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Status of Safe Motherhood and Child Care in Pokhara Metropolitan City, A Study of Uparjare

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Abstract

All stages of human development play significant role for the holistic development of human being, Though inherent virtue and its care for development since the time of fertilization to early childhood age is not only the time of precaution but it must be taken as a mandatory for all the mothers and other family stakeholders. This paper reiterates the preconceived perception of mothers during prenatal and post natal period only on selected variables in Uparjare village of pokhara Metropolitan City of Kaski district in Nepal. Various variables examined in the article are: Socio economic conditions, visiting ratio to the health post during pregnancy, knowledge on care during pregnancy, child delivery places, materials used in child delivery, birth attendant places, treatment practices and immunization practices. Specially, the article tries to impart knowledge to the women and other house members as a sample and to formulate forthcoming plan, policy and implement in practice by other governmental and non governmental bodies in the days to come.

Key Words: Safe motherhood, early childhood development, holistic development, child care, pregnancy, immunization

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Introduction

Today's Children are the pillars of the Nation in the future. Human society is made up of people of different age groups. Children, therefore is the most crucial aspect of nation building. Situation of Children is not satisfactory, in most of the rural as well as urban areas of Nepal. Child mortality and morbidity rate is still high and large numbers of children are deprived of basic needs which are also considered to be the right of children. It is not going to change the fate of nation without addressing these problems. For the few decades, we have seen that efforts have been made by various stake holders. There are various conventions and agreements arranged by various organizations, working on behalf of the children. There has signed many of them and formulated ample rules, regulations and guidelines in this area.

However, these are still to be translated in to action. There is a long way to go various areas, in terms of both scope and space, still remain unnoticed and have not been intervened yet. In this connection, it is necessary that there is a need of comprehensible policies and rigorous actions regarding the overall development of children (WHO. 2017).

Every child is born with inherent aptitude and potentials. If every child get good environment, he can use his qualities for the betterment of the nation. Early childhood is considered crucial phase in the sense that it determines and shapes the total personality of children in the future. Early childhood development encompasses wide range of aspects such as physical, emotional along with cognitive and social ones. Besides, it has inseparable relationship with social, cultural and economic aspect of society (Lascares, & Hinitz, 2013).

Poverty, illiteracy, lack of awareness is widespread phenomena of our country. Early Childhood Development has great concern with these aspects of society. Various practice regarding the safe motherhood and child care are inextricably related with these variables. Family socio economic status, parent's education and awareness and various culture specific practices matters most in child's physical, emotional and social development. Childhood is fully depending on others especially on family and family is primary and direct agent of childhood socialization (Thaddeus & Maine, 1994).

Research and action in safe motherhood and child care are not complete in isolation without these socio economic variables. So there is needed have holistic understand and integrated intervention to address the problem in realistic manner. Safe motherhood and child care in terms of mother's knowledge and practice directly and indirectly related to early childhood development (Hockenberry, & Wilson, 2018).

Study area

This study has been conducted in Uperjare village, which is located at Pokhara Metropolitan City, ward no. 26. Pokhara is nearly 200 kilometers west from the national capital, Kathmandu. It is a newly formed metropolitan city. It is the largest metropolis of Nepal in terms of area and the second largest city after Kathmandu in terms of population. Uperjare village is situated on the sloppy land and lies at a distance of 7 km east from, Pokhara bazaar with elevation of about 800 meter from

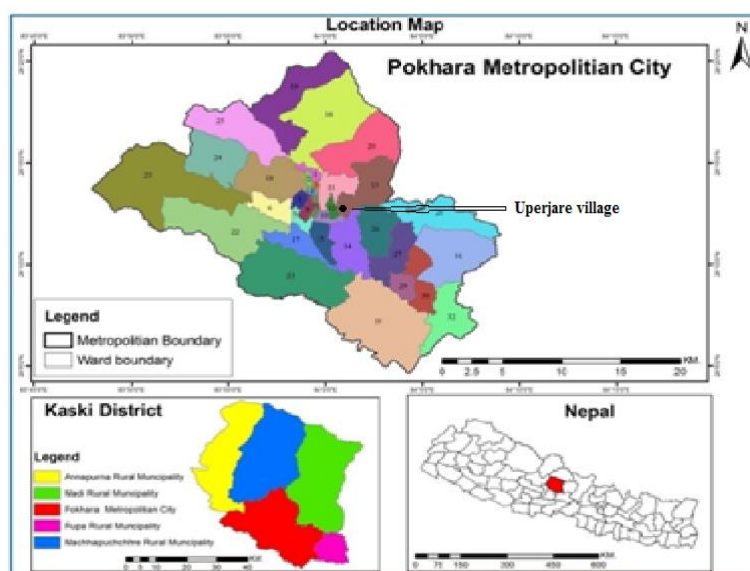


Figure: Study area (Uperjare village)

the sea level. The absolute location is 28⁰11'36" north latitude and 84⁰02'42" east longitude (Figure 1). Brahmin and Dalit caste are settled in this village.

