

CHAPTER- ONE

INTRODUCTION

1.1 Background of the Study

Nepal is one of the developing country in the world 38 percentage of population below national poverty line in Nepal. 47 percentage of population below minimum level of dietary energy consumption. Nepal has different health problems due to the lack of awareness lack of nutritional food, lack of health services and lack of proper health education. The World Health Organization (WHO) defined "Health" as a state of complete physical mental and social well beings as well as emotional and spiritual health and not may merely the absence of diseases of infirmity 1991 Maternal and child health is an important indication of human and social wellbeing as well as emotional and spiritual health for a country. Status of maternal and child health in Nepal is poor as in other less developed countries. Nepal has many health problem. The major health problems of Nepal are high maternal and child, morbidity and mortality. Prevalence of communicable disease environmental pollution high fertility rate and poor health care practice are still very high(WHO, 1997)..

Social behaviour includes how an individual's thoughts, feelings and behaviour influences, and is influenced by, other people. Creating social relationships is central to human well-being, and not just due to the pure joy of being with friends, or when learning social norms. It is argued that experiencing social behaviour, and engaging in social interaction, is vital during childhood development. However, many children, for various reasons, are not able to participate in, or experience, the social behaviour that is crucial for their well-being, mental health, and development. A large body of research shows that mother-child interactions predict child developmental outcomes. Maternal responsiveness has been identified as an important variable in the parenting literature. It involves perceiving the child's cues or signals, interpreting them accurately, and selecting an appropriate, prompt, and contingent response. This maternal constellation of behaviours needs to be appropriate in type, timing, and intensity to meet the needs and desires of the child, including the child's developmental needs. It has been associated with advances in socio-emotional and cognitive domains of child development. For example,

maternal responsiveness in the first years of life provides the foundation for the development of behavioural regulation and social competence in young children. The absence of maternal responsiveness during infancy is associated with negative patterns of social development with externalizing behaviour in two- to three-year-old boys and with behavioural problems in middle childhood (Balter, L., & Tamis-LeMonda, C. S. 2006).

Health is first fundamental social concern that is common to all since health has high priority in man's hope and aspirations; it has been regarded as an accepted independent value, which is designed by all for its own sake. It has considerable instrumental value in the context of development without which the improvements in other conditions are not likely to be attained. His/her level skill and knowledge of a person. Everybody realizes that his interest and ability to work, to earn more and also to enjoy other benefit so life is largely determined by his/her health status. Good health encourages people to do more and to do better.

Health is also a basic human right. Rights to be asserted rather than given or taken. In man dominated social and political stage of Nepal, a special emphasis should be given to gender sensitivity in all matters of health and health services development not only to have an equal opportunity for women but also to empower them to participate in socio-political process of health development.

Nepal is a landlocked country and home place of natural beauty with traces of artifacts. In the geographic diversity and varied climatic condition 23.1 million people of more than 60 casts are living in the country. Ethnic groups are accommodated in the country with the total fertility rate of 3.1 per women (CBS, 2011). It is the second poorest country in the world. About 90 percent of the total population lives in rural areas. Agriculture is the main occupation, employing about 90 percent of the economically active population of the total economically active population, in agriculture, more than 90 percent are females. According to the census 2058 female literacy percentage has increased to 42.8% putting the total literacy rate 54.1% where as male literacy rate is 65.1% high in comparison to women (CBS, 2011).

Status of health of Nepal is very poor. Therefore, as in many least developed countries, Nepal has many problems concerning health and health services. The major health problems of

Nepal are high maternal and child morbidity and mortality, prevalence of communicable diseases, environmental pollution, high fertility rate and poor health practices.

In Nepal, the socio-cultural factors play considerable role influencing negatively women's life, as factors govern women's status in family and the society. Gender discrimination, start as early as infancy and continued throughout childhood affect girls care, nutrition and education, resulting in malnourished, uneducated and low self esteem teenagers.

Tradition and socio-cultural factors, to a large extent, determine women's health seeking behavior and their decision making within the house hold with respect to women's health need and health care. These same factors also influence women's freedom of choice of marriage, age at marriage, child age of first pregnancy and type of health care received during pregnancy, child birth and postnatal period. These behavior patterns and practices are however, expected to differ not only between communities and ethnic groups also within communities and ethnic group.

Child health care behavior is very important component of primary health care. Most of the countries in the world have emphasized child health care. In this period governmental and non-governmental organizations have started many child care centered health programs to improve the child health status. Programmers such as immunization, breastfeeding and personal hygiene will save the child health. According to the project report of ICP-CDD (1991). In Nepal child health care women, poor economical status and lack of knowledge about health care facilities. In this way, early marriage, excessive child bearing, joint family system, performance of son to daughter and socio-cultural factors contribute more to increase population growth as well as fertility in Nepal (Poudel, S.K. 2001).

Education is one of the important determining factors of health. The literacy level of women is very low where the population of women is high. Other main causes of high maternal and child morbidity and mortality and poor health care practices are due to low education of the female population.

Mother's education level also influences child's health. Although, the relationship is not always straightforward, children's chances of surviving usually improve as their mother's education increases. In the late 2006, mortality rate for children under age 5 in Nepal was 93

deaths per 1000 births for children with mothers who completed secondary or higher level of education (NDHS, 2006).

More educated mother is likely to have a higher income and to live in better housing than a less educated mother. Educated mothers often have been taught about breastfeeding, immunization and personal hygiene in school or by their own educated parents. More educated mothers also may have enough status and power in her family to take appropriate action when her child needs health care. More educated mother is more likely to use child health services.

Education is one of the important determining factors of health. In Nepal, total literacy rate is 52.6% in which female literacy rate is only 37.8% (Health, information leaflet (1997)). By this the literacy level of women is very low where the population of women is high in spite of insufficient health services, another main cause of high maternal and child morbidity and mortality and poor health care practices is low education of the female (Women or mother). The maternal and child health care practices are interrelated to the education of mothers. The education level of the mother, which is explained in the above, determines better health care practices. Better maternal and child health care practices i.e. antenatal care, safe delivery, immunization, personal hygiene, birth spacing, proper nutrition and breast feeding will save the mother's as well as child health and reduce maternal and child mortality as well as fertility. Therefore, education level of mother is associated with better maternal and child health aspect in the country.

1.2 Statement of the Problem

Health problem is the main problem of the world. Child health care problem is one of the burning problems in our country. Poverty, lack of proper education and poor health practices of women are the major causes of child mortality and morbidity. However diarrhea whooping cough, diphtheria, tetanus and other communicable disease are the major causes of infant and child mortality morbidity.

Education of women (mothers) determines to utilize the health services and to take care about their own health as well as their children. Mortality chances (both maternal and child) are lower of literate mothers than the illiterate. Neonatal mortality is 58.9% of illiterate mothers,

Likewise postnatal mortality is 35.8, and 1.8 or illiterate, primary and secondary level educated mothers respectively. And infant mortality is 102.6 of illiterate mothers, 74 and 38.9 of primary and secondary level educated mothers accordingly (UNICEF:1996).

Education of mother also determines that to take health care i.e. regular health check up and as so other personal health care. Mothers who are literate (educated) there low chances of occurring health problems during pregnancy. The data shows that health problems during pregnancy has seen 2 times more in illiterate women than literate (428 literate women having health problems out of 17,245 sample mothers).

Enhancing female education is seen as an effective way for less developed countries to help improve women's status, lower fertility rates, faster economic development, reduce poverty and improve maternal and child health.

Education of mother also determines that to take health care i.e. regular health check up and as so other personal health care. Mothers who are literate (educated) there is low chances of occurring health problems during pregnancy. High maternal and child health problem are major problems in present days in our country. Women fertility rate has not decreased satisfactorily. Girls' enrollment in education is not so enthusiastic. Various types of private, governmental and volunteer health agencies are launching the programmers for improving the maternal and child health status. But still there is no satisfactory result found.

Due to early age marriage, traditional beliefs and superstition, low economic status, low women literacy, unhygienic health behavioral practices, child health status is not improved. Most of the rural women do not utilize the available health facilities properly due to the lack of health awareness and the available health facilities are also not sufficient for them. Low literacy status of the women is the main cause of their ignorance.

1.3 Objectives of the Study

The general objective of the study was to assess child health care behavior in relation to educational status of women in Bhimdatta Municipality Ward, No. 18, Kanchanpur District, but the specific objectives are below:

1. To find out educational socio-economic and demographic characteristics of the mother.
2. To compare child care Health practices on literate and illiterate women.
3. To identify the relation of mother's education and child health care practices.

