

Maternal and child health care practice of Tamang community

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Abstract

Health is the most important factor of human life. It is a multidimensional process and a quality of life which entails a dynamic interact among the physical, mental, social, emotional and spiritual aspects of life. Good health improves the quality of life. The major health problems of Nepal are highly related to maternal and child health care practices. So, MCH care is the very important component of primary health care in Nepal. Most of the women of Nepal are illiterate and ignorant regarding the high maternal and child mortality rate in Nepal. This research was based on descriptive research design with both quantitative and qualitative nature of information. The major results from the findings of this study reveals that 29.5 percent respondents had not antenatal checked up and 70.4 percent respondents had antenatal checked up. The majority of the respondent (34.1 percent) women had antenatal checked up of three times during pregnancy period, whereas 38 percent of the pregnant women had checked up for four times, few (6.9 percent) of the pregnant women had five times antenatal checked up during pregnancy period. It was found that majority of the respondents (63.6 percent) had antenatal checked in health post and most of the respondent's (64.8 percent) first child bearing age was found to be 15-19 years of age and least of the (4.5 percent) respondent's first child bearing age was found 25-29 years of age. Similarly, 47.7 percent of respondent mothers had taken one dose of TT injection and 31.9 percent of respondent mothers had taken non dose of TT injection.

Keywords: Maternal, child health, child health care, child health practice of Tamang community

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Introduction

Maternal and child health (MCH) care is the health service provided to mothers (women in their child bearing age) and children. MCH service as well as safe motherhood education is necessary for health of pregnant women, safe delivery and child's health. Safe motherhood education gains knowledge of women who has been 15-49 years of age. This age group knows about the age of mother for giving birth, care of own baby, food to eat in pregnant period, required exercises in pregnant period. Children and women of Nepal, 1991 reports that Nepal has one of the higher maternal mortality rates in the world (515 per 100,000 live birth) and is one of the three countries in the world where males have a higher life expectancy than females, 55.2 years and 53.7 years respective high infant and maternal mortality rates are directly related to poor maternal health and inadequate safe motherhood practices (CBS, 2001).

For every woman who dies, 30 to 50 women suffer injury, infection, or disease. Pregnancy related complications are among the leading causes of death and disability for woman age 15-49 in developing countries (USAID, 2011). In Nepal, 36 percent of delivery take place by skilled birth attendants and rest of them (64 percent) attended by traditional birth attendants according to NDHS, 2011 in Nepal. Similarly, 41 percent of delivery takes place at home and 57 percent delivered in a health facility according to DHS, 2016.

According to statistics, a large number of women die from subsequent bleeding or 'Post-partum hemorrhage' amounting to about 46 percent of maternal deaths. Looking at the trend of MMR from various sources, it is generally agreed that the MMR has declined in Nepal, however, there is skepticism about the level of the MMR, particularly factors contributing to the drastic decline in the MMR from 539 (NFHS, 1996) to 281 (NDHS, 2006) and 1500 in 1990 (UN) to 170 in 2010 (UN). Furthermore, the MMR of Nepal is declined to 239 (DHS, 2016) and IMR is declined to 23 per 1000 (PRB, 2022).

Statement of the Problem

The Nepalese society is very conservative on maternal and child health care practices. Therefore, in Nepal, women's health has so far been a neglected issue which is directly related to the health status of the child. Various types of private, governmental and volunteer health agencies have started to launch the programmers for improving the health status of mothers and children. But satisfactory results have not been achieved yet. Therefore, the main reason for insufficient MCH care practice in Nepal is due to minimal level of education or low economic status and lack of adequate knowledge about health care practices. Teenage pregnancy, excessive child bearing tradition and other socio-cultural factors contribute to increase population growth as well as fertility rate which decreases the health status of mothers and children.

Illiteracy and level of awareness are inflecting factors on maternal and child health care practices. Low economic status and lack of adequate knowledge about health care practices. Though maternal and child health care services like hospital. MCH clinics and private clinics are available in this VDC. MCH care practices are not satisfactory there in the study area. Thus, maternal and child health status has not been improved and most of the women still do not utilize health services properly. Health awareness programs are not so easily available in this area though this area is near from Kathmandu Valley. Therefore, this study was conducted to find out the maternal and child health care practice of Tamang community.