Methodology:

This is a survey research. It was aimed at collecting information on the safe motherhood and child care. The study population was category of women who have children below 6 years of age. One woman was selected in a household. These informants were selected purposively. There were 69 households enumerated in the study. Among them only 32 households have children below 6 years of age. So these 32 households were selected from all enumerated households. Only interview was used as a data collection tool. The nature of data of this study is fully based on primary which was collected using schedule with structured questions. Acquired data were matured having focus group discussion (FGD) among these selected households. After completion of the data collection the collected data were processed and put to analysis. Tabulation was carried out pie charts and bar diagrams have been use to make the presentation more comprehensive and attractive.

Status of safe motherhood and child care

Concept of Safe Motherhood

Every woman should be in a happy and healthy atmosphere and in an environment free from discrimination while bearing a child. To address this issue, The First International Safe Motherhood Conference was held in Nairobi in 1987; the World Summit for Children in New York in 1990. The International Conference on Population and Development in Cairo in 1994 also focused to this issue. Similarly, this issue was one of the most important issues to the 4th World Conference on Women in Beijing in 1995; likewise, the Safe Motherhood Technical Consultations in Colombo in 1997 had also address to this issue in the international level.

Safe motherhood concern facilitates a woman to choose whether she will become pregnant. Moreover, if she does so, care for prevention and treatment of pregnancy complications, access to trend birth assistance, and emergency obstetric care should also be ensured. The woman is also supported to have access to care after birth so that she can avoid death or disability from complications of pregnancy and childbirth (Pudasaini, 1994).

Making motherhood much safer will require improvements in the socio economic and political status of girls and women. Such status would include high quality family planning, pre-natal and delivery care for all women: and skilled obstetric care for high risk and emergency cases. The 1987 SM Initiative had goals set to improve women's health and reduce maternal mortality by half by the year 2000 (UNFPA, 1995). Making motherhood safer there should be require more than good quality health services. Women must be empowered, and their human rights including their rights to good quality services and information during and after pregnancy and childbirth must be guaranteed (Cook, 1997).

According to WHO (2013) There are four essential components of safe motherhood,

1. Reproductive health information

2. Quality prenatal care,
3. Clean and safe delivery with skilled assistance, and
4. Availability of referral services for complications.

However, there exists lack of such services in developing countries like Nepal as severe economic constraints, lack of skilled personnel at district and health centre level, transportation and communication problems, low utilizations rates of facilities and low contraceptives use by the population (Onta, et. all, 2014). Therefore it is essential to establish a well facilitated safe motherhood situation in the household level first and improving this to the level of community, district and national level.

Socio economic background

Socio economic background of the household has association with early child hood development. Sociologically saying, social economic structure and cultural patterns are affecting various aspects of early child hood socialization. It is important to understand the basic social features of the study area before analysis the various aspect of Early Childhood Development (Hoff, Laursen & Bornstein, 2002).

There are 69 households enumerated in the household survey. The study households comprised of different caste group Brahmin and *Dalit*. Among them Brahmin are 50 households and 19 households are *Dalit*. The total number of population in this study area is 345, among them 175 (50.72 %) are female and 170 (49.28 %) are male. It clearly shows that sex ratio of male and female is not large. According to the field survey 2019, the literacy rate is considerably high in the study area compared to national scenario. It is however directly attribute to the adult literacy program run in this area. Many people had joined literacy program and there is still running. Out of 345 population, 262(87.09%) are literate and 39 (12.91 %) are illiterate, other 43 excluded as they are of below 6 years age.

Housing condition often depicts a household economic condition. It also has relevance to health and safety of children. Congenial housing condition is necessary for child development. The survey shows there were 81.16% houses are Zink plate shaded with two storied, 11.59 % houses are RCC and remaining 7.25% are others. Most of the houses are made with stone/brick wall. Brick/stone walled types of houses represent higher socio economic status.

In the study area, households have been divided into nuclear and joint families. Field survey shows majority 43 (62.3 %) families are nuclear and other 26 (37.7 %) household are joint type. It also suggest that nuclearization of family is rapid. Largest numbers of households have sufficient food mainly in Brahmin but food deficits households are *Dalit* with no land, who depend on wage labor for their subsistence. They are in the lowest strata in terms of socio economic status and it has an effect on the nutritional status and health of children.

Safe Motherhood and Child Care

Pregnancy complexities and delivery death of women and children is still higher in Nepal. It takes the lives of many mothers and children. To raise healthy children, safe motherhood is a precondition. Poverty and lack of awareness are main drawbacks of the unsafe motherhood in our country. Similarly, infant mortality rate is 46 in Nepal (CBS, 2011) which is high. So, unsafe motherhood and postnatal care is still a challenge and it is necessary to develop measures to cope with these problems. For this, this study made an attempt to examine various aspects of motherhood in the study area.

