

## Knowledge and Practice on Maternal Health Care among Badi Women

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### Abstract

*Maternal health care is one of the major and important components of reproductive health. No can become healthy without safe motherhood. This study was carried out in ward number one of the Birendranagar Municipality of Surkhet district. In this study the objective of this study is to identify the knowledge and practice as well as relation between them of Badi mothers on maternal health care. This study is based on descriptive type of research design and it is quantitative in nature. To select respondents census method was applied. Interview schedule was used as main tool of data collection and data were collected by researcher by visiting door to door. Collected data were analyzed by the help of mathematical numerical.*

*Among the total respondents 28 percent of the respondents had done minimum four ANC visit during pregnancy, 45.33 percent of the respondents had face problems during pregnancy like headache, blurring vision, tiredness and bleeding. 29.33 percent of the respondents had not taken TT immunization during pregnancy. About 74.67 percent of the respondents were delivered at home where as 67.85 percent of the respondents were delivered with the help of experienced relatives at home delivery. 37.85 percent of the respondents who were deliver at home were suffered from different kinds of health problems like bleeding, obstructions and prolonged labour. Most of the respondents had not got health checkup during postnatal period. The respondents who were delivered at hospital had taken vitamin A during postnatal period where as 44.65 percent respondents who were delivered at home had taken vitamin A during postnatal period. About 96 percent of the respondents had feed colostrum's to their newborn baby.*

**Keywords :** Checkup, Vitamin, Labour, Health Problem, Human Life

### Introduction

Health is wealth is a most recited proverb. Life is not worth without health. Maternal health care is one of the important components of primary health. Naturally, issue of reproductive health is mainly related with women more than man. It is essential for complete health in the human life. Within the framework of World Health Organization (WHO)

definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and child birth and provide couple with the best chance of having a healthy infant (WHO, 2011).

In 1948 the interim commission of the world health organization had proposed to the first world health assembly that a program on maternal and child should be one of the subjects of top priority of the organization for its implementation. This proposal was accepted by the assembly and maternal health became one of the "Big Six" priorities of the organization (WHO Regional Office for South-East Asia, 2011).

Maternal and child health (MCH) was one of the priority programmers supported by the newly formed World Health Organization. At the first Regional Committee meeting in 1948 India, Sri Lanka and Thailand requested WHO assistance for developing their MCH services. Later, Indonesia and Myanmar also asked for similar assistance. WHO supported these countries through pilot projects for training of doctors in pediatrics and of nurses in childcare. In addition support was given for the establishment of a network of separate maternity and child health welfare centers to provide comprehensive coverage to the population. But soon it was realized that separate MCH centers were not closely linked with general health facilities.

WHO introduced the mother baby package in 1994 to improve maternal and neonatal health. The Mother Baby Package consists of a cluster of interventions designed to support countries in striving to attain the goals of the Safe Motherhood Initiative. These interventions focus on family planning to prevent unwanted and mistimed pregnancies, basic maternity care for all pregnancies and special care for the prevention and management of complications during pregnancy, delivery and postpartum (US National Library of Medicine, 2011).

The international conference on population and development, the fourth world conference on women and the safe motherhood technical consultation have helped to focus the attention of the international community on the need for accelerated action to achieve the world summit for children goal of reducing maternal mortality in the context of human rights, urging governments to use their political, legal and health systems to fulfill the obligations

imposed by their endorsement of various international human rights instruments (WHO Regional Office for South East Asia, 2011).

The focus on women's health and its multiple determinants has led to a general approach to health and development being understood on a wider scale. Most women do not have access to the health care and sexual health education services that they need. In many developing countries, complications of pregnancy and childbirth mainly at the level of preconception and prenatal care are the leading causes of death among women of reproductive age. The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths 99% occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and one third occur in South Asia (WHO, 2011)

The maternal mortality ratio in developing countries is 290 per 100 000 births versus 14 per 100000 in developed countries. There are large disparities between countries, with some countries having extremely high maternal mortality ratios of 1000 or more per 100000 live births. There are also large disparities within countries, between people with high and low income and between people living in rural and urban areas. The risk of maternal mortality is highest for adolescent girls under 15 years old. Complications in pregnancy and childbirth are the leading cause of death among adolescent girls in most developing countries. Women in developing countries have on average many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death the probability that a 15 year old woman will eventually die from a maternal cause is 1 in 4300 in developed countries, versus 1 in 120 in developing countries (WHO, 2010).