1.4 Significance of the Study

A woman is one of the wheels of a cart and also a backbone of society. Without the development of women, there is less possibility for the development of the country. Thus, the empowerment and autonomy of women and their political, social, economic and as well as educational status is highly important for the achievement of sustainable development. Therefore, the study was on the child care behavior relation to educational status of women at village level in countries like Nepal, where about 90 percent people live in village, has great importance.

The main goal of this study was to find out the educational status of the mothers in the Bhimdatta Municipality Ward, No. 18 and its contribution on child health care practices. This study will be helpful for the women to develop the sense of awareness toward the health problems in their immunization, Breastfeeding and personal Hygiene which help them to take care for solving the child health problems. The major significance will be follows.

1. The findings of the study would be useful to the people to develop awareness towards health problems in their community.
2. It would be helpful to the women to understand the importance of education for girls (women) and to care their own health and their children.
3. It would be useful to guide the planner, educators and volunteer agencies for improving women and child health status through education of the female.
4. It would be useful as a guideline for further researchers in the similar field.

1.5 Delimitation and limitation of the Study

Due to limitation of time, budget the study was limit and delimited in the following areas.

1. This study was delimited to women of reproductive age (15-49 years) who have under 5 children.
2. This study was based only on women of Bhimdatta Municipality Ward, No. 18 of Kanchanpur district.
3. This study was particularly focused on socio-economic status of women including education status and their child caring behavior.
4. This study was delimited to the aspects of Immunization, Breastfeeding, and personal Hygiene.
5. The study was compared the educational status of women and child health caring behavior literate and illiterate women.

CHAPTER-TWO

REVIEW OF RELATED LITERATURE

This chapter attempts to reviews some relevant past studies regarding child care behavior to educational status of women. It divided n two parts: the first part deals with theoretical aspect of “child care and educational status of women” and empirical literature is presented in the second part. This chapter further presents the conceptual framework for the study on the basis of findings and literature review. The conceptual framework determined the boundaries and criteria of the study.

2.1 Theoretical Literature

Park J.E. & Park K. (1991) wrote in “preventive and social medicine’ that socio-economic conditions have long been known to influence human health for the majority of the ‘world’s people. Health status is determined primarily by their level of socio-economic status nutrition status, employment and per capita etc. They also wrote the per capita GNP as the mostwidely accepted measure of general economic performance. There can be no doubt that in many developing countries, it is economic progress that has been major factor in reducing morbidity. increasing life expectancy and improving the quality of life. The economic status determines and purchasing power. living standard, quality of life. family size and the pattern of disease and devianand behaviour in the community. It is also an important factor in seeking health care. So economic status affects nutritional status of people.

The government of India has failed to meet the health care needs of its female population. Non-governmental organizations, together with the world health organization and women’s groups, must therefore intensify their service projects in that direction. Much could be accomplished if each female doctor devote done hour per week to provided free health care service to women in need .The author further argues that the centers for women’s studies should not be content with academic discourse and recommendations, but rather should concentrate more upon organizing field work in collaboration with voluntary organizations. Women and nutrition, maternal mortality, the occupational health hazards of working women, mental health

and health problems caused by violence against women and other social factors, and women's access to health care systems are discussed (www.popline.org/docs/1181/1209118)

At the micro level we focus on the life course approach (Giele and Elder 1998) by which we situate the events of first union formation and first birth by studying them as parallel careers impact on the timing of first union formation and the timing of first birth in a woman's lived reproductive life course. Meaning given to the events that have already taken place in a woman's life is elicited by investigating the perceived life course. Changes at the micro level are studied through the conceptualization of generations, thereby situating life in a historical context (Corsten 1999, Becker 1992, Ryder 1985). In order to study structural changes at the macro level we focus on the social theory of Coleman (1990). Macro micro linkages and social change through processes of modernization and globalization constitute the structural impact of context on individual behavior. This theory is also used as the background of the theoretical framework agency across time and space in the individual life course. This theory deviates from the one way relationship between the macro and the micro levels and theory deviates from the one way relationship between the macro and the micro levels and stresses on the duality of structure. This theory also emphasizes the importance of modality in understanding the structure agency linkages in the cross cultural perspective through interpretative schemes, facility of resources and norms (Caldwell, J.C. 1980).

Higher educational attainment facilitated by expansion of the education system is a key indicator at the macro level that explains behavioral change at the individual level. For instance, women of the younger cohorts have a longer educational career in comparison to women in the older cohorts, influencing delayed events of marriage and first birth comparison to women in the older cohorts, influencing delayed events of marriage and first birth and the phenomenon of cohabitation as an alternative to marriage. These changes at the micro level emerge as a social outcome revealed through the changing position of women in contemporary society. This also explains how distinct patterns of delay in union formation and first birth are preponderant in the society as social outcomes. Such social outcomes could also be the result of women's transition from ascribed status of being a woman a weaker sex to achieved status whereby higher education enables her to decide, choose and priorities events in her life. The concept 'position of women in society' encompasses the status of women, women's control over resources compared to that of

men. The degree of their autonomy from men's control, or other privileges and oppression that arise from society's institutions (www.educationcounts.govt.nz).

This report chapter describes pregnancy care, delivery of vaccinations, and common illnesses among children in Kazakhstan. Data are obtained from the 1995 Kazakhstandemographic and Health survey that include reports of illnesses in the 2 weeks preceding the survey. Findings indicate that 93 percent of mothers received prenatal care from professional health providers. 7 percent of mothers with a first birth and only 55 percent of mothers with four or more births received prenatal care by a doctor, the percentage of mothers who received prenatal care was greater in Almaty City and the North and East Regions than in the south region, and greater among educated women and women of Russian ancestry than less educated and Kazakh women. 32 percent of women made visits within the first 3 months of pregnancy. 86 percent made their first prenatal visit by the 6th month of pregnancy. 82 percent of women made four or more visits. 98 percent of deliveries occurred in a health facility. 78 percent of birth in the 5 years preceding the survey was delivered by cesarean section. Cesarean deliveries were more common among older women; women living in urban areas, more common among older women, living in Almaty city. 9 percent of infants born were of low birth weight. Vaccination was nearly universal just after birth, but almost 50 percent did not complete the regime. Incomplete vaccination was high in rural areas. Over 20 percent of infant deaths were due to acute respiratory infections (ARI), and 11% died of diarrhea. About 5 percent of children aged under 3 years were ill with ARI, 11 percent were ill with fever, and 16 percent had diarrhea. 40 percent of children with diarrhea were treated with increased fluid intake (SubediB.P., 2001).

A research examines how distance education in India expands women's educational opportunities. Distance education is defined as education in which teacher and student are geographically separated, with the student being taught outside of the typical classroom setting. The aim is to create a less restrictive and less elite form of higher education for all regardless of time, space, sex, creed, community, or religion. Distance education emerged due to failures of traditional educational programs, the need to democratize the educational process, the expanded demand for education, and the broad acceptance of communication technologies. It is supported by India and international statement and is particularly suited to women's education in India. 25,000 distance learners took examination in Nadras in 1989, of

which 50 percent were women. Grown children now encourage and support their parent's education in distance learning. The Women's International Network of the International Council for Distance Education plays a vital role internationally in organizing conferences and in mailing a newsletter. The organization has a national branch in India. The profiles of some women involved in correspondence courses illustrate the diversity of women learners. One woman from a scheduled tribe was earning a bachelor's degree in economics while employed in a social forestry program. Another woman, who was a housewife and was married to a railroad official, was completion a master's degree in history. Others included a widow, a young girl, a girl with a change in residence, and a blind musician. Women were from all social classes. Needed improvements include better print based materials, better support systems to promote self learning strategies, and effective management of material production and distribution (Srijana t. 2007).

2.2 Empirical Literature

Budhathoki, C.B. (1995). Who had done a study on "Social-Cultural Factors and Maternal and Child Health Care Practices" at Dullu Basdot Municipality in Baglung district reported that about 40 percent of women visited the health post for medical check-up whereas about 60 percent of them received prenatal advice from family members, female friends and relatives during pregnancy. He also found that about 99 percent birth took place at home and delivered with the help of non-professional indigenous midwife, relatives, friends and neighbors. Similarly, about 80 percent of total deliveries were carried out in dark room with poorly ventilated rooms without windows. More than 60 percent of people cut the umbilical cord without sterilizing the tools. He also found that 68.3 percent of the respondents commenced breast feeding on the second day of birth. Girls at five months and boys at six months of age introduced to solid food at the rice feeding ceremony and most of the infants and children ate fed nutritionally imbalance diets.

A study conducted by Mahato, N (200). Study on antenatal and child health care practice of Bajracharya family of Kirtipur municipality, the objectives of the study were:

- a) To find out the socio-economic and demography characteristics of the family.