Literature Review

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 infancy and early childhood are important to reduce. Malnutrition rates as infection and malnutrition often make vicious cycle; exclusive breast feeding first 4 months of life is very important (World Bank, 2004).

Nepal population report (2012) reported that Antenatal service improve the health of mothers and newborn through the following activities, providing information education and communicating (ICE) and behavior change communication (BCC) for danger signs are during pregnancy, delivery and postnatal and immediate new born care for mother and new born and timely referral to appropriate health facility.

The state of maternal health in Nepal (NDHS, 2016) found that 84% of pregnant women had at least one antenatal care (ANC) contact with a skilled provider defined as either a doctor, nurse or midwife/auxiliary nurse midwife which was a 25% increase from 2011. The percentage of women who had four or more ANC visits increased steadily from 50% in 2011 to 69% in 2016. Similarly, the percentage of women who received a postnatal care (PNC) assessment within two days following delivery rose from 45% in 2011 to 57% in 2016. 81% of women who delivered in a health facility and 13% of women who delivered elsewhere received PNC within two days of delivery. However, there were significant socioeconomic disparities in PNC utilization: 81% of women in the highest wealth quintile had an early PNC visit compared to only 37% among women in the lowest wealth quintile. Between 2011 and 2016, there was a 22% increase in both the proportion of institutional deliveries (from 35% to 57%) and births assisted by Skilled Birth Attendants (SBAs) (from 36% to 58%). Doctors assisted 31% of total deliveries, and nurses and midwives/auxiliary nurse midwives assisted 27%. While the percentage of deliveries attended by traditional birth attendants decreased from 11% in 2011 to 5% in 2016, the home birth rate remained high at 41%. (Banstola, 2017)

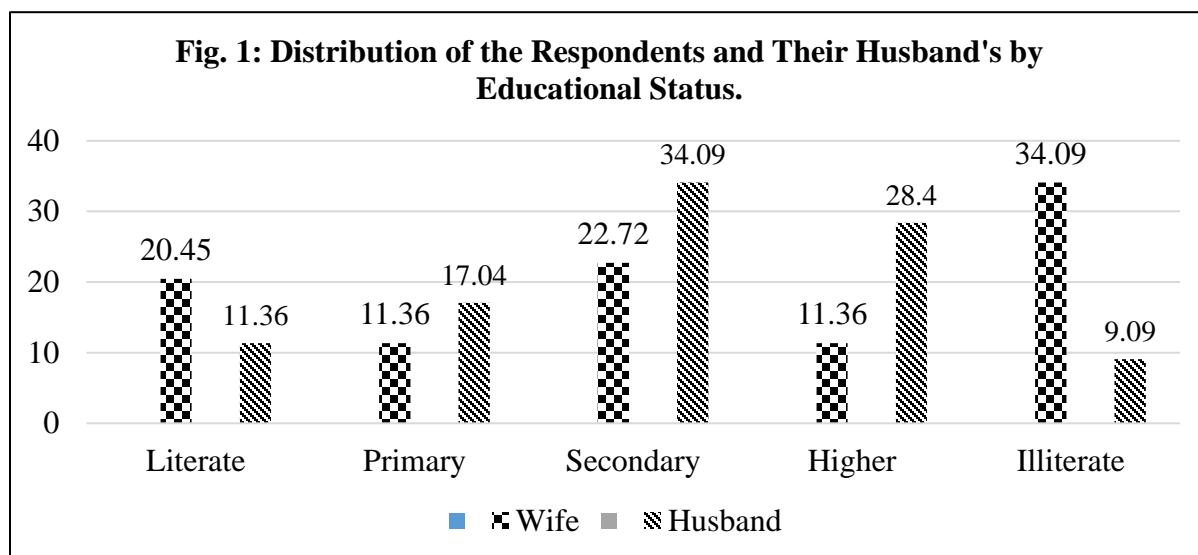
Methodology

This study was based on descriptive research design and specially used of quantitative method for data collection. This research was based on primary as well as secondary data in which primary data was collected through the respondents from 88 married women of aged between 15-49 years of the study area who have at least under five years children. Data was collected through the census method from all the 88 households of Tamang community. All together 88 mothers at the aged between 15-49 at least having one child aged under five in their family are the population of this study. For the purpose of data collection, an interview schedule has been used in this research. The obtained data was tabulated and analyzed by using different diagrams and charts.