The study area itself is a remote where their inhabitants Badi are furthermore backward regarding health services and facilities. Their knowledge, attitude and practices regarding maternal health is very poor. As, no systematic study has been carried out to investigate relation between knowledge and practice on maternal health care among Badi community, researcher has chosen this area to study entitled "Relation between knowledge and practice on maternal health care among Badi community in Birendranagar Municipality of Surkhet.

### **Objectives**

The specific objectives to identify the situation of knowledge and practice on maternal health care of the respondents and to find out the relationship between level of education and practices on maternal health care of the respondents.

### **Review of Literature**

Sadik argued that women's health concerns are different from men in many ways. Most importantly, their reproductive role means that they face special health risks including complications and many developing countries death from causes related to pregnancy. The tragically high maternal rates prevailing in developing countries are in themselves just one of the factors that attest to the neglect of women's health. Half a million women die every year in childbirth. There are more maternal deaths in India in one month than in North America, Europe, Japan and Australia put together in 1 year (Regmi, 2001).

Latest estimates of maternal mortality levels and trends, published by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank in collaboration with scientists from academia, indicate that a total 536,000 maternal deaths occurred worldwide in 2005, 533,000 of them in developing countries. Slightly more than half the maternal deaths (270,000) occurred in the Sub-Saharan Africa region alone, followed by South Asia (188,000). The two areas accounted for 86% of global maternal deaths (Lay and Shah, 2008).

An unacceptable number of women die in pregnancy and childbirth each year. For every woman who dies, at least 20 others suffer injuries, infection and disability. Almost all maternal deaths are preventable. Most maternal deaths occur during childbirth and in the immediate postnatal period, which is also when most stillbirths and newborn deaths occur. The leading cause of maternal deaths remains postpartum hemorrhage, largely preventable through skilled care during childbirth (Requejo, 2010).

Poor health and nutrition of women and lack of care that contributes to their death in pregnancy and child birth also comprise the health and the survival of the infants and children they leave behind. It is estimated that nearly one third of the 8 million infant deaths that occurs each year result large from poor maternal health and hygiene, inadequate care, management of delivery and lack of essential care of the new born (WHO, 2011).

Most women do not have access to the health care and sexual health education services that they need. In many developing countries, complication of pregnancy and childbirth (mainly at the level of preconception and prenatal care) are the leading causes of death among women of reproductive age. Maternal mortality is unacceptably high. About 1000 women die from pregnancy childbirth related complications around the world every day. In 2008, 358 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in developing countries, and most could have been prevented (WHO, 2011).

Each year more than 500,000 women die in childbirth or from complications during pregnancy. Babies whose mothers have died during childbirth have a much greater chance of dying in their first year than those whose mothers remain alive. Ninety nine percent of maternal and newborn mortality occurs in the developing world, where more than 50 percent of women still deliver without the assistance of skilled health personnel. This is a powerful statement about inequity and access to quality care. Eighty percent of maternal deaths are caused by direct obstetric causes such as hemorrhage, infection, hypertensive disorders of pregnancy and complications of unsafe abortion. And for every woman who dies from complications related to childbirth, approximately 20 more suffer injuries, infections and disabilities that are usually untreated and ignored, and that can result in life-long pain and social and economic exclusion. Most of these complications cannot be predicted and prevented (UNICEF, 2011).

The main purpose of the maternal health is to ensure the real women empowerment not only reduce maternal morbidity. This is so because the risk of dying of a woman from complication of pregnancy is 1 in 20 in developing countries compared to 1 in 4300 in developed countries. Reproductive health and sexual health is a right for men and women. The massive denial of human rights causes the deaths of millions of people every year and many more are prematurely injured or infected. Most of these are female deaths from developing countries (WHO, 2011).

### **Methodology**

The design of this research was basically descriptive as well as qualitative data were used. It was based on field study methods in which researcher himself had collected data. In this study, all respondents were selected. As the total sample of respondents live in same ward, census method was adopted for the study. Data were collected schedule was further divided into three parts related with components of maternal health care like antenatal, intranatal and postnatal. Questions of these parts were concerned with the knowledge and practice on related field separately.

The primary data were collected by using structured interview schedule. After getting permission of Municipality office a meeting was conducted in the study area with local leaders and respondents to make them informed about the objectives of the study. With the help of local community leaders and health workers required data were collected through interacting face to face with respondents and responses were noted by researcher himself. The information obtained by respondents were kept confidential as far as possible.