- b) To identify the antenatal care, delivery service and postnatal care practice in the Bajracharya family.
- c) To assess the health services rendered to the children through the institution. This study was limited within Bajracharya family in Kirtipur of purposive sampling was used in which 27 households were numbered. The researcher used interview schedule and observation sheet, close and open questionnaire were formed in the schedule. The research shows that more 85 percent women about 18 years of age. It was found that 48.1 percent pregnant women had got health checkup during pregnancy whereas most of the uneducated and older age groups were found to have no checkup during such period. About 59.3 percent women did not have immunization tetanus to have safe delivery.

(Khanal, M.K. 2001), Study on “Maternal and child health care practice” The objectives of the study were.

- a) To find out the socio-economic and demographic characteristics of the study population,
- b) To identify the antenatal care, delivery and postnatal care practices in the selected mother groups,
- c) To find out the practices of colostrums feeding, breastfeeding child immunization, and additional food feeding to the women of this study area,
- d) To identify the sanitary practices related to the mother and children of the study population. This study is delimited within ward no.6 and wards no.16 of Pokhara. Sub-Metropolitan city and ward no.9 of LekhanathMunicipality. The women having one or more children below the age of years are included in this study. This study delimited within the Pode and Gaine casts is only. The investigator has applied the descriptive type of research method in this study. The total population of Gaine and Pode were 250 and 202 respectively but there 35 and 32 mothers having children less than 5 years of age out of this number, only 30 respondent mother from each ethnic group have been choose for the interview. The investigator applied purposive sampling method. Interview schedule was developed for different areas. This was not possible through the questionnaire. Out of the total respondents, 40 percent of the mothers have been found to be married at the

age less than 16 and 51.67 percent of them carried in between 16-20 years of age between 20-25 years age. Most of the mothers 78.33 percent were found to feed their infants with colostrums immediately after the baby were born. About 21.67 percent of them did not feed their with colostrums. All mothers reported that they breast feed their baby's. About 45 percent of the total mother's breast feed their children for 2 years.

Only 20 percent of them fed their babies at breast fed more than 2 years. About 83.67 percent of the total respondents reported that their children were immunized against diseases. Only 60.67 percent that immunization not immunized. It show that immunization practices are quite satisfactory.

Subedi, B.P. (2001). Study on Maternal and child health care practices with relation to the education of the mother. The objectives of the study were:

- (a) To assess to the socio-economic and demographic characteristics of the mothers,
- (b) To identify the existing maternal and child care practices i.e. antenatal care, delivery conduction and postnatal care practices in the Municipality,
- (c) To identify the relation of mother's education and MCH care practices.

This study was conducted in TilharMunicipality, of Parbat district. Considering ward wise coverage in the Municipality they represent at least 10 mothers from each ward in total 112 mothers were selected as the study unit of population. Purposive sampling technique was selected for this study. Field survey technique was used in order to collect data, interview schedule was the main tool of the study interview schedule included open and close types of questions. Previous research report and reference sources were consulted for this study.

This study is based on mainly primary data, interview schedule was used to draw required data, after analyzing and interpreting the data, the following findings were obtained. Most of the respondents (i.e. 54.46%) were literate and 45.54 percent of them were illiterate. Among literate respondents, only primary level education. Out of total respondents, 61.61 percent of respondents were married at the age of 18-21 years. Majority of the literate respondents seem to have preferred marriage at the age between 18-21 years. Majority of the

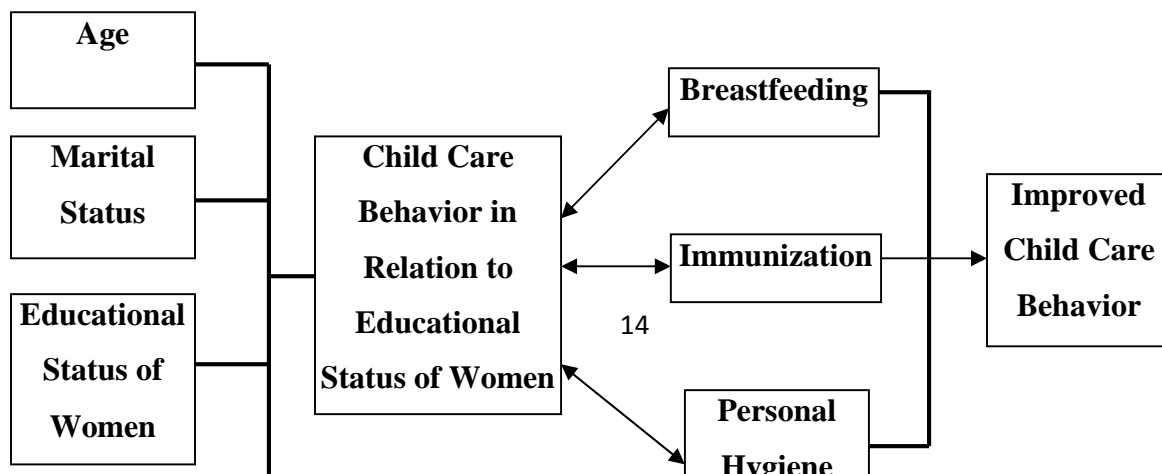
respondents (i.e. 19.18%) and taken TT injections whereas 9.82 percent of respondents had not taken. The respondents who had not taken, most of them were illiterate. 93.75 percent of respondents immunized their children only few of them i.e. 6.25 percent did not immunized their children because of their negligence. It shows that practices are quite satisfactory.

(Awasthi, L.2003), study on Maternal and child health care practice of Sarki family of Baneshwor Kathmandu. The objectives of the study were: -

- (a) To find out the socio-economic and demographic characteristics of the study population
- (b) To identify the practice of antenatal care, delivery services of colostrums feeding, child immunization and additional food feeding, family planning methods of the women of the study area. The study was delimited within Sarki family of Beneshwor in ward no.34 only. Purposive sampling method used to take additional food 53 percent whereas 43 percent of the respondent used to take seem as usual foodstuffs during pregnancy due to the negligence or lack of knowledge or poor economic condition, only 10 percent of respondent have one dose of TT vaccine whereas 43 percent of respondent have two dose of vaccine. Most of the mother 88 percent was found to use their infants with colostrums immediately after the baby was born. About 12 percent of them did not feed their babies with colostrums.

2.3 Conceptual Framework

The above review of literature of literature provides important basis for the establishment of relationship between or among variable and to know how one variable affect other variables. This literature was suggested that women education and demographic status was important for determine the child care behavior. On the basis of literature review the conceptual framework formulates to show how the variable affect child care behavior relation with women education status.



This framework suggests that child health care behavior in relations to educational status of women refers to the age, cast, marital status, educational status, husband's education, and cultural values of society which directly affect and is affect by breast feeding, immunization, personal hygiene. This variable is turn will be direct relationship with child health care behavior (CCB)

CHAPTER-THREE

RESEARCH METHODOLOGY

Methodology is the important part of thesis writing. Without it research cannot get its form and shape and the objectives of the research cannot be fulfilled. This section describes the research design study population, sampling procedure tools of data collection process of data collection data processing and analysis techniques in detail each of the sub sections is dealt separately.

3.1 Research Design

This study employs descriptive research design and utilized quantitative method for data collection. The research was explored the behavior in mother of child caring. Where, interview schedule and observation sheet were used for data collection.

3.2 Population of the Study

The population of the Bhimdatta Municipality Ward, No. 18 is 7,244 where male and female are 3,647 and 3,597 respectively. According to the recent Municipality record, there are 2365 married women in the Municipality. The total married women under the age of 49 and having one more children were 1578 the source of population among them. Study population was 160 mothers having under five years old child in total 130 mothers were selected as the study unit of population.

3.3 Sampling Procedure and sampling Size

Sampling area was focused at Bhimdatta Municipality Ward, No. 18 Kanchanpur district. Sample units for the study were obtained by purposive sampling method in this research population of mothers having less than 5 years old child were selected. There were 160 mothers who had under 5 years child (130) mothers were selected sample random sampling

3.4 Tools for Data Collection

To fulfill the objective of this study the researcher developed two type of tools like interview schedule and observation sheet. Interview schedule was filled up by the researcher asking question to the selected women observation by the researcher.

3.5 Standardization of Tools

After preparation of interview schedule and observation sheet, it was pretested by administrating among 30 women at Kanchanpur district Bhimdatta Municipality Ward, No. 18 to identify the practicability and determine validity and reliability on the basis of pretest result and feedback offered by the supervisor, the questions were modified and finalized for final application in the field.

3.6 Data Collection Procedure

In order to collect essential information first of all, the researcher had taken a letter to Municipality from sociology department. Then took the letter from the Municipality to the respondent's help the interview. Researcher visits the women talks about the purpose of survey and requests them to give information without any hesitation. Interview schedule was taken with the mother of the children through the home visit the research had observed the ongoing situation to the respondents about their breastfeeding behavior and personal hygiene for a situation like non availability of respondent in the selected household, a rule formulated tried trice, but not successes left out and went for the next immediate number household.

