like diarrhoea, dysentery, ARI, Pneumonia, measles and others communicable disease. Lack of money and doctors facility many community peoples and backward peoples are appealed to do traditional techniques. Respondents were asked

about their practices of treatment of any disease of children their responses are given in the following table.

**Table 48: Practice of child Treatment**

| S.N. | Treatment centre | No of Respondents | Percent |
|---|---|---|---|
| 1. | Doctor/ health worker | 110 | 55 |
| 2. | Medical shop | 90 | 45 |
| 3. | Home treatment | - | - |
| 4. | Other | - | - |
| | **Total** | **200** | **100** |

The above data shows that 55% of the respondents were found going to doctor or health worker in order to treat their children in the hope of being cured. About 45% of the respondents were found having the treatment to their children in medical shop whereas none of the respondents were found having home treatment and others. In the conclusion we came to know that the majority of the respondents used to going to doctor or health worker to treat their children.

### 4.3.2 Morbidity of Neonatal

Morbidity and mortality are the indicator of community health status of any where. Morbidity represents number of peoples living with different types pf health problems. Respondents were asked about the problem or disease occurred in the neonate period of their child, their answers are given in the following table.

**Table 49: Distribution of Neonatal Morbidity**

| S.N. | Suffered by disease | No of Respondents | Percent |
|---|---|---|---|
| 1. | Yes | 70 | 35 |
| 2. | No | 130 | 65 |
| | **Total** | **200** | **100** |

Among all the respondents 35 percent of the respondents mother had said their neonates were suffered from different disease and remaining 65 percent of them had said no any problem was occurred at the time of neonates. Data raveled that majority of the respondents were found not having any neonatal health problems. This is the good situation of the health status of the child.

### 4.3.3 Neonatal Diseases

A newborn baby may suffer from many diseases like jaundice, pneumonia, neonatal tetanus just after birth or few days later. Respondents were asked about the kinds of diseases during infancy period. Respondents said that their baby had suffered from such problems.

**Table 50: Types of Diseases**

| S.N. | Suffered diseases | No of Respondent | Percent |
|---|---|---|---|
| 1. | Jaundice | 10 | 5 |
| 2. | Pneumonia | 40 | 20 |
| 3. | Others | 150 | 75 |
| | **Total** | **200** | **100** |

According to the above table, 5 % of the respondents were found that their children had been suffered by jaundice likewise 20% of the respondents were found that their children had been suffered by pneumonia and 75% were found informing that their children had been suffered by others disease whereas none of the respondents were found that their children had been suffered by Neonatal Tetanus. It shows that majority of the respondents were found that their children had been suffered by Pneumonia.

### 4.3.4 Management of ARI by Respondents

Acute respiratory infection is an inflammation of respiratory tract anywhere particularly from nose to alveoli. Particularly, pneumonia is the most common respiratory infection in

the children under 5 years of age. It increases the child morbidity and mortality rates. Respondents were asked about the practices of treatment procedures of any problems of their child, their responses are given in the following table.

**Table 51: Management of ARI**

| S.N. | Management | No of Res | Percent |
|---|---|---|---|
| 1. | Refer to health institution | 160 | 80 |
| 2. | Home therapy | 40 | 20 |
| 3. | Refer to Tradition Heater | - | - |
| | **Total** | **200** | **100** |

Table shows that majority of the respondent were found that they used to refer their patients to the health institution if they suffered by ARI and remaining others respondents mother had said they had manage their children using home therapy when they were ill and no one had said traditional healer.

### 4.3.5 Management of Diarrhea by Respondents

Diarrhea is common disease among the under-five year children. It causes dehydration in the body, weakness and malnutrition. Diarrhoea is a major public health problem in developing countries. Every year, 3 million children under the age of 5 years die from diarrhoea. ORT can be safely and successfully used in treating acute diarrhoea in all age groups, in all countries. ORT ensures that fewer children need to go to hospitals or health centers and reduces the cost of treatment (Park, 2005). Data about the management diarrhoea found in the study area are presented in the table.