After collecting data, they were checked and the possible errors and inconsistencies were removed for the editing and coding of data. After editing raw data the necessary data were tabulated systematically according to the need of study and shown in percentage, table and figure. Correlation analysis was made to find out the relationship between knowledge level and practice on maternal health care of the respondents. On the basis of presented data a descriptive report was prepared.

### **Data and Interpretation**

The collected data were grouped, tabulated and calculated according to the need of research by using arithmetic number and percentage to make the presentation more specific.

#### **Maternal Health Care Practice**

All methods and activities carried out to improve, maintenance and promotion of mother in the period of pregnancy, delivery and postnatal is called maternal health care.

#### **Antenatal Care Practice**

Antenatal care includes the care of mother before the delivery. Antenatal care is very important in order to maintain the health of mother. Antenatal care has various advantages for both mother and fetus.

#### **Knowledge on Antenatal Care**

The respondents were given different questions to identify their existing level of knowledge on antenatal care. The responses given by the respondents are mentioned below:

#### **Knowledge about Age of marriage**

Knowledge about age of marriage may play an important role to make marriage in right time and reduce complications regarding maternal health. The responses if the respondents are presented in the following table.

Table 1

*Distribution of the respondents knowledge about the age of marriage*

Age of marriage	No of respondents	Percent
About 18	0	0
About 20	59	78.66
About 25	16	21.34
More than 25	0	0
Total	75	100.00

Source : Field Study, 2025

The above table shows that 78.66 percent respondents gave answer that about 20 years is appropriate time to marry while 21.34 percent knew that about 25 years is appropriate time to marry. By the analysis of above data it can be said that majority of respondents are aware about the age of marriage.

#### **Knowledge about Antenatal Care**

All the respondents were asked about the knowledge of antenatal care. The responses of the respondents are presented in following table.

Table 2

*Distribution of the respondents knowledge about the antenatal care*

Knowledge about antenatal care	No of respondents	Percent
Yes	9	12
No	66	88
Total	75	100.00

Source : Field Study, 2025

The above table shows that only 12 percent of the respondents knew about antenatal care and 88 percent of the respondents did not know about antenatal care.

#### **Knowledge on the Purpose of Antenatal Care**

The knowledge of respondents regarding the purpose of antenatal care is shown in table.

Table 3

*Distribution of the respondents knowledge on the purpose of antenatal care*

Purpose of the antenatal care	No. of respondents	Percent
Correct	9	12
Incorrect	10	13.33
Unknown	56	74.67
Total	75	100.00

Source : Field Study, 2025

According the data given the above table, only 12 percent of the respondents gave correct answer about the purpose of antenatal care, 13.33 percent of the respondents gave incorrect answer about the purpose of antenatal care and 74.67 percent of the respondents were unknown about the purpose of antenatal care. A pregnant mother should check up her health at least minimum four times routinely.

### Knowledge about Health Check-up During Pregnancy

The respondents were asked a question regarding the number of health check-up during pregnancy period in order to find out their level of knowledge. The responses of respondents are presented in the following table.

Table 4

*Distribution of the respondents knowledge about health check-up during pregnancy*

Number of health check-up	No of respondents	Percent
Twice	3	4
Thrice	15	20
Four	40	53.33
More than four	10	13.33
Unknown	7	9.34
Total	75	100.00

Source : Field Study, 2025

The data presented in the above table shows that 4 percent of the respondents had the response that the pregnant mother should checked up her health twice. 20 percent of the respondents had the response that the pregnant mother should check up her health thrice. 53.33 percent of the respondents had the response that the pregnant mother should check up her health four times. 13.33 percent of the respondents had the response that the pregnant mother should check up her health more than four time and 9.34 mothers' responded of unknown.

### Knowledge about Additional Food during Pregnancy

Knowledge of additional food may take important role to reduce complications of malnutrition of mother and child. The responses of the respondents are following table.

Table 5

*Distribution of the respondents knowledge additional food during pregnancy*

Additional food during pregnancy	No of respondents	Percent
Need	61	81.34
Do Not need	7	9.33
Unknown	7	9.33
Total	75	100.00

Source : Field Study, 2025



The above table shows that 81.34 percent of the respondents gave the answer that the additional food during pregnancy is needed, 9.33 percent of the respondents gave the answer that the additional food during pregnancy is not needed and 9.33 percent of the respondents were unknown. By the analysis of data it seems that majority of the respondents are aware of additional food during pregnancy.

#### **Knowledge about TT Immunization**

TT injection is a immunizing agent which is given to the protection against tetanus to the mother and newborn baby. The responses of the respondents are following table.