3.7 Method of data analysis and interpretation

Collecting data and information was presented in different table and groups. After the collection of information, data were, checked, verified at the field manually to reduce its error than result was calculated with the help of calculator. The final data were tabulated and interpret through the use of table, figures simple and descriptive statistical method was used to explain the general finding. Finally the data were interpreted according to the need of research.

CHAPTER-FOUR

ANALYSIS AND INTERPRETATION OF DATA

Education one of the important factors which influences to the women in maternal and child health care practices of their daily life. To find out the existing maternal and child care practices educational status of the mother and its relation to MCH care practices in the study area. The collected data was tabulated and kept in sequential order according to the needs of the study. The analysis and interpretation were made with the help of table and graphs to make the statement clear. The analysis is focused on main component concerning maternal and child health care behavior relation of mother education. The chapter data with the analysis and interpretation of data interpretation has been made under the following section sand sub-heading.

4.1 Socio-economic aspect of Respondents

This sub section deals with socio-economic and demographic characteristics of the women who were the respondents of the study. It provides age, educational attainment and major occupation of study area.

4.1.1 Age Composition of the mother (Women)

Age is a demographic characteristic of population, it is important to know age structure of the respondents because it plays very important role in everyone's life. There were respondents of different ages (15-39 years) mothers who had child under five years, which is directly related to MCH are practices.

Table No.1

Age of the respondents

| S.N. | Age Composition | No. of Respondents | Percentages |
|-------------|------------------------|---------------------------|--------------------|
| 1. | 15-19 years | 21 | 16.15 |
| 2. | 20-24 years | 64 | 49.23 |
| 3. | 25-29 years | 31 | 23.85 |

| | | | |
|----|-------------|-----|--------|
| 4. | 30-34 years | 10 | 7.69 |
| 5. | 35-39 years | 4 | 3.08 |
| | Total | 130 | 100.00 |

The above table shows that, 49.23 percentages of the mothers belong to the age group of 20-24 years likewise 16.15, percent 23.85 percent and 7.69 percent of mother belong to the age group of 15-19 years, 25-29 years and 30-34 years respectively. And very few mothers i.e. 3.08 percent belong to the age group of 35-39 the study shows that the mother under the age of 18 above 35 are also giving birth which is dangerous for both mothers and children.

4.1.2 Education Attainment

Education is a basic requirement which changes the behavior of women in every aspect of life. Education contributes to the development of social, political and economic betterment. Educated mothers (women) are more aware about the issue of quality of health than that of non-educated mothers. Therefore, health of children and the mothers is directly related with educational status. Educational status of the respondents has been taken as the educational status. Of the respondents has been taken as the most important variable in this study, which is presented in the following table.

Table No.2

Educational Status of the Respondents

| Education status | No. of Respondents | Percentages |
|-------------------------|---------------------------|--------------------|
| Illiterate | 59 | 45.38 |
| Literate | 71 | 54.62 |
| (a) Primary | 40 | 30.77 |
| (b) Secondary | 21 | 16.15 |
| (c) Secondary above | 10 | 7.69 |
| Total | 130 | 100.00 |

The above table reveals that 45.38 percent of the respondents are illiterate and 54.62 percent of the respondents are literate. In total literate mothers 7.69 percent of respondents are higher educated 16.15 percent of mothers have passed secondary level and 30.77 percent of mothers have completed primary level. Figure no. 1 represents educational status of the respondents in the study area.

Total literacy rate is 52.6 percent in Nepal, percent in comparison of the national literacy rate, the literacy rate in the student area of respondents seems better. Education of the mother is directly relating to many health determinants. Good health behavior is depended upon their educational status.

4.1.3 Occupational Status

Occupational is also regarded as an important social characteristic. Occupational status affects each and every individual's feeling of social status and quality of life and so on. Therefore, occupation of the respondent is taken as one of the most influencing economic variables. The occupational status of respondents in the study is given below.

Table No.3
Distribution of the Respondent by their occupation

| Occupation | No. of Respondent | | | | | |
|-------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Agriculture | 50 | 38.46 | 42 | 32.31 | 92 | 70.77 |
| Service | 13 | 10 | 3 | 2.31 | 16 | 12.31 |
| Business | 8 | 6.15 | 3 | 2.31 | 11 | 8.46 |
| Labour | - | - | 11 | 8.46 | 11 | 8.46 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table indicates that most of the respondents (i.e. 70.77%) occupation is agriculture where as 8.46 percent of respondent are engaged in laboring from which they get wage similarly, 12.31 percent respondents and 8.46 percent of respondent are involved in services and business respectively.

The respondent mother in the study area is involved in different kinds of occupation and their husbands are also engaged such types of different occupation. The respondent are also involved in houses hold work. Mother's occupational status affects their won health and their children. The mothers are unable to provide adequate care to their children and to take care own health due to most time engagement in their occupation i.e. agriculture labour.

4.2 Delivery services of the Respondents

4.2.1 Place of Delivery

Delivery place effects material and child health safe delivery place reduces further complication. Traditionally Nepalese women are delivered at tome with the attendant of family member and traditional birth attendant's proper medical attention and hygienic conditions during delivery can reduce the risk of complication and infection that can cause the death or serious illness of mothers and baby. In this study respondents were asked about the place of delivery of their last baby and information collect is mentioned in the following table.

Table No.4

Distribution of the Respondent according to the place of Delivery

| Delivery place | No. of Respondent | | | | | |
|----------------|-------------------|-------|------------|------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Home | 54 | 41.54 | 52 | 40 | 106 | 81.54 |
| Hospital | 11 | 8.46 | 7 | 5.38 | 18 | 13.84 |
| Clinic | 6 | 4.62 | - | - | 6 | 4.62 |

| | | | | | | |
|-------|----|-------|----|-------|-----|--------|
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |
|-------|----|-------|----|-------|-----|--------|

The above table reflects that the majority of respondents (81.54%) delivered at home, 13.84 percent of respondents delivered at hospital and 4.62 percent of respondents gave birth to their babies at private clinic.

It can be concluded that home is the most common place for delivery. Most of the respondents gave birth to their babies at private clinic.

It can be concluded that home is the most common place for delivery. Most of the respondents gave birth to their babies at home in the place arranged by their older family members/relatives who had poor knowledge of modern facilities of safe delivery system. The mothers who delivered at the health facilities, most of them are literate. Literate mother delivered at hospital and private clinic and illiterate mother delivered at home they had poor knowledge of modern facilities of safe delivery.

4.2.2 Persons Attending During Delivery

The person who attends for helping the pregnant women to give birth of baby during delivery period is known as the assistant. It is necessary to get on emergency help during delivery period. The respondents were asked about associated persons during their delivery period. There are mainly three types of delivery assistants such as health person (Doctor/Nurse/MCHW/ANM). Traditional Birth Attendants (TBAS) and family member's relatives. The information is given in the Table No.6.

Table No.5

Distribution of the Respondent by Assistance during Delivery

| Delivery Assistance | No. of Respondent | | | | | |
|-------------------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Family member relatives | 29 | 22.31 | 40 | 30.77 | 69 | 53.08 |

| | | | | | | |
|----------------|----|-------|----|-------|-----|--------|
| TBAS | 13 | 10 | 10 | 7.69 | 213 | 17.69 |
| MCHW/ANM | 16 | 12.31 | 6 | 4.62 | 22 | 16.93 |
| Doctors/Nurses | 13 | 10 | 3 | 2.30 | 16 | 12.30 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table shows that 53.08 percent of respondents delivered with assistance of their own family members or relatives. Similarly, 17.69 percent of the birth were attended by TBAS, 16.93 percent of pregnancy were attended MCHW/ANM and 12.30 percent of respondents were attended by Doctors/Nurses they had attended only for those respondents who had visited hospital/clinic for their babies with the assistance of health person whereas majority of (53.08%) of respondents delivered at home with the help of their family member relatives.

It is concluded that the majority of the women delivery cases were assisted by family member/relatives. Government use to give minimum one appointment of TBAs/MCHWs for one ward but those women who were not using those services was unknown about that. It might be communication gap between them. Health person had attended only for those respondents who had visited hospital/clinic for delivery. The practice of giving birth with the assistance of family member or relatives will not be safe.

Literate mother were attended by doctors nurse they had attended only for those mother had visited hospital clinic for their babies and illiterate mother delivered at home with the help of their family member relatives.