**Table 52: Management of Diarrhea**

| S.N. | Management | No of Res | Percent |
|---|---|---|---|
| 1. | With jeevanjal | 110 | 55 |
| 2. | Salt-sugar solution | 20 | 10 |
| 3. | Refer to heath institution | 70 | 35 |
| 4. | Tradition Heater | - | - |
| | **Total** | **200** | **100** |

Above table shows that among all the respondents, 55 percent were found with the practice of treatment of Diarrhea by giving ORS (jeevan Jal), 10 percent of them had said salt-sugar solution was the medicine against diarrhea. Similarly, 35 percent of the respondents' mother had referred their diarrhea patient to health institution and others were found with different procedures. Oral Re-hydration Solution is one of the best therapy for the treatment of diarrhea recommended by WHO and Government of Nepal and it is freely distributed all over the country.

### 4.4 Major Findings of the Study

i) Research had found that Among all the respondents 15 percent respondents were found aged 15-19, 35 percent were found aged 20-24, 30 percent were found aged 25-29, 15 percent were found aged 30-34 and remaining 5 percent respondents were found aged 35-39 and no one respondent were found aged above 40 although the reproductive age of women in the world is 15-49.

ii) The total number of the respondents was 200 but the total population of the respondent's family is 550. Among all the population, 265 were male and remaining 285 were found female population of the community. Majority of the peoples were aged 15-49 and 190 peoples were found aged above 50 years of aged.

iii) Higher proportions of the respondents (70%) were found illiterate. This is the bad situation of educational level of the reproductive aged women in the community. Among all 55 percent of the husbands of them were found illiterate. Similarly, 25 percent of the respondents mother were found literate, five percent were found having secondary education and remaining 10 percent wives and 5 percent of their husband were found having higher level education in the community.

iv) The large number of the respondents was found having agricultural occupation and only 5 percent of them were found with household works. The situation of the respondent is found only depending on the traditional

profession i.e. agriculture. In this twenty first century only this occupation is not sufficient for improvement of community.

v) Among all the husbands of the respondents, majority of them (60%) were found having agriculture profession, 10 percent were found as carpenter, 20 percent were found having different types of modern jobs and remaining 10 percent of them were found labors as the main source of income to survive daily life.

vi) About 40% of early marriage takes place in Nepalese society. Girls get married before they reach 20 years of age including 7% before 10 years or less. The early marriage system have serious ramifications and fall- out to women gender such as low literacy rates (34.6% ), 70 percent anemia, more dropouts and exam failures, high maternal morbidity and mortality, high fertility and low national productivity resulting to heavy social and economic burdens.

vii) Higher proportion of the respondent (80%) said that the available food of their family was not sufficient but 20 percent of them were found with Yes answer about the sufficient of the available of the food in the family.

viii) Among all the respondents, 45 percent of the mothers said love marriage and remaining 55 percent of the mothers were found with arranged marriage. Data revealed that the rate of the love marriage of the community is higher that the national data.

ix) Among all the respondent mothers, more than 21 percent were at the age of below 16 while the first child bearing, more than 57 percent were found aged 16-19, more than 12 percent were found aged 20-34 while the fires child bearing and no one found more than 35 and above aged at the first child bearing.

x) Majority of the respondents (80%) were found using unventilated practices of cooking and remaining 5 percent were found using ventilated technique similarly 15 percent respondents mother were found with the availability of gas system of cooking.

xi) Among all the respondents, majority of them (70%) were found with TV, 20 percent with radio and remaining 10 percent of the respondents were found only having information from neighbors and friends.

xii) Among all the respondents majority of the respondents, 65 percent were found finding and conforming about their pregnancy by knowing amenorrhea, 10 percent were found with marching sickness and remaining 25 percent of the respondents were found finding their pregnancy with the help of the health personnel.

xiii) Among all the respondents 6.66 percent were found with once time antenatal chick up, 13.13 percent were found two times during their pregnancy and 20 percent were found with the experience of ANC chick up three times and remaining all other respondents had the experience of the more than three times ANC chick up practices.