Table 6

*Distribution of the respondents knowledge TT immunization during pregnancy*

Knowledge about TT Immunization	No of respondents	Percent
Yes	35	46.67
No	38	50.66
Unknown	2	2.67
Total	75	100.00

Source : Field Study, 2025

The above table shows that 46.67 percent of the respondents gave answer that TT immunization is necessary during pregnancy, 50.66 percent respondents gave answer that TT immunization is not necessary during pregnancy and 2.66 percent of the respondents were unknown of TT immunization. By the analysis of the above data it is concluded that most of the respondents do not think that TT immunization is important during pregnancy.

#### **Knowledge about Iron Tablet Supplement during Pregnancy**

Knowledge about iron supplement to the mother may play important role to reduce the maternal and newborn morbidity and mortality. The responses of the respondents are following table.

Table 7

*Distribution of the respondents knowledge about iron supplement during pregnancy*

Iron supplement	No of respondents	Percent
4 – 6 month	19	25.33
4 – 9 month	30	40
4 month to 45 days after postpartum	20	26.67
Unknown	6	8
Total	75	100.00

Source : Field Study, 2025

The data presented in table 7 shows that 25.33 percent of the respondents answered that iron tablet should take from the 4 month to 6 months of pregnancy, 40 percent of the respondents answered that iron tablet should take from the 4 month to 9 months of pregnancy, 26.67 percent of the respondents answered that iron tablet should take from the 4 month to 45 days of postpartum and 8 percent of the respondents were unknown of iron supplement.

### **Knowledge about the Dangerous Sign of Pregnancy**

Mothers' knowledge about the dangerous signs of pregnancy may help to reduce maternal and child morbidity and mortality. The knowledge of respondents regarding the dangerous sign of pregnancy is presented in following table.

Table 8

*Distribution of the respondents knowledge about the dangerous sign of pregnancy*

Dangerous signs of pregnancy	No of respondents	Percent
Convulsion	4	5.33
Bleeding	25	33.33
Headache	7	9.34
Swelling legs	1	1.33
All of the above	22	29.33
Unknown	16	21.34
Total	75	100.00

Source : Field Study, 2025

The above data shows that 5.33 percent of the respondents gave answer that the danger sign during pregnancy is convulsion, 33.33 percent of the respondents gave answer that the danger sign during pregnancy is bleeding, 9.34 percent of the respondents gave answer that the danger sign during pregnancy is headache, 1.33 percent of the respondents gave answer that the danger sign during pregnancy is swelling legs, 29.33 percent of the respondents gave answer that all of the above are the danger sign during pregnancy and 21.34 percent of the respondents were unknown about the danger signs during pregnancy. The data shows that majority of the respondents are still unknown about the dangerous sign during pregnancy, that may be due to the lack of education, lack of awareness.

### **Practice of Preparing Birth Preparedness Plan**

Birth preparedness plan is required to encourage all pregnant women to have an institutional, confirm the place of delivery and the provider with the pregnant women and

family and so on. The practice of respondents on preparing birth preparedness plan is presented in the following table.

Table 9

*Distribution of the respondents practice of preparing birth preparedness plan*

Practice of preparing birth preparedness plan	No of respondents	Percent
Yes	10	13.33
No	65	86.67
Total	75	100.00

Source : Field Study, 2025

The data presented in the above table no. 10 indicates that 13.33 percent respondents had prepared birth preparedness plan while 86.67 percent respondents had not prepared birth preparedness plan. Result obtained by the given data indicates that very few respondents are aware of birth preparedness plan.

### **Intranatal Care**

Intra natal care is the care given to the mother and new born during the time of lab our. The health of the mother and newborn is depends on the process of delivery. The mothers' knowledge and practice regarding the intra natal process is very important to reduce the complications as well as maternal and newborn mortality. In this sub section it is tried to identify the respondents' knowledge and practice on intra natal or delivery process.

### **Use of Delivery Kit**

For safe delivery at home delivery kit is very important. Responses of the respondents regarding use of delivery kit during delivery at home are presented in the following table.

Table 10

*Distribution of the respondents practice of use of delivery kit at home delivery*

Use of delivery kit	No of the respondents	Percent
Yes	7	12.5
No	49	87.5
Total	56	100.00

Source : Field Study, 2025

The given table indicates that 12.5 percent of the respondents use delivery kit during their delivery at home while 87.5 percent of the respondents did not use delivery kit during their home delivery. By the analysis of above data it can be concluded that huge number of

respondents are unable to use delivery kit during home delivery as 80 percent respondents did not know about the use of delivery kit.

