

Antenatal and Postnatal Care among Women of the Danuwar Community at Panchkhal

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Abstract

Antenatal and postnatal care of mother is so important for the health of mother as well as the baby. Antenatal and postnatal care services are amongst the recommended interventions aimed at preventing maternal and newborn deaths worldwide. The objective of this research study was to assess the antenatal and postnatal care and practice of the Danuwar community at Panchkhal. This study was conducted in Panchkhal ward no 8, Pipaltar, Kavre. A descriptive study design was used for the study. There were total 198 households in Pipaltar ward no eight. 50 percent households (99 households) were taken through simple random sampling procedure. The respondents were married Danuwar women aged from 15-49 either pregnant or having children. Only one respondent was taken from each sample household. Interview schedule were used to collect the data.

The finding of the study revealed that majority of the respondents (66.67%) women had health checked up during pregnancy. Rest of them had not checked up health because of lack of knowledge, shyness and lack of time. Most of the pregnant women faced vomiting, abdominal pain, weakness, bleeding, backache, tiredness health complication during the period of pregnancy. Most of the pregnant women (68.69%) had taken T.T. injection and normal diet during pregnancy. Almost (92.93%) women were kept at unsafe places after delivery because of the custom and most of the Danuwar women (97.98%) had no practice of going to health center for health check-up after delivery. Almost all of the Danuwar women consumed 'Juwano' soup, meat, ghee in the period of postnatal (within 6 weeks after delivery).

Keywords: Antenatal care, Danuwar, Delivery, Maternal, Postnatal care, Pregnant

Introduction

Health is one of the most important factors for the fulfillment of human needs and improvement of the quality of life. A healthy person is always cheerful and can do work full days without exhaustion. Even a poor man having good health improves his living standard. The health of the people is considered to be the wealth of the nation. If people are unhealthy, the development of a nation will not be possible. Thus, it must be taken into consideration from the pregnant period of mother to perfect and promote the health of the child who will become a healthy citizen in future. The case for women during pregnancy, child birth and after child birth is essential to ensure healthy and successful outcome of

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pregnancy for the mother and her new born infant. Maternity case is the major contributing factors for maternal mortality rate. Most of the women in developing countries do not have the privilege or the access to basic health care services during pregnancy and child birth. Many women give birth to child in home with unhygienic surrounding and some of the delivery cases are assisted by Traditional Birth Attendant (TBA). Pregnancy is a significant period in the life of women because when they need more support, rest, extra nutritional food, health check-up, personal hygiene, personal care and psychological support necessary for the women who are antenatal as well as post-natal periods.

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 disease, environmental pollution, high fertility rate and poor health care practices. Health has become better easier for have's and more scare or difficult and more expensive for have not's. Inequalities, poor accessibility, poor quality, defective decision support system especially at the policy and planning level, vague political commitment with actions not matching with promises or slogan, poor management and almost a total lack in coordination, support and supervision system of health services, poor management resources coupled with their scarcity, poor transport and communication system and increasing commercialization at the expense of deprived are some of the ugly features deeply rooted in the health care system in Nepal, It is very difficult to solve the prevailing problems of health in Nepal. Since these are our problems, we have to take certain steps to solve these problems. With good management, we can make even impossible to possible. A good management needs a good plan. A good plan needs a good policy. A good policy and good plan need information which is adequate, reliable, relevant and usable (Khoj Bin, PP. 1-10).

Postnatal care is one of the most important maternal health care services not only for the prevention of impairment and disabilities but also reduction of maternal mortality. Due to their low social status, poverty and ethnicity women in Nepal have less access to modern health services and more trust in traditional care, for example they are more likely than men to seek help from traditional healers. The utilization of postnatal care services is low in Nepal, only 21% of new mothers receive it. Similarly, only 17% of the mothers received their first postnatal check-up within two days of delivery. Since most maternal deaths occur during delivery and the postpartum period due to complication, the first week after delivery is the most critical time in the postnatal period, with most complications occurring in the first two days. The most fatal complications are postpartum haemorrhage, sepsis, complications of unsafe abortion, prolonged or obstructed labour and eclampsia (NHRC, 1997, p.18)

The social cultural practices around childbirth such as maternal seclusion after delivery and cultural beliefs in a community play a vital role in non-utilization of postnatal care services in Nepal. At the same time, decisions about mobility of women and expenditure on health care are controlled by men or older women of the household, which may limit women's search for health care (Dhakal, 2000).