xiv) Different places ANC chick up are found in this study. Among all the respondents more than 53 percent of the respondent had said health post, 26.66 percent were found with hospital, 13.33 percent had said private clinic and remaining 6.66 percent of the respondents mother had taken help of TBA for their ANC chick up.

xv) Among all the respondents, 60 percent of them were found taking food more than usual during pregnancy period, 35 percent used as usual of food and remaining others 5 percent respondents had said no thing about the additional food during pregnancy.

xvi) Only 5 percent of the mothers had taken only one dose of TT vaccine and 70 percent of the mothers were found with taking two dose of the TT vaccine and remaining 25 percent had given no any answer about it. Data revealed that no one found getting all doses of the TT vaccine in the community.

xvii) Data shows 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. In

average this situation of taking the iron tablet is good in the community although most of all the pregnant women should take this tablet.

xviii) Among all the respondents 40 percent of the respondents were found with the bad sign of swelling legs, 50 percent were found with anemia, 10 percent of the respondents were found with bleeding and no one had other any dangerous sign and symptoms of the pregnancy related in the community.

xix) Among all the respondents, 63.15 percent of them had the experience of home delivery, 31.58 percent were found with hospital delivery and remaining 5.27 percent of the respondent mothers were found home delivery with the help of FCHVs.

xx) Respondents were asked about the assistance of different personnel. Among all the respondent, 8.33 percent said health personals were the most health care giver during devilry, same percent of the respondents used TBAs and remaining other respondents were found with the help of their own family members.

xxi) Respondents were asked about the use of MCH- Kit. Among all the respondents 7.69 percent said yes about the question and remaining other large number of the respondents mother were found not having the experience of the using MCH-KIT during the delivery.

xxii) Among all the respondents 33.33 percent of the respondents had said they had utilized health facilities fir safe and easy, 16.66 percent were found taking delivery health facilities, 50 percent were foun with to avoid complication and 30 respondents had gone to take health facilities after getting health complication.

xxiii) Among all the respondents more than 89 percent were found with normal delivery and remaining 10.52 percent respondent mothers were found with the surgery cases i.e. cesarean section. Data revealed that majority of the respondents had got normal delivery, which is the good situation of types of delivery.

xxiv) Respondents were asked about the problems occurs during delivery period. Among all the respondents, 12.5 percent had said severe bleeding, same percent had said abnormal position of the baby. Similarly higher proportion of the respondents (62.5%) had said prolonged labor and remaining 12.5 percent of them were found with convulsion as the main problem of their delivery period.

xxv) Among all the respondents mothers, majority of them (78.98 percent) were found using razor blade as the curd cutting instrument, 21.05 percent had said sterile Blade. Data revealed that the no of sterile blade users is very low.

xxvi) Among all, 21.05 percent had said health personals were participated for curd cutting while delivery of mothers, same percent were found with the experience of TBAs, 57.90 percent of the respondents had said family members and remaining no one said other peoples as the service provider for curd cutting.

xxvii) Respondents were asked about the feeding practices of colostrums, majority of the respondents were a found with yes answered and remaining others respondents mothers were found with no answers.

xxviii) In the context of postnatal care practices, 31.58 percent of the respondents were found with PNC chick up practices but large number of the respondents mother had said they did not take post natal services this is not good situation on PNC chick Up of mothers.

xxix) 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 is not good situation.

xxx) Those respondents who had not given the immunization of their children, they were asked about the causes of not using the immunization, among them 3 respondents had said due to lack of knowledge, 2 respondents due to the fair of complications.

xxxi) Breast feeding babies gain weight at a faster rate and are active too. They have protection against infantile diarrhea, respiratory infection and other kinds of pediatric disease. Breast –feeding provides a natural form of birth control. This section deals with the time for breast-feeding practices on the basic of the collected data such as timing half year, one year, two year and more than two years children. Time of breast-feeding practice presented in table.