### **Postnatal Care**

The care given to the mother and newborn immediate after delivery up to the 6 weeks is known as postnatal care. A mother should check up her health in first 24 hours, 7 days and in 6 weeks to monitor wellbeing, involution and timely finding of complications. The main objective of this care is to prevent from any complications to the mother and baby. In our country, most of the maternal mortality occurs in this period so care given in this period is very important. In this section mothers' knowledge and practice on postnatal care which includes postnatal exam, danger signs, additional food, colostrums feeding, breast feeding, immunization, vitamin A supplement, supplementary food practice inquired and findings are presented in the following sub- topics:

### **Knowledge on Postnatal Care**

To know the knowledge of the respondents regarding to postnatal care, the respondents were asked different questions. The responses of the respondents are presented in following:

### **Knowledge on Postnatal Care**

A mother should check up her health and newborn for early detection of problems and to monitor general condition. In our society, delivery mother and baby is kept in isolation and no permission to touch her in certain days. This period has chance for infection. Mothers' knowledge is very important to prevent from complications. The responses of the respondents are presented in following table.

Table 11

*Distribution of the respondents knowledge health checkup during postnatal period*

Health check up	No of the respondents	Percent
Yes	23	30.67
No	52	69.33
Total	75	100.00

Source : Field Study, 2025

The data presented in the table shows that, 30.67 percent of the respondents knew about the health checkup during postnatal period. 69.33 percent of the respondents did not know about the health checkup during postnatal period. It is concluded that most of the respondents did not have knowledge for health checkup during postnatal period.

### Knowledge about the Danger Signs during Postnatal Period

Majority of maternal mortality occurs in this period due to the various types of complications. The mothers' knowledge about the danger signs during postnatal period can play an important role to reduce the complications. Whatever they answered is presented in following table.

Table 12

*Distribution of the respondents knowledge danger signs during postnatal period*

Danger signs	No of the respondents	Percent
Bleeding	41	54.67
Fever	5	6.66
Headache	11	14.67
Offensive vaginal discharge	6	8
Unknown	12	16
Total	75	100.00

Source : Field Study, 2025

The data presented in above table shows that 54.67 percent of the respondents answered that the danger sign of postnatal period is bleeding, 6.66 percent of the respondents answered that the danger sign of postnatal period is fever, 14.67 percent of the respondents answered that the danger sign of postnatal period is headache, 8 percent of the respondents answered that the danger sign of postnatal period is offensive vaginal discharge, 16 percent of the respondents were unknown of the danger sign of postnatal period.

By the data analysis, it is concluded that most of the mothers are known of the danger signs which may arise during postnatal period.

### Relation between Maternal Health Care Practice and Educational

#### Status of the Respondents

Education plays vital role in all round development of the individual. Education changes the behavior of the individual in every aspects of life. It is more important to the women to make them aware about many aspect of health. Educated mothers determine to utilize the health services and to take care about their own health as well as their children. Education is the root cause which changes behavior of women and helps to decrease the mortality rate by taking proper health care of own and their children. Maternal health care concept is the most important practice to promote and prevention for the mother and child

health. This concept includes antenatal delivery and postnatal care practices among the relation illiterate and literate women. The main objectives of the maternal health care are to achieve the healthy mother and baby.

### Conclusion

All the respondent mothers 75 of the study area found economically poor, they had superstition so that they have not got higher education so the level of knowledge is poor, they have no decision making power. Most of the respondents occupation is daily wages so they have not enough time for caring their babies and health checkup. Most of the respondents are aware of colostrums feeding and immunization. Most of the respondents do not check up their health during antenatal and postnatal period, they do not take TT immunization and iron supplement during pregnancy. Maximum mothers are delivered at home by the help of their experience relative. Some of the mothers are encouraged for hospital delivery due to the incentives provided by the government.

Safe mother hood is very important component of reproductive health but respondents of the study area are not so conscious about their reproductive health. They have no knowledge about safe delivery and safe abortion. Many of the mothers desire for son baby. The marital status of the respondents is not good most of the respondents were married below years. They are becoming mothers in immature age so they are facing many kinds of complications during antenatal, intra natal and postnatal period. Most of the respondent occupation is daily wages so they have no enough time for caring their babies and health checkup. Most of the respondents are illiterate so they are unable to grasp the opportunities which are beneficial to maternal and child health.

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