Results

Educational Status of the Respondents and Their Husbands'

Education prepare required manpower for the development and change the community as well as the society. Educational condition of a society reflects the levels of people's awareness agent to reduce fertility in Nepal. Educated women assume greater role in family decision, receive better treatment affairs. Education is the main factor which changes the behavior of women in every aspect of life such as economic, political, family and social.

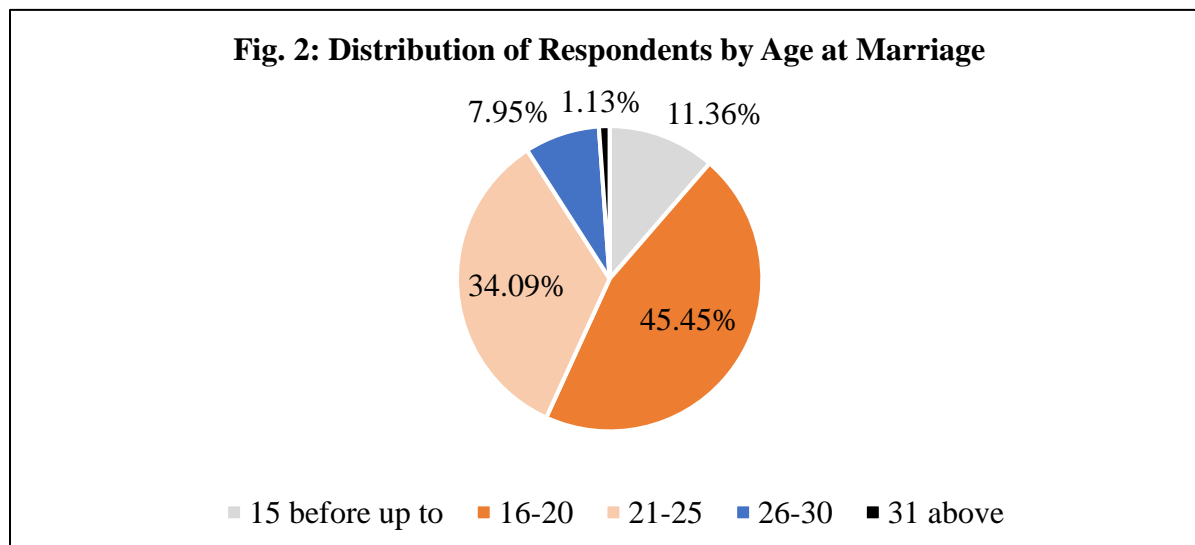


The figure no.1 indicates that the educational status of the study population is medium. Where 20.45 percent of the respondents and 11.36 percent respondents' husband are still only literate. The illiterate percentage of respondents and respondent's husband are 34.09 and 9.09 percent respectively. There are 11.36 percent of respondents and 17.04 percent of respondent's husband having primary level of education. Similarly 11.36 percent respondents and 28.40 percent respondent's husband are getting higher level of education.

Age at Marriage

Early marriage is mostly prevailing in Nepal. Due to religious and cultural practices, early marriage system of the society indirectly impacts the health of mothers and their child. Marriage is the legal union of man and women in order to live together and often to have children.

In this study, the age at marriage of respondents are classified in different five groups. It is as upto 15 years, 16-20 years, 21-25 years, 26-30 years, and 31 years above. The above table shows that age at marriage of the mother from highest percent to lowest were found to be of 45.45 percent (16-20), 34.09 percent (21-25), 11.36 percent (upto 15 years), 7.95 percent (26-30) and 1.13 percent (above 31 years) respectively which are showing below on figure.