4.2.3 Delivery complication

One of the major causes of MMR is complication during pregnancy period. This means that the substantial number of women suffered serious complication such as bleeding, birth trepanation etc. which directly affect on fertility, pregnancy, birth and breastfeeding of mothers (World Band Report, 1989). So find out the knowledge about complication during pregnancy period a question was asked on it. The available information is presented in the Table No.6.

Table No.6

Distribution of the Respondent by Delivery Complication

| Occupation | No. of Respondent | | | | | |
|------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Bleeding | 6 | 4.62 | 14 | 10.77 | 20 | 15.39 |
| Fever | 14 | 10.77 | 10 | 7.69 | 24 | 18.46 |
| Anemia | 19 | 14.61 | 15 | 11.54 | 34 | 26.15 |
| None | 32 | 24.62 | 20 | 15.38 | 52 | 40.00 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table reveals that 15.39 percent of respondents had bleeding complication during delivery in which most of the illiterate mother suffered from this problem. Similarly, 18.46 percent and 26.15 percent of respondents had fever and anemia during delivery respectively. Likewise, 40.00 percent of mother did not have any problems during delivery.

It can be concluded that literate mother had been less complication than the illiterate respondents in comparison of total respondents. The mothers who give birth about 35 and before 18 mainly suffered from such types of delivery complications. Anemia is a condition in which there is a decreased number of RBC in the blood, or decreased oxygen carrying capacity of hemoglobin. Literate women are more suffered from anemia because of following factors. Literate women are over conscious of their figure and they always skip their meal to maintain figure. Another cause is women involved in study spend most of time in the study and they got late marriage so there is most chances of bleeding during delivery. Although women are literate they eat junk food so there is less chances to get iron in those foods. Literate women mostly transferred to urban area so there is used chance of anemia due to altitude.

4.2.4 Instrument for cord cutting

The effective cord cutting practice depends on the condition of the equipment used. The equipment which is not proper may welcome different kinds of infection disease. Therefore, it is

necessary to know condition of the equipment used to cut. In this subject the researcher collected the information about condition of the equipment for cord cutting which is presented in Table No. 7.

Table No.7
Instrument for Cord Cutting

| Instruments | No. of Respondent | | | | | |
|--------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Sterilized | 66 | 50.77 | 42 | 32.31 | 108 | 83.08 |
| Unsterilized | 5 | 3.85 | 17 | 13.07 | 22 | 16.92 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table reflects that 83.08 percent of respondents had used sterilized instrument for cutting cord. They mostly used new razor blade and the instrument contain in HDK to cut the cord. By contrast, 16.92 percent of mothers had cut the cord for their babies with unsterilized instruments i.e. old blade and others without cleaning.

The respondents in the study area have good cord cutting practice which deals to save the mother and mainly the new born baby from tetanus. The respondents who did not use sterilized instrument to cut the cord of babies. Some of the illiterate respondents used unsterilized instrument due to the lack of knowledge.

4.2.5 Agreed to Give Colostrums

Babies should start to breast feed as soon as possible offer birth. The thick yellowish milk (Called colostrums). That the mother produces in the few days after birth is good for babies. The first milk or colostrums is nutritious for children especially during infancy and helps to protected them against common infections. It is natural vaccine and called first immunization. The first mild practice of respondents in the study area is shown below.

Table No.8

Feeding of colostrums milk

| First Milk Practice | No. of Respondent | | | | | |
|----------------------------|--------------------------|------------|-------------------|------------|--------------|----------------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Yes | 65 | 50 | 45 | 34.62 | 110 | 84.62 |
| No | 6 | 4.62 | 14 | 10.76 | 20 | 15.38 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The Table No.8 shows that most (84.62%) of the respondents had fed the first breast milk to their new born babies whereas 15.38 percent of respondents did not practice colostrums feeding. It was found that majority of the respondents had good practice of colostrums feeding.

It was found that majority of the respondent had good practice of colostrums feeding and they had fed colostrums to their babies as soon as possible after delivery. few of the respondents are against the colostrums feeding in which most of them are illiterate. They did not fed the colostrums due the lack of knowledge and many other causes.

4.2.6 Breast feeding period

Breast milk alone is the best possible food and drink for a baby. No other food or drink is needed for about the first six months of life. Breast feeding should continue well into the second year of life and for longer if possible. In the breast milk, all types of necessary nutritive substances and antibodies are present which help to protect the children from child born diseases and reduce child mortality. To find out the present status of respondents practice, they were asked about the duration of breast feeding, the data mentioned in the Table No.9.

Table No.9

Brest Feeding Period of Respondents

| Breast feeding period | No. of Respondent |
|------------------------------|--------------------------|
|------------------------------|--------------------------|

| | Literate | | Illiterate | | Total | Percent |
|----------------------|----------|-------|------------|-------|-------|---------|
| | No | Per | No | Per | | |
| One year | 15 | 11.54 | 20 | 15.38 | 35 | 26.92 |
| Two years | 34 | 26.15 | 18 | 13.85 | 52 | 40.00 |
| Three and more years | 10 | 7.69 | 12 | 9.23 | 22 | 16.92 |
| Next pregnancy | 12 | 9.24 | 9 | 6.92 | 21 | 16.16 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

Table No.10 presents that 40.00 percent of respondents reported that they were feeding at present and will feed the breast milk during two years of their babies, 26.92 percent of respondents breast fed their babies for one year according to their past practice whereas 16.92 percent of respondents did breast feeding and will feed to the babies for three years. Remaining 16.16 percent of respondents will be fed their babies for up to next pregnancy.

It since that, those who fed breast milk to their child for longer duration were mostly from the housewives who had enough time to do so. And those who fed only a short period were found to be involved in different occupations. And some of them were also leaving such practice a little earlier due to their next pregnancy, this practice was found satisfactory as compared to other urban area.

4.2.7 Position of Breast Feeding

While doing any work, it is necessary to follow the appropriate method similarly, there are also some of breast feeding ate very important to noticeespecially during the first week in which both the baby is and the mother's health is in poor condition. The data collection for this area is giving below.

Table No.10

Distribution of the Respondent the position of Breast feeding

| Occupation | No. of Respondent |
|-------------------|--------------------------|
|-------------------|--------------------------|

| | Literate | | Illiterate | | Total | Percent |
|---------------------|----------|-------|------------|-------|-------|---------|
| | No | Per | No | Per | | |
| By Lying down | 5 | 3.85 | 9 | 6.92 | 14 | 10.77 |
| By putting aside | 11 | 8.46 | 15 | 11.54 | 26 | 20.00 |
| By putting on lap | 47 | 36.15 | 19 | 14.62 | 66 | 50.77 |
| By putting on chest | 8 | 6.16 | 16 | 12.30 | 24 | 18.46 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

This table shows that the majority (50.77%) of the total respondents said that they fed their child by putting on lap 10.77 fed by lying down, 20.00 percent said by turning aside and 18.46 percent reported by putting on chest the mothers highest proportion said that they feed their child by turning aside.

It was a serious case because the mother's health is seriously affected if practiced like this. The reason behind this was either the lack of knowledge or to obey their senior like mother in law the less percentage of women was practice by putting on chest. All mothers should be awarded in this matter. The researchers also found that most of them were fed their child by putting on lap. Literate mother fed their child by putting aside and illiterate mother fed their child by putting on chest the reason behind this was either the lack of knowledge literate mother were more award than illiterate mother.

4.2.8 Washing Practice of Hand before Breast Feeding

Washing hand before breast feeding play vital role to make child health if mother does not wash her hand before breast feeding child may suffer by disease. Ignoring of washing hand before breast feeding is sending invitation later to dangerous disease that's why; it is very essential to wash hand before breast feeding.

Table No.11

Hand Washing Practice of Respondents

| Hand washing practice | No. of Respondent | | | | | |
|-----------------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Yes | 66 | 50.77 | 50 | 38.46 | 116 | 89.23 |
| No | 5 | 3.85 | 9 | 6.92 | 14 | 10.77 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

Above the table depicts that the majority (89.23%) of the total respondents said yes and rest (10.77%) percent said no in the case of washing hand before breast feeding. The more of the literate mother said 'yes'. Then illiterate mother were more aware than illiterate mother for washing practice of hand before breast feeding. That means literate Education helped them to be conscious on hand washing. The research also found that most of them were serious on hand washing practice.

4.2.9 Case of Breast feeding

Poverty, malnutrition, a decline in breast feeding and inadequacy or lack of sanitation and of health facilities are all factors with higher in associated with higher in ward and child mortality. To find out the case of breast feeding, they were asked which is shown below.