Infant and maternal mortality rates are high in many developing countries. It is estimated that each year, at least half a million women in the world die of the causes related to pregnancy and child birth. 95 percent of these deaths take place in developing countries likewise, estimated 14 million children under age of 5 died in 1990 in developing countries. This situation of MCH has attracted the attention of all conscious people of the world (UNICEF, Annual Report, 1996).

Women in rural areas seldom receive any antenatal and postnatal care because they are not accessible to modern health services. Assistant Nurse Mid wives (ANM) are assigned to the health post and sub-health post to carry-out this responsibility. However, rural women are not familiar with ANM due to the lack of frequent contact and communication. Women have traditionally assumed the role of health care provider as mothers and birth attendants. The eldest female member of family and neighbor assist home based deliveries. Their traditional beliefs and knowledge play crucial role to the health of mothers as well as their children. Thus, the specific objectives were to find out the antenatal care of the Danuwar Community and To assess the practices of postnatal care.

Method and Materials

This study was descriptive which was done in Panchkhal ward no.8, Pipaltar on the Danuwar Community. The study has been delimited to married Danuwar women aged from 15-49 years either pregnant or having children. There were 198 Danuwar households in ward no.8, among them 50 percent of total households have been consisted through simple random sampling procedure/lottery method in this study. Open ended, close and mixed type, self-administered interview schedules were used to collect the data. Data collection tool was developed based on the review of related literatures, journals and research reports. 5 percent interview schedule of the total sample respondents had been trial-tested in Baluwa VDC, ward no.3, Aapghari, Bikramtar to identify the practicability and determine validity and objectivity. The tool had been revised and finalized on the basis of the result obtained from trial-test. Only one respondent woman was taken for interview from each sample household. The data had been verified and tabulated in different groups. The collected data was analyzed and interpreted in descriptive version and simple mathematical interpretation procedure has been adopted in this study.

Result and Discussion

This study shows that there were 648 people among sample households. Among them 293 were male and 355 were female. 56.57 percent household's people use Nepali Language and 43.43 percent household's people use Danuwar language for communication in their family. Those who use Danuwar language in their family can speak Nepali language too. 96.97 percent households people are Hindu and few (3.03%) are Christian. 45.45 percent respondent women belonged to joint family rest of them 54.55 percent were in nuclear family. Among 99 respondents' women, there were 3.03 percent women respondents below 19 years old. 57.58 percent were between 20-29 years, 30.30 percent were between 30-39 years old and rest of them 9.09 percent women was between 40-49 years old. There were 162 literate persons among 99 households that were only 25 percent in total in the Danuwar community. 91.92 percent respondent women were illiterate and only 8.08 percent respondent women were literate among total respondent women. 6.06 percent respondent women had married between the ages of 10-14 years likewise 78.79 percent respondent women between the age of 15-19 years and remaining 15.15 percent women had married between the aged of 20-24 years old. Most of the Danuwar women had married below 20 years. This result was matched by the result of the study conducted in Likhu Rural Municipality-2, Nuwakot (Nagarkoti, 2022).

Health check-up during pregnancy is very important for the health of mother and fetus. It is necessary from conception up to delivery. In the Danuwar community, 66.67 percent respondent women had done health check-up and remaining 33.33 percent respondent women had not done it during pregnancy among total respondents. There were