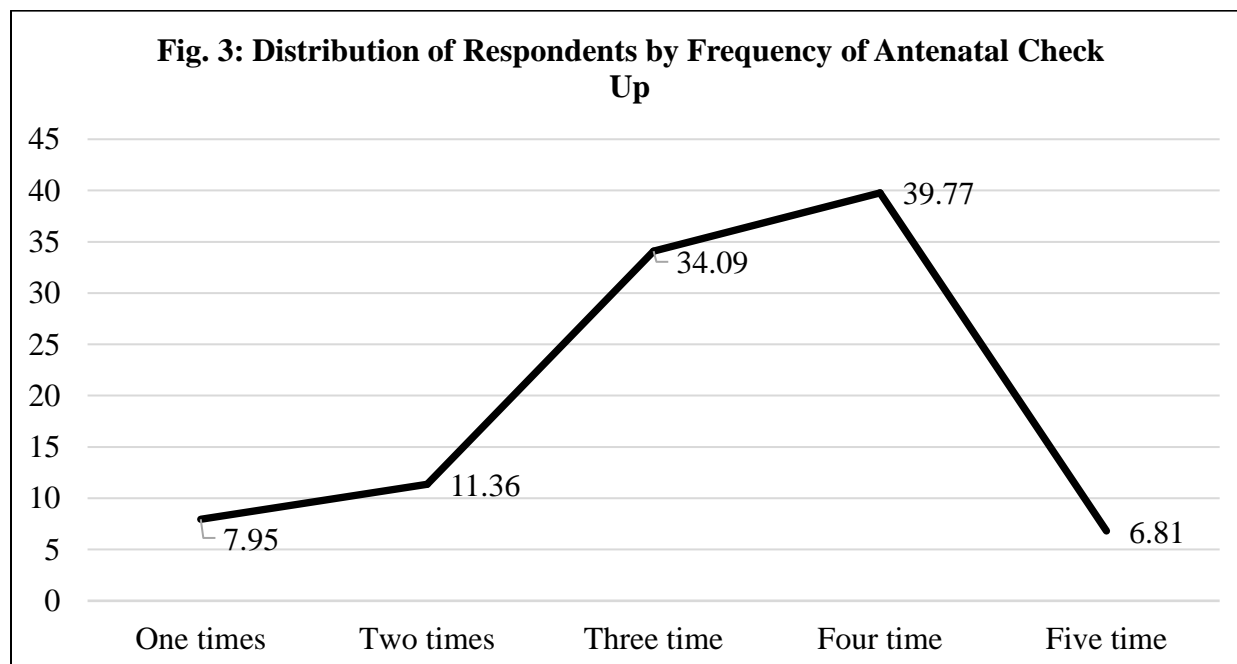
It is concluded that early marriage is common in Tamang community of the study area due to family environment, lack of higher education, awareness, etc. So it helps to increase high maternal and child health care related complication.

Antenatal Care Practices

Antenatal care is the care of women before the baby is born. Antenatal care, can help to reduce the death of mothers and infant. The primary aim of ANC is to a chive the health baby and healthy mothers. In this section, five different subareas are mentioned, which are antenatal visit, additional nutritious food, rest and exercise, work. Load and assistance of mother in her sick time, ANC check-up first thirist at fourth month, second at sixth month, thirist at seventh month and fourth at ninth month during pregnancy.

Frequency of Antenatal Check up

The study shows that more than 70.45 percent of mothers are found to be aware about TT vaccine and antenatal check up. It is concluded that knowledge and practice of antenatal carefully dependents on status of maternal education Antenatal check up during pregnancy period was not satisfactory in the study area because of lack of awareness, lack of knowledge, lack of information, education and communication, lack of time and low economic condition.



The figure no. 3 shows that 7.95 percent mother had one time antenatal check up during pregnancy followed by 11.36 percent of two times, 34.09 percent of three times, 39.77 percent four times and 6.81 percent five times check up during pregnancy. It is found that majority of the mother are aware about normal antenatal check-up i.e., during 4 times pregnancy, because of their home work and lack of awareness they are unable to go to the health institution for their health check up.