Table No.12

Breast feeding knowledge and practice

| Practice of breast feeding | No. of Respondent | | | | | |
|------------------------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| While crying | 9 | 6.92 | 15 | 11.54 | 24 | 18.46 |
| Knowing the interval between | 33 | 25.38 | 28 | 21.54 | 61 | 46.92 |

| | | | | | | |
|--|----|-------|----|-------|-----|--------|
| feeds | | | | | | |
| By feeding the child where it needs it | 29 | 22.32 | 16 | 12.30 | 45 | 34.62 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

It shows that highest proportion (46.92%) of the total respondent said that they fed their baby by knowing the interval between feeds 18.46% feed their child while they cry and rest (34.62%) feed their child when it needs it most of the literate mother were fed their child by knowing the interval between feeds most of the illiterate mother feed their child while they cry. Compared between literate and illiterate more literate mother said that they feed their child by knowing the interval between feeds.

Due to lack of time and not consciousness about child they used to feed their child when they cry. These women who were counseled by health worker and literate used to feed their child by knowing the interval between feeds. Most of them said that they fed their child knowing the interval between feeds but the researcher found that they fed their child when child starts to cry.

4.2.10 Types of supplementary foods

A verity of additional food is necessary when child is about 4 months supplementary food should contain calories proteins, vitamins and minerals which meet the nutritional requirement for the well development of the child. Nepalese mother used Rice, Dal, Curry, Jaulo and Lito to fed age supplementary food for their child. Surbattom pithoko Lito is the best food to the child after the age of 4 months. The table presents the foods that are fed to the child in the study area.

Table No.13

Distribution of Supplementary For Babies

| Types of Food | No. of Respondent | | | |
|---------------|-------------------|------------|-------|---------|
| | Literate | Illiterate | Total | Percent |

| | No | Per | No | Per | | |
|-----------------------|----|-------|----|-------|-----|--------|
| SurbottamPithoko lito | 16 | 12.31 | 6 | 4.62 | 22 | 16.93 |
| Jaulo | 15 | 11.54 | 12 | 9.23 | 27 | 20.77 |
| Rice+Dal+Milk | 30 | 23.08 | 34 | 26.15 | 64 | 49.23 |
| Others | 10 | 7.69 | 7 | 5.38 | 17 | 13.07 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table shows that majority (49.23%) of the respondents used rice+Dal+Milk as the supplementary food to feed their babies. Least amount of the respondents (i.e.13.07%) used others, 20.77 percent of the respondents used Jaulo and the remaining 16.93 percent of them used surbottam pithoko lito, figure no.4 represents that the supplementary food practice of mothers according to their educational status.

Rice+Dal+Milk are used more commonly because of its easy availability. The respondents who feed such type of food, they take a little bit of rice and mix dal and milk into it and then feed it. The respondents who used sarbottam pithoko lito as supplementary food were 16.92 percent in which most of them were literate, is the better practice Jaulo is also good food to use as the supplementary food. Most of the respondents had not used sarbottam pithoko lito due to the lack of knowledge.

4.2.11 Immunization for child

Immunization is one of the most important components to protect children from tuberculosis, whooping cough, tetanus, Diphtheria, Poliomyelitis and measles. These types of child kipper diseases are prevented by immunization is a high priority government program due to its crucial roil in reducing infant mortality rate. Condition of immunization practices is presented Table No.15.

Table No.14

Distribution of the Respondent by their occupation

| Condition | No. of Respondent | | | | | |
|-----------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Yes | 68 | 52.31 | 55 | 42.30 | 123 | 94.61 |
| No | 3 | 2.31 | 4 | 3.08 | 7 | 5.39 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table reveals that majority (94.61%) of the respondents immunized their babies. Remaining 5.39 percent of respondents did not complete all components to their children because of ignorance in the comparison, it was found satisfactory and it might be possible due to mobile camp of immunization.

The state is launching the immunization programmed to eradicate the polio from the country and WHO helps to each country to eradicate polio from the world. In this context, every part of the country, all children must be immunized and mother should be encouraged providing with health knowledge.

4.2.12 Types of Immunization

Immunization means the energy for resisting diseases. There are various kind of immunity process. In order to assess the practice of immunization a question was asked to response which is given below.

Table No.15

Distribution of the Respondent by types of Immunization

| Types of Immunization | No. of Respondent |
|-----------------------|-------------------|
|-----------------------|-------------------|

| | Literate | | Illiterate | | Total | Percent |
|-------------|----------|-------|------------|-------|-------|---------|
| | No | Per | No | Per | | |
| B.C.G | 10 | 7.69 | 15 | 11.54 | 25 | 19.23 |
| D.P.T | 8 | 6.16 | 18 | 13.85 | 26 | 20.01 |
| Polio | 12 | 9.24 | 12 | 9.23 | 24 | 18.47 |
| Measles | 7 | 5.38 | 10 | 7.69 | 17 | 13.07 |
| All of them | 34 | 26.15 | 4 | 3.07 | 38 | 29.22 |
| Total | 71 | 54.62 | 59 | 45.38 | 130 | 100.00 |

Above the table shows that the majority (29.22%) of the total women had immunized their child by all of them, 29.23 percent by B.C.G., 19.23 percent by D.P.T., 18.47 percent by Polio and rest 13.07 percent by measles. Majority of the literate mothers had immunized their children than illiterate mothers. They were suggested by health worker for immunization. This practice was found satisfactory.

It can be concluded that measles is the most common immunization for child immunization. Most of the respondents gave measles to their babies who had knowledge about measles.

4.2.13 Place for child treatment

The apse of the symbol represents care and treatment of sick children. This is the mothers "felt need" studies have shown that 10 to 90 percent of the care of sick children can be handled by trained nurses. It is also the basic philosophy of the under five cline to give nurses effective training and responsibility for handling the child health care reserves. It nurses are properly trained. They may be more effective than interns and safer than the village quack (Park, 2003).

Table No.16

Distribution of the place for child treatment

| Place of treatment | No. of Respondent |
|--------------------|-------------------|
|--------------------|-------------------|

| | Literate | | Illiterate | | Total | Percent |
|-------------|----------|-------|------------|-------|-------|---------|
| | No | Per | No | Per | | |
| Hospital | 15 | 11.54 | 10 | 7.69 | 25 | 19.23 |
| Health post | 38 | 29.23 | 15 | 11.54 | 53 | 40.77 |
| Baidhya | 5 | 3.85 | 20 | 15.38 | 25 | 19.23 |
| Dhami | 13 | 10 | 14 | 10.77 | 27 | 20.77 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table reveals that the majority (40.77%) of the total respondents was took their child in health post for treatment, 19.23 percent reported on hospital, similarly, 19.23 percent said that they brought their child at Baidhya and rest 20.77 percent reported on Dhami while comparing between literate and illiterate mothers more illiterate mother were used to visit Baidhya and Dhami than the literate mother for treatment of child. Still there is some scope of Dhami.

The respondents in the study area have good child treatment practice which deals to save the mainly the new born baby from different kinds of disease. The respondents who did not check up their babies they don't know about the danger of disease. Some of the illiterate respondents did not check up their babies due to the lack of knowledge.

4.2.14 Use of Drinking Water for Children

There are being no state of positive health and well-being without safe water. Much of the ill-health which affects humanity especially in the developing countries can be traced to lack of safe and who lissome water supply. The types of drinking water for children are shown below.

Table No.17

Use of Drinking Water for Children

| Type of water | No. of Respondent | | | |
|---------------|-------------------|------------|-------|---------|
| | Literate | Illiterate | Total | Percent |

| | No | Per | No | Per | | |
|--------|-----------|------------|-----------|------------|-----|--------|
| Boiled | 11 | 8.46 | 14 | 10.77 | 25 | 19.23 |
| Filter | 20 | 15.39 | 15 | 11.54 | 35 | 26.93 |
| Direct | 40 | 30.77 | 30 | 23.07 | 70 | 53.84 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

This table shows that the majority (53.84%) of the total respondents were used direct water for child and only 19.23 percent were used boiled water. More illiterate mothers were used direct water than literate.

Due to economic condition and lack of awareness about drinking water most of them were used direct water for child. They said that their direct water had not any contamination. But it was not good for child health due to drinking water they might be suffered by different kinds of water born disease.

4.2.15 Child's ear cleaning situation

It is necessary to have been clean baby to have sound health child's ear is one of the sensitive organ. While studying would child this ear cleaning condition is found in different ways. Such ways are describe in Table No.19.

Table No.18

Child Ear Cleaning Situation

| Source | No. of Respondent | | | | | |
|----------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Clothe | 36 | 27.69 | 35 | 26.92 | 71 | 54.61 |
| Ear Bud | 12 | 9.24 | 10 | 7.69 | 22 | 16.93 |
| Kankarno | 23 | 17.69 | 14 | 10.77 | 37 | 28.46 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

This table shows that, the majority (54.61%) of the respondents used cloth for child ear cleaning, 16.93% used ear bud and 28.46 percent used Kankarno. Among the literate and illiterate mothers only literate used ear bud for child's ear cleaning. Most of the literate mothers used clothes most of the literate mother's said that they used kankarno for child's ear cleaning, which is very bad habit.