many causes of not checking their health during pregnancy. Among them, 66.67 percent respondent women did not have knowledge of checking health during pregnancy. 27.27 percent respondents had not been checked up of the shyness and remaining 6.06 percent respondents had replied that they have lack of time to do health check-up during pregnancy. In the Danuwar community 67.68 percent respondent women had taken antenatal advice. Among them 43.28 percent respondent women had received antenatal advice from family member/relatives/friends likewise 40.30 percent from health workers/doctors, 10.45 percent from 'Janne Manchhe' and 5.97 percent from traditional birth attendance (TBA) and 32.32 percent respondents had not taken any antenatal advice from anyone. 60.61 percent women had faced health complication and rest of them 39.39 percent did not have any complication during pregnancy. Health complication such as: vomiting, abdominal pain, weakness, bleeding, backache, tiredness etc. during pregnancy were faced. Most of the respondent women had faced vomiting. Vomiting is common problem of women during pregnancy. Tetanus toxoid injections are given during pregnancy for prevention of neonatal tetanus. That's why 68.69 percent respondent women had taken tetanus toxoid (T.T.) injection during pregnancy and remaining 31.31 percent women did not take T.T. Injection because of lack of knowledge, not necessity and lack of time as they had mentioned.

A balanced and adequate diet is essential for women during pregnancy. It will be helpful for the growth and development of the foetus as well as to prevent the mothers from nutritional deficiency diseases. Particularly a pregnant woman requires supplementary diets. In the Danuwar community of Panchkhal ward no.8 all of the respondent women were not encouraged to take additional foods as well as not to prohibit eat and drink (alcohol) anything during pregnancy. They took only normal foods such as 'Bhat' 'Tarkari' 'Dhindo' etc. which were provided to the pregnant women. Because they did not have the knowledge about balanced diet as well as ignored of providing balanced diet to pregnant women. Their low economic status also equally affects for not providing balanced diet to the pregnant women. This result was supported by the result of the study conducted in Chepang community, Saktikhore, Chitwan (Pokharel, 1998).

In Nepalese community, most of the women are kept in dark place/room after delivery. It was found the same in the Danuwar community. 92.93 percent women were kept in dark room/places rest of them 7.07 percent women were kept in ventilated and clean room or places after delivery. The causes of keeping of the women at dark room/places were custom, protection from cold and some respondents replied that they did not know the causes. This result was supported by the result of the study conducted Shankarapur Municipality-1, Kathmandu (Bajagain, 2022). 97.98 percent respondent women did not go to hospital or health post for health check-up after delivery and rest of them 2.02 percent women had gone for check-up because abnormal situation was seen after delivery. 6.06 percent women had taken rest for 7 days after the last delivery, similarly 29.29 percent women for 15 days, 48.49 percent women for 30 days and 16.16 percent women for more than 45 days. It is found that, rest days depend on many factors such as number of family, income source of family, educational status of family, season of a year etc. in the Danuwar community. This result was not supported by the result of the study conducted in the Chepang community, Saktikhore, Chitwan. Chepang women did not take rest after delivery (Pokharel, 1998).

Diet of mother after delivery influences the health of mother and child. Additional or balanced diet is necessary for postnatal mother. That's why additional foods will be provided to promote the health of the mother and to produce sufficient breast milk for the

baby. Respondent women had taken more than one supplementary food items. That's why responses were more than number of respondent women. 69.69 percent responses had been provided 'Juano' soup, 98.99 percent responses were with meat, 26.26 percent responses were with milk and ghee and only 1.01 percent daily uses normal foods to the postnatal mother. This result was matched with the study conducted in various places of Nepal (Dhakal, 2000).

Conclusion

Based on the findings of the study, it is concluded that more than fifty percent of the respondent women had health check-up during pregnancy and one third of them had no health check-up because of lack of knowledge, shyness and lack of time. Below the fifty percent respondent women had taken antenatal advice from health worker or doctors. Most of the pregnant Danuwar women faced vomiting, abdominal pain, weakness, bleeding, backache, tiredness etc. health complication during the period of pregnancy. Two third of the pregnant women had taken T.T. injection. They had taken normal diet during pregnancy. Almost all of the women were kept in dark places or unsafe places after delivery because of the custom. Likewise almost all of the women had not practiced to go to health center for check-up after delivery. Around less than half of the women had taken rest about 30 days after delivery. Almost all of the Danuwar women had taken 'Juwano' soup, meat, ghee in the postnatal period. It is concluded that antenatal and postnatal care and practices were not satisfactory in the Danuwar community. That's why awareness program (Health education program) should be conducted.

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