xxxii) Among all the respondents 47.37 percent said they had given additional milk to their children under 6 months and remaining 52.63 percent of the respondents mother had said that they had not given additional milk to the under six months children. Additional milk for less than 6 months infant is not necessary because mother mils is sufficient for them.

xxxiii) Among all the respondents majority of them (77.78%) had said cow or buffalo milk was given as the additional milk for their children. 11.11 percent respondents were found using powder milk and same percent of them were found using other different products as the additional supplementation of milk to their children.

xxxiv) Among all the respondents 15.80 percent had done weaning practice during 4 -5 months of child age, majority of respondents infant weaning was done at the age of 6 months and remaining 10.52 percent of their child weaning was done after the age of six months. Data revealed that most of the respondent was foun with the weaning practices when their infant age was 6 months.

xxxv) Among all the respondents, 6.66 percent had used condom by their husband, no one was found using pills, majority of respondents were found using Depo-Provera inject able method, 6.66 percent had used IUD. Similarly, 20 percent of the respondents were found using permanent method of female sterilization i.e. Mini-lap. The situation of using family planning devices is found good in this study.

xxxvi) Data shows 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.

About 42.10 % of the respondents were found having the treatment to their children in medical shop whereas none of the respondents were found having home treatment and others. In the conclusion we came to know that the majority of the respondents used to going to doctor or health worker to treat their children.

xxxvii) According to data, 16.66 % of the respondents were found that their children had been suffered by jaundice likewise 66.67 % of the respondents were found that their children had been suffered by pneumonia and 16.66 % were found informing that their children had been suffered by others disease whereas none of the respondents were found that their children had been suffered by Neonatal Tetanus. It shows that majority of the respondents were found that their children had been suffered by Pneumonia.

xxxviii) Data shows that majority of the respondent were found that they used to refer their patients to the health institution if they suffered by ARI and remaining others respondents mother had said they had manage their children using home therapy when they were ill and no one had said traditional healer.

xxxix) Data shows that among all the respondents, 57.89 percent were found with the practice of treatment of Diarrhea by giving ORS (jeevan Jal), 10.73 percent of them had said salt-sugar solution was the medicine against diarrhea. Similarly, 31.58 percent of the respondents mother had referred their diarrhea patient to health institution and others were found with different procedures.

# CHAPTER – V

# SUMMARY, CONCLUSSION AND RECOMENDATIONS

## 5.1 Summary

This study is descriptive in qualitative nature. It is 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 is based on primary and secondary data. Primary data were collected from the mothers having children less than 5 years. Secondary sources of data related to maternal and child health care were also collected from the books, journals, reports and articles as well as from the VDC office and health post. The study was delimited in the Magar community of Dodhara VDC ward no 4, 5 and 7, of Kanchanpur district with consideration of available time and resources. Married women aged between 15 - 49 years having at least one child less than 5 years were the population of the study.

Among the total population of the study altogether 200 mothers were selected by using the simple random sampling method (lottery method) from 4, 5 and 7 wards of VDC. For this, names of the population of the study were written in a paper with their ward number. Each name was written in a small and identical paper slip. Slips was folded mixed thoroughly in a basket and select one by one selected names were taken as the samples. Their selected samples were finally listed. In this research, information was collect with the help of interview schedule. Interview schedule is the main instrument for the collection of data. For the development of the tool, the investigator had consulted references such as previous research works journals and got suggestions from supervisor and colleagues in the course of preparing interview schedule. After preparation of interview schedule it was submitted to the supervisor. After getting suggestions, the corrected interview schedule was pre-tested to 10 mothers who had under 5 years child in Dodhara VDC, ward no 1 for its validity, objectivity and reliability. According to the supervisor's suggestions and pre-test result, further essential modification and

improvement had made before making final them. After preparing the final interview schedule, it was translated into Nepali language for the convenience of the interview. Then, the researcher will visit the "VDC secretary and ward member with an authorized request letter of health and physical education department. From respondents were selected by lottery method of simple random sampling. After selecting the samples their name and ward no were listed. The interview schedule had filled up by making door-to-door visit in order to collect information. The investigator will visit and talk about the purpose of the survey and request respondents to give information without any doubt. After collecting necessary information, the interview was closed with thanks.