According to this table we can say that they were not conscious for child's ear cleaning materials kankarno especially design as a spoon shaped never is used for cleaning their ears because the inside parts of the ear are soft and slippery.

4.2.16 Types of water while bathing the children

It is more important to observe the water while bathing the children. Because observation should be based on ill's cleanliness and its temperature. The types of water for are presented below.

Table No.19

Types of water while bathing the children

| Type of water | No. of Respondent | | | | | |
|----------------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Hot water | 28 | 21.54 | 15 | 11.54 | 43 | 33.08 |
| Cold water | 32 | 24.62 | 30 | 23.07 | 62 | 47.69 |
| Chemical added water | 11 | 8.46 | 14 | 10.77 | 25 | 19.23 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table shows that 33.08 percent of respondents took only hot water while bathing the child whereas 19.23 percent of respondent used chemical added water, likewise, 47.69 percent of respondent use cold water while bathing the children.

It was found that only the few mothers used hot water the responded said that hot water is not good but according to weather we used hot water they have knowledge about bathing water. 19.23 percent mother said they use chemical added water they have lack of knowledge about water. The researcher found that hot and cold water is necessary to bathing children.

4.2.17 Weaning practice

Four to six months from birth is an appropriate age to introduce other foods along with breast milk to a baby supplementary food started before 4 months increases the risk of diarrhea and other illness and after 6 months increases the risk of diarrhea and other illness and after 6 months causes malnutrition weaning practice age with educational levels of respondent

Table No.20

Weaning practice

| Source | No. of Respondent | | | | | |
|-----------------|-------------------|-------|------------|-------|-------|---------|
| | Literate | | Illiterate | | Total | Percent |
| | No | Per | No | Per | | |
| Before 4 months | 8 | 6.15 | 11 | 8.46 | 19 | 14.61 |
| 4-6 months | 44 | 33.85 | 24 | 18.46 | 68 | 52.31 |
| After 9 months | 14 | 10.77 | 21 | 16.15 | 35 | 26.92 |
| After 6 months | 5 | 3.85 | 3 | 2.31 | 8 | 6.16 |
| Total | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table presents that majority (52.31%) of literate respondents started weaning food to their children in between the age 4-6 months, 6.16 percent of literate respondents started after 6 months and 14.61 percent of them started before the age of 4 months. Remaining 26.92 percent started weaning food to their babies after 9 months weaning food to their babies after 9 months weaning food started before 4 months and after six months, most of them having primary education. It can be concluded that higher education mother have knowledge of appropriate age for weaning food to their babies then the low educated mothers.

4.2.18 Supplementary food Practice

Supplementary food should contain calories, protein, minerals and vitamins for the well development of the babies. Main supplementary foods for the children after the age of 4 months. This study tried to find out the types of supplementary food practices of literate mothers in the study areas and the available information is presented in the

Table No.21**Types of Supplementary Food Practices by Educational Levels of Respondents**

| Supplementary Food | No. of Respondent | | | | | | | |
|-----------------------|-------------------|-------|----------|-------|------------|-------|-------|---------|
| | Primary | | Literate | | Illiterate | | Total | Percent |
| | No. | Per | No | Per | No | Per | | |
| SurbottamPithoko lito | 4 | 26.66 | 5 | 33.33 | 6 | 40.00 | 15 | 21.12 |
| Jaulo | 6 | 37.50 | 7 | 43.75 | 3 | 18.75 | 16 | 25.53 |
| Rice+Dal+Milk | 24 | 88.88 | 3 | 11.11 | - | - | 27 | 38.02 |
| Cerelac | 4 | 30.76 | 5 | 38.46 | 4 | 30.76 | 13 | 18.30 |
| Total | 38 | 53.52 | 71 | 54.61 | 59 | 45.38 | 130 | 100.00 |

The above table reflects that 44.26 percent of literate respondent used rice+Dal+Milk as the supplementary food to feed their children, in which majority (26) of respondents having primary level education like Likewise, 19.67 percent of respondents used Sarbottam Pithoko lito to feed the children in which of respondents used Sarbottam Pithoko lito to feed the children which most of them having secondary above education similarly, 14.76 percent of literate respondents used readymade food i.e.cerelac.It was found that good supplementary practices also determined by the educational level of the women.

CHAPTER- FIVE

SUMMARY AND FINDING

5.1 Summary

Chile health care behavior is very important supported composed of primary health care most of the countries in the world have emphasized child health care. In this period governmental and non-governmental organization have started many child care centered health programs to improve the child health status. Programmed such as immunization, breastfeeding and personal hygiene will save the child health.

The study entitled "Child health care behavior of women in Municipality of Kanchanpur District" was carried out to find out educational status of women, to compare child health care between literate and illiterate women and to identify association between child care behavior and educational status of women out of 157 household 130 were sampled by simple random sampling method.

It was the quantitative research based on descriptive research design. The data was collected by using interview schedule and observation sheet. The collected data was coding, edition and processing manually. The finding of the study is presented with the help of simple statistical measurement like number and percent.

5.2 Finding

This study is based on mainly primary data. Interview schedule was used to draw required data after analyzing and interpreting the data, the following findings were obtained.

1. The majority of respondents belonged to the age group of 20-24 years and least of them belonged to the age group of 35.39.
2. Majority of the respondents 54.61% were literate and 45.38 percent of them were illiterate. Among literate respondents, only 7.69 percent of them passed higher level of education 16.15 percent of them passed secondary level of education and remaining 30.76 percent passed only primary level education.

3. Most of the respondents i.e. 70.76 percent are found to be engaged in agriculture work and few of them involved in government and private services.
4. About 81.53% of total respondents were delivered at homes whereas only 13.84 percent of respondents were delivered at hospitals/clinic in which only few of the literate respondents were awarded for using health facilities.
5. The study is found that most of the literate respondents took assistance by health person at delivery period 17.69 percent by TBAS and 53.07 percent by family member whereas among the illiterate women 18.75 percent were assistance by health person, 43.47 percent by TBAS and 57.97 percent by family members.
6. The complication of the literate women were bleeding 30 percent fever 58.33 anemia 55.88 none 56 percent similarly, among the illiterate women bleeding 70 percent fever 44.6% anemia (44.11%) and none (38.30%).
7. Majority 83.07% of the respondents has used clean sterilized instrument to cut the umbilical cord of the newly born babies. The remaining 16.92 percent of respondents cut the cord with unsterilized instrument. Educated mother are known about tetanus and its relation to unhygienic cord cutting practice.
8. Most of the respondents 84.61 were found to feed their infants with colostrums immediately after the baby born. About 15.38 percent of them did not feed to their babies. The respondents who had not fed most of them were illiterate.
9. Among the total respondents 40% of them breast fed their children for two years, in which majority of the respondents were literate whereas 26.79 percent of respondents breast fed for one year and only 16.92 percent of them breast fed three and more years. The remaining 16.15 percent of the respondents breast feed to their children till next pregnancy.
10. Among the total respondents 10.76 percent used to feed their child by lying down 20% by putting aside 50.67 percent by putting lap and rest 18.46 percent said by putting on chest the respondents who had not taken.

11. The cases of breast feeding among literate women were while crying 18.46 knowing the interval between feeds 46.92 percent by feeding the child where it need 34.61 percent similarly among the illiterate women, the case of breast feeding while crying 62.50 percent knew the interval between feeds 45.90 percent by feeding the child where it need 35.55%
12. Few of the respondents i.e. 16.92 percent used "Sarbottom pitho ko lito" to feed as the supplementary foods to their babies where as 49.23 percent of respondents used rice-dal+milk to feed to their babies supplementary food practice to their babies of the literate and illiterate respondents is not significantly different.
13. 94.61% of respondents immunized their children only few of them i.e. 5.38 did not immunize their children because of their negligence. It shows that immunization practices are quite satisfactory.
14. The type of immunization among the literate women were B.C.G (40%) polio 50% measles 59% all of them (89.47%) likewise among the illiterate women were B.C.G (60%) D.P.T (69.23%), Polio (50%), measles 58% and all of them (10.53%).
15. Out of literate women, 60% used to move to hospital for child treatment, health post (71.69%), Baidhya 20% and Dhama 48.14 whereas among the illiterate women hospital 40%, Health post 28.30% Baidhya 80% Dhama 51 percent.
16. Among the literate women 50.70% used cloth for child ear cleaning, 62.16 percent used kankarno and only 54.54% used ear bud. Likewise among the illiterate women cloth 49.29 kankarno 37.83% and ear bud 45.45%.
17. For baby bath most of the literate women (88.37%) were used hot water and 51 percent used cold. Among the illiterate women, 34.88 percent used hot water and 48.38 percent used cold water.
18. In the case of drinking water, among the literate women 57.14 percent used direct water and 44 percent used boiled water. Likewise, among the illiterate women, 42.85 percent used direct water and 56 percent used boiled water.