Table No. 1: Distribution of Respondents by place of Antenatal Check up during Last Pregnancy

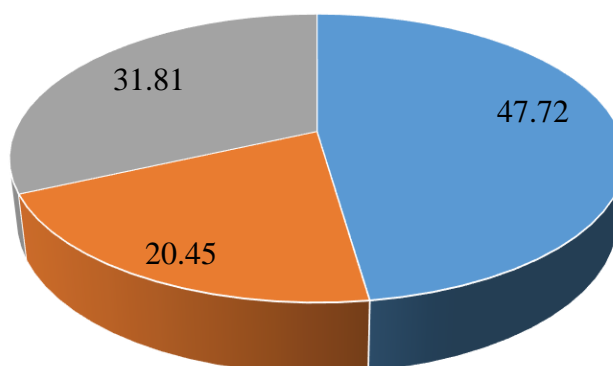
| Institution | Number | Percent |
|--------------|-----------|---------------|
| Health post | 56 | 63.63 |
| Hospital | 25 | 28.40 |
| Clinic | 5 | 5.68 |
| Other | 2 | 2.27 |
| Total | 88 | 100.00 |

The table no. 1 indicates that 63.63 percent respondents went to health post for antenatal check up during last pregnancy, 28.40 respondents went to hospital, 5.68 percent respondent went to clinic and 2.27percent respondent went to other place. Although they are from Tamang community, they are found to be aware about Antenatal care during pregnancy period. It may be due to important level of education of this community.

Practice of TT injection

Tetanus spores infects women and children through unsafe or unclear deaths (14 percent of neonatal deaths in the world). Pregnant women should receive at least two doses of tetanus toxic. Which provide two or three years of protection the first dose is given at the first antenatal visit. The second dose is given in pregnancy not less than 6 weeks after the first does and third does is given as the phase of pregnancy. The collected data presented in the following figure.

Fig. 4: Distribution of Respondents According to Practice of TT injection



The above figure shows that 47.72 percent of the respondents received TT one dose. Similarly, 120.45 percent of the respondents received TT injection two doses. But 31.81 percent of the respondents didn't receive TT injection. It can be concluded from the above information that majority of mother had not taken full doses of TT injection during pregnancy.

Iron Tablets during Pregnancy Period

Micronutrients i.e. folic acid deficiency is an important cause of nutritional anemia among pregnant women. Folic acid deficiency is known to control for abortion and fetal abnormalities. Iron deficiency and anemia has remained a public health problem in Nepal to combat this problem. The government has embarked a program to provide 60 mg, of iron per day to pregnant women from the beginning up their second trimester of pregnancy through 42 days postpartum for all pregnant women visiting health posts. The table no. 2 shows the practice of taking iron tablets during pregnancy.

Table No. 2: Distribution of Respondents by Using Iron Tablet during Pregnancy Period

| Months | No. of Respondents | Percent |
|------------------|---------------------------|----------------|
| 1-3 | 20 | 29.72 |
| 4-6 | 16 | 18.18 |
| Above 7 | 14 | 15.90 |
| Never use | 38 | 43.20 |
| Total | 88 | 100.00 |

Table 2 reveals that about 57 Percent respondents had received iron tablets during pregnancy period. Only 43 percent of the respondents told that they did not receive iron tablets because of the lack of knowledge related with iron tablet and poverty. The above data also indicated that 22.72 percent respondents and 18.18 percent respondents received iron tablets 1-3 months and 4-6 months respectively. It provided that the majority of respondents receive iron tablets during pregnancy period. There are also non-user respondents, so there is need of nutrition, education and awareness programs.