## 5.2 Conclusion

Magar community is one of the dalit communities and it is known as the untouchable group (Dalit) in Brahmin society. All the respondent mothers of that community are financially poor so that they have not gat higher education and not get any medicine (which medicine is must required for health) if any respondent wants any things she cannot take because her economic condition is very weak. Some respondent are that type of respondents whose delivery takes place when they are at work, they have no full time to go to health-post to take vaccine. They work from morning to evening. Some have to care for others babies. Many respondent mothers don't check-up health in pregnancy period such as they do not take proper food, T.T injection, Iron tablet and quality service from trained health. Maximum mother of deliveries have conducted at home with the assist of family member relatives. Safe motherhood is very important aspect for reproductive health but respondents of that community are not conscious about their reproductive health. In that community they have no knowledge and practice about abortion. Some respondents have knowledge and practice about abortion that is done abortion by after medical advice and some is done abortion by for birth spacing. In that community many respondents have no practice for use the family planning device. Some have no knowledge what is family planning device. Some have no knowledge what is family planning device. In that community many respondents who have no good trend about safe motherhood they are not conscious of their reproductive health and in many aspect many women desire (about children) to get son and few respondent have desire one son and one daughter. The martial status is not good in that community. Many

respondent mother belong to do marriage below the age which age is not legal or reproductive health age in that many kinds of problem (i.e. low economic condition, poor educational status, no knowledge about reproductive health, fairly marriage, no practice on family planning device no practice on abortion, early pregnancy, no trend on delivery done by health worker, multiple pregnancy, children health is very bad, breath space is very nearly, that types of problem is that community.

## 5.3 Recommendations

This study was done only on Magar community of Dodhara VDC of Kanchanpur and knowledge and practices of safe motherhood was the main goal of this study. The respondent of that community is suffering from many health problems, which are related to safe motherhood. Regarding above these problems the following recommendations are made:

### 5.3.1 Recommendations for Improvement

a. The respondents of that community were found not having appropriate knowledge about child and mother health care so some awareness programs are needed by governmental or non-governmental agencies.
b. The government should run that kind of programs which makes them conscious about now Safe motherhood, reproductive health and to use family planning devices, about abortion (why to do abortion) vaccination health checking in pregnancy period.
c. The government should provide maternal and child health services by trained health workers so that the entire pregnant woman will get ANC, Delivery and PNC appropriately when they needed.

### 5.3.2 Recommendations for National Policy

Develop a system of policy advocacy through regular production and dissemination of evidence based, ready to use recommendations for policy makers and civil society and

stakeholders. And enhance capacity of the organization through expertise development to staffs. National strategy for improving maternal knowledge, attitude and utilization maternal and health care practices should be reinforced such as:

a. A national wise survey on utilization of maternal and child health care service of Magar community should be conducted.
b. While studying utilization of maternal and child health care service of women it is better to study the women from 15 years to under 49 years. Similarly practice of safe motherhood of Magar community should be better to study in this period.
c. This type of research could be conducted to find out the socio-economic factors on knowledge, attitude and practice of safe motherhood in different rural areas or among different communities of the country.
d. Magar community should discourage early marriage and early pregnancy.
e. Reproductive health education should be included in the formal and non-formal education to aware the people about the women health and maximum use of health facilities.

### 5.3.3 Area for Further Research

a. This study is only limited to the knowledge and utilization of antenatal, postnatal and delivery care related subjects about the respondents with their last child born at list within the last five years. There are other many such areas of research as socio-economic status, risk analysis of maternal health care, child health care and mortality, personal hygiene, STDs, AIDS which can be done in this community and are remaining untouched in this study.
b. The study of all these detailed areas can reflect the accurate image of the target community. So I recommend the future researchers to be focused these diverse fields of study on this community so that a better aid can be given to those who are planning programmes for the betterment of the women in overall.