5.3 Conclusion

Child health care problem is one of the burning problems in our country. Poverty, lack of proper education and poor health practices of women were the major causes of child mortality and morbidity. However, whooping cough, diphtheria, tetanus and other communicable diseases are the major causes of infant and child mortality and morbidity.

From this study, it is concluded that the literacy rate was higher than illiteracy compared between women, more illiterate women were engaged in agriculture. Most of mothers were delivered at home with the assistance of mainly members/relatives. Highest proportion of the women was not suffered by any problem whereas; some percent were suffered by bleeding and anemia. Majority of the literate women were used blade for cord cutting than illiterate. More illiterate women fed their child by putting on lap than literate. Most of them were immunized their child. More literate women used to go health post for treatment of child. Health workers counseled them to take decision on child's health care. For drinking water, most of them used direct water. Lack of education, services and economic condition were being some factor for child care behavior. Compared between literate and illiterate mother literate were more serious for child care behavior. In same literate women also being conscious than illiterate women. To promote use of child care behavior the availability and accessibility of child care services should be increased. Child care behavior change can be the best way to make people aware about the child care behavior and its importance.

5.4 Recommendation for Improvement

1. For the improvement on child care, following should be raised by implementing income generation program. The program should counterpart with their own skills and ability.
2. Develop the public awareness programs on child care behavior by which they obtain proper counseling.
3. Strengthen the health post and sub-health post in terms of availability and distribution of child care services.

4. Establish the coordination between GOs/NGOs and CBOs to plan, program and implement it related to child care. Behavior as their effort to the root level of community.

5.5 Recommendation for Further Research

This study is conducted in Municipality of district for the academic purpose. Hence it does not cover board area. Therefore, it is recommended to develop and have research or study for the further research work:

1. This study is limited to the educational status of the women and their MCH care practices and further researcher could be done with relating to other socio-economic variables like economic variables like economic status, occupation, ethnic composition etc.
2. The coming researcher can do extensive study on the same topic by covering large sample size and area.
3. The coming researcher can do research on relationship between demographic and cultural practice and child care behavior.
4. The coming researcher can do research on governments efforts on delivering maternal and child health care services.

1.6 Definition of Terms Used

Breast Feeding: - It means that infant fed with milk from breast or sucking of an infant by its mothers.

Colostrums: - The thin, yellow milky fluid secreted by the mammary gland a few days before or after parturition.

Currently Married Women: - Currently married comprises all those in consensual unions or married, including those who are not currently living but no divorced/widowed.

Child Care Behavior: - Child Care Behavior is the behavior mainly related to Immunization, Breastfeeding and personal hygiene of children.

Behavior: - Behavior is anything that a living creature does may psychologist use the term only for the total activity of a whole animal or person. But they often study only one part of creates total behavior such as hearing, speech or memory.

Educational Status: - It encompasses the person who is literate or illiterate. If literate in which level: primary, lower secondary, secondary or higher education attained by him/her in his/her life.

Exclusive Breastfeeding: - The infant has received only breast milk from his/her mother or a wet nurse, or expressed milk and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines.

Household: - Household refers to group who normally live together and share a common kitchen.

Health Service: - It is personal and community services for treatment of diseases, prevention and illness and promotion of health.

Immunization: - It is the process of rendering a person immune to certain disease by injecting him with a serum or vaccine.

Literacy: - Literacy is defined as the ability to read and write in any language with understanding and ability to do simple arithmetic. Literacy pertains to persons at ages 6 years and above.

Level of Education: - Level of Education refers to the highest grade or year completed in school, college or university.

Low birth weight baby: An infant refers to the personal status of each individual in reference to the marriage laws or socio religious customs of the country. All persons except the single are ever married persons. Information no marital status is to be gathered from all persons at ages 10 years and above.

Maternal care: - The care took from pregnancy till postnatal period to uplift the health status of mothers.

Postnatal care: - Care of the mothers and the new born baby after delivery.

Place of birth: - This refers to the mother's usual place of residence at the person's birth.

Respondents: - The women who were on the stage of lactating mother or who had the youngest child below the age of five years and included in this field study.

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

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3. Who assisted with the delivery?
 - (a) Health personnel
 - (b) Traditional birth attendant
 - (c) Neighbors
 - (d) Others
4. How long delivery was bath for the first time on your baby?
 - (a) One hour later
 - (b) Two days later
 - (c) One weeks
 - (d) I don't know
5. After was born, did any health care provider or a traditional birth attendant check on your baby?
 - (a) Yes
 - (b) No
6. At the delivery of child who cut and tied the cord?
 - (a) Health personnel
 - (b) Family member
 - (c) Female butcher
 - (d) Other
7. What instrument did you use for cut the umbilical cord?
 - (a) Razor
 - (b) Knife
 - (c) Sharp thing
 - (d) Other
8. Are you agreed to give colostrums to then new born baby?
 - (a) Yes
 - (b) No
9. If yes, why is it necessary to give?
 - (a) To protect the child from child born diseases.
 - (b) To promote immunity power to against the diseases.
 - (c) To fulfill the appetite on the baby.
 - (d) Don't know
10. After what time should a mother feed her milk to the newly born child?
 - (a) Immediately after birth
 - (b) After six hours
 - (c) After twelve hours
 - (d) After twenty four hours

11. How many times did you feed breast for your baby in a day?
(a) One (b) Two (c) Three (d) Four
12. When did you stop breastfeeding?
(a) After one year (b) After two year
(c) After three year (d) More than three years
13. Why did you stop breast feeding so early?
(a) Due to mother's next pregnancy (b) Due to mother's bad health
(c) Due to the insufficient milk (D) Due to the lack of time
14. For the insufficient milk what alternative did you use?
(a) Cow's milk (b) Goat's milk (c) Buffalo's milk (D) Other
15. How did you breast feed your child?
(a) By laying down (b) By turning side
(c) By putting on lap (d) By putting on chest
16. Did you wash your breast before feeding?
(a) Yes (b) No
17. Did you feed both breasts at each feed?
(a) Yes (b) No
18. At what case did you feed breast to your child?
(a) While crying (b) Knowing the intervals between feeds
(c) By close observation of child (d) By feeding the child when it needs it.
19. When do you start supplementary food to your child?
(a) Earlier than 4 months (b) After 6 months
(c) Between 4-6 months (d) After 9 months
20. What type of supplementary food to your child?

- (a) Lito (SarbotamPithoko lito) (b) Jaulo
(c) Rice+Dal+Milk (d) Other

21. Did ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations receive in a national immunization campaign?

- (a) Yes (b) No

22. If no, give reasons.

- (a) Lack of time (b) Lack of knowledge
(c) Lack of Health facilities (d) Lack of traditional faith

23. If yes, what type of immunization do you give to your child?

- (a) DPT 1, 2, 3 (b) Piolo (c) B.C.G (d) Measles

24. Did your baby suffered from any diseases just after the birth?

- (a) Yes (b) No

If yes, then what was that diseases?

- (a) Jaundice (b) Pneumonia (c) Diarrhea (d) Others

25. What are the most prevalent disease from which you child has suffered?

- (a) Typhoid (b) Worms (c) Diarrhea (D) ARI

26. Which treatment do you prefer during Diarrhea?

- (a) Sugar salt solution (b) JeevanJal
(c) Water only (d) Dhami/Lama

27. Where do you go first the treatment if your child gets sick?

- (a) Hospital (b) Clinic/Health Post (c) Baidhya (d) Dhami/Lama

OBSERVATION SHEET

District Village Ward no.

Respondent (mother) Name:

Types of family: Joint..... Nuclear.....

Religions.....Caste.....Occupation.....

Qualification.....

1. What is the condition of breast feeding to the children by her mother?
(a) Keeping in Lap (b) Sleeping herself
2. How the mother does feed her children either by one side or both?
(a) Only one side (b) Both side
3. When does mother feed her children?
(a) After crying the baby (b) In leisure time
(c) After fix time (d) In babies sleeping time
4. How long does she feed her child in one time?
(a) Five minute (b) 10 minute (c) Until the child needs
5. Does she clean her hand or not before feeding to the child?
(a) Does (b) Doesn't
6. What of water does she use, if she used to wash?
(a) With soap (b) With ash (c) Water only
7. What is the condition of child's cleanliness?
(a) Neat tidy (b) Ordinary (c) Dirty
8. What kind of cloths is the child wearing?
(a) Appropriate according to the weather
(b) Inappropriate