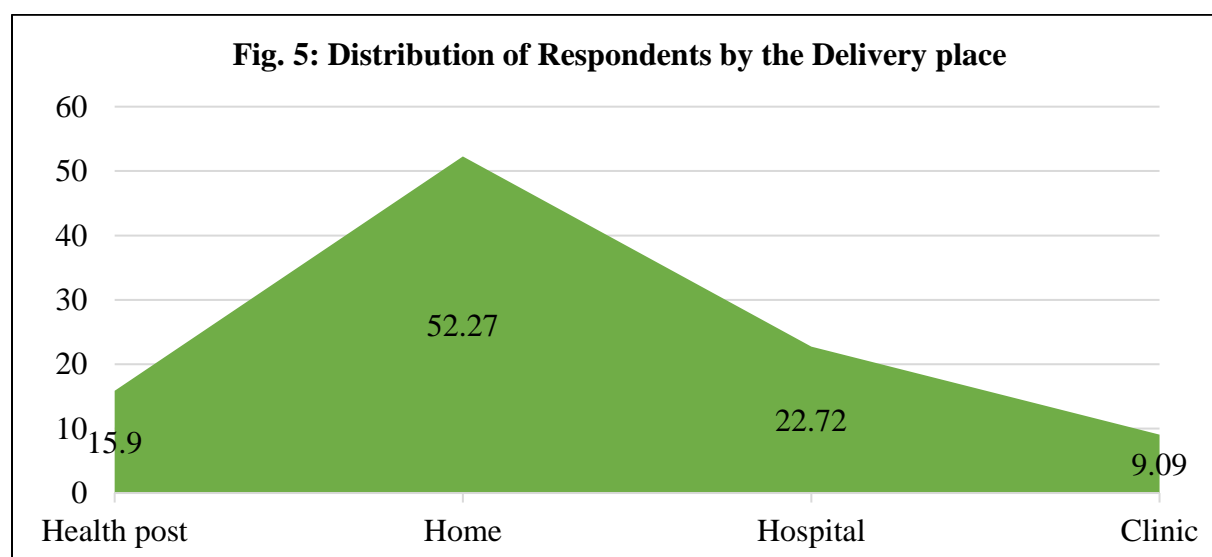
Delivery Practice

Child birth is normal physiological process but complication may arise in this time safe delivery practices reduce delivery complication and save the mother's as well as child's health. Information about the place of delivery, types of delivery, assistance received by the mothers during delivery, cord Cutting practices and home delivery complications were collected in this study and analyzed in the following sub-sections.

Delivery Place (Natal Care Practice)

The hygienic birth place can influence a great deal of the birth outcome. Safe delivery practice reduces delivery complications and save the mother's as well as child's health.

Delivery place affects the maternal and child health. In this study, home, hospital, clinic, and health post chosen and taken as the main delivery place of the respondent mothers. Traditionally Nepalese children are delivered at home with the assistance of TBA or older women of the community respondents in the survey were asked a question that where did you deliver your baby? Their response is presented in the following figure.



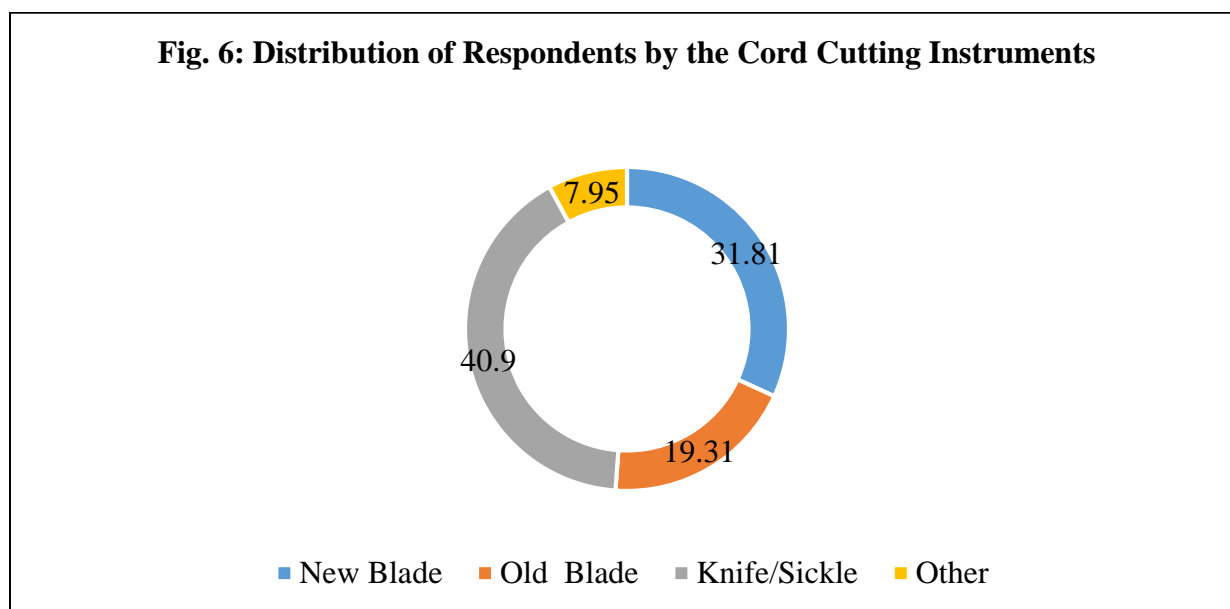
Above figure shows that more than 50 percent (52.27 percent) of mothers' delivery place was found to be at home. Only 15.90 percent of the births were delivered at health post, 22.72 percent delivery is at hospital and 9.90 percent delivery is at clinic. After the study, it was found that most of the women whose family had low level of income they delivered at home. They preferred unsafe delivery as they did not care for risk delivery. (Distribution of respondents by practice of delivery is presented in the following figure).

Postnatal Care Practice

After six weeks of delivery is called postnatal period. In this period minimum three times visit is necessary for postnatal care first visit on the 24 hours of delivery, second visit on the third day and third visit on the seventh day after delivery. In this period, women wear warm clothes, use of quiet and clean room, slow walk, penalty of liquate diet and nutritious food, check the pulse.

Cord Cutting Instruments

After birth, the child's cord must be cut after delivery. As well as it should be done carefully because it's a risk and may be possibility of infection of different kinds of disease. Each year, about four million children die within the first 28 days of life, the new born (neonatal) period, by the causes of pregnancy infection (UNFPA, 2007).



The above table shows that 31.81 percent of respondents used new blade practice, for cord cutting 19.31 percent of respondents used old blade, 40.90 percent of respondents used knife/sickle and 7.95 percent of respondents used other. The study found that most of the family of the respondents as well as her family were about the sterilization of the cord cutting practice. Therefore cord cutting practice was not found satisfactory.

Breast Feeding Practice after Birth

The baby should be breast feed extensively for the first six month. Breast feeding should be initiated soon after delivery ideally within 30-60 minute after birth. The mother's milk contains all nutrients required of the child's development. So, the colostrums feeding is very important for newly born baby against various disease. Frequency of breast feeding after birth is shown in table no. 3 below.

Table No. 3: Distribution of Respondents by the Frequency of Breast Feeding Practice after Birth

| Time | No. of Respondents | Percent |
|--------------------------------|---------------------------|----------------|
| Immediately After Birth | 4 | 4.54 |
| After 30 Minute | 56 | 63.63 |
| After 2 Hours | 20 | 22.72 |
| After 3 Hours | 8 | 9.09 |
| After 4 Hours | - | - |
| Total | 88 | 100.00 |

The table no. 3 indicates that 4.54 percent of respondent women adopted breast feeding their milk immediately after birth where as 63.63 percent of the breast feed after 30 minutes, 22.72 percent after 2 hours and 9.09 percent after 3 hours respectively after her baby birth.

Conclusion

The study concluded that some areas of the maternal and child health care practices in the study area were influenced by socio-economic factors. Awareness about the early marriage, reproductive health and education are essential components for the promotion of mother and child health care. Literacy rate of the respondents was very medium, education level was not satisfactory. Most of the respondents were found to have better knowledge and practices of family planning and they also found to use of family planning devices. The practices of maternal care, antenatal care, delivery practices, postnatal care, immunization and child nutrition are found influencing factors of the respondent mothers.

The majority of respondents got married between 16-20 years of age and gave the birth of child at this age class which is not better age class for getting babies. Antenatal check up was not satisfactory. Food practice and additional nutritious food during pregnancy period were not fully satisfied in respondents. The majority of respondents had been delivered in own home. Most of the respondents had taken help from the family member during delivery period while delivery conducted at home which is considered as unsafe delivery. Therefore, still the maternal and child health care practices area are found as less developed pattern in the Tamang community of the study area even if this area

is located in Kathmandu district. Thus, they should be enhanced with upgrading the proper level of education for their improvement of MCH status at all.

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