Visit Health Post in Pregnancy

To avoid any mishaps during and after pregnancy, regular checkup of pregnant women is very important. The survey shows that most of the respondent (97%) visited health post in pregnancy for checkup; other 3.13% did not visit. This indicates that there is some level of awareness regarding safe motherhood. Most of the respondent (46.88%) visited four and more times during the pregnancy and 34.38% visited thrice, 9.38% visited twice and 6.25% visited once time.

Table 1 Visiting Health Post in Pregnancy

S.N.	Category	Frequency	Percent
1	not visited	1	3.13
2	Once	2	6.25
3	Twice	3	9.38
4	Thrice	11	34.38
5	Four or more	15	46.88
	Total	32	100.00

Source: Field Survey, 2019

Knowledge on care during pregnancy

During pregnancy care is essential for safe motherhood and good health of child to be borne. The data shows the respondents knowledge on various care of mother during pregnancy. It shows that knowledge of TT vaccine is most common among the respondents. Out of 32 respondents, 69 % approved that TT vaccine is essential during pregnancy. Similarly, regular check up is confirmed by 55 % of them. Ignoring rest and restriction on work load, they are compelled to join in domestic chores especially in *Dalit* caste. The study shows that all the respondents taken iron tablets during their pregnancy it is clear that mothers are aware of the health benefits of iron tablets.

Child delivery places

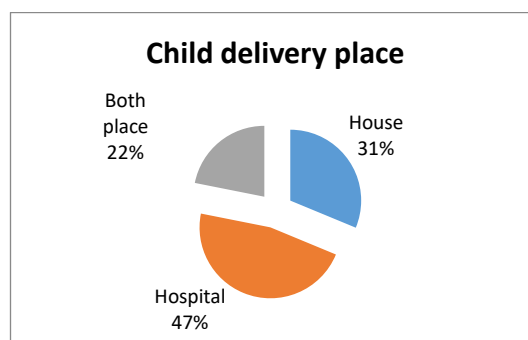
Death due to the delivery is still high in Nepal. The status of child is not satisfactory being an urban area. The table shows that most of the respondent 46.88% went to hospital for child delivery. Likewise 31.25 % gave birth to their children in home during delivery and 21.88 % tried to delivery at first in home but when unsuspended then went to the hospital. The data suggest that the common place of birth is still home. Delivery at home is unsafe and risky to

both mother and children. Sometimes mother and children even lose their lives. So it seems necessary to encourage people to take the pregnant women to hospital for child delivery.

Table 2 Child delivery place

S.N.	Category	Frequency	Percent
1	House	10	31.25
2	Hospital	15	46.88
3	Both place	7	21.88
Total		32	100

Source: Field survey, 2019.



Material used in Child Delivery

Traditionally, unsafe material is used in delivery. Safe materials in delivery reduce the chances of dangerous disease like tetanus. In the study area, majority of respondents, (81.9%) reported that they used *sutkerisamagri* (delivery kits) during delivery. Smaller number of respondents (18.1%) used locally available materials like knife, blade, ordinary thread etc. It shows that unsafe delivery kits used yet in metropolitan area.

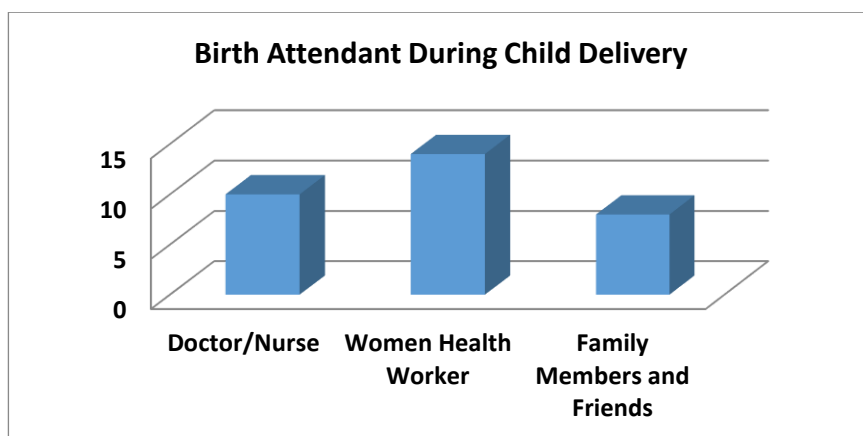
Birth Attendants

In the study area most of the delivery takes place in home. So it is crucial to know who attend birth. There is always some risk to have delivery without trained birth attendants. However, the table shows that most of the deliveries attended by non-trained person. Out of 32 respondents, more than 43.75% reported they delivered child with the help of women health worker; 31.25% with the doctor and nurse and 25% by family members and friends. Out of 32 women, one case had miscarried in the past and the causes are not well informed. After child delivery, a child is bathed immediately with clean water and soap.

Table 3 Birth Attendant During Child Delivery

S.N.	Category	Frequency	Percent
1	Doctor/Nurse	10	31.25
2	Women Health Worker	14	43.75
3	Family Members and Friends	8	25.00
Total		32	32

Source: Field Survey, 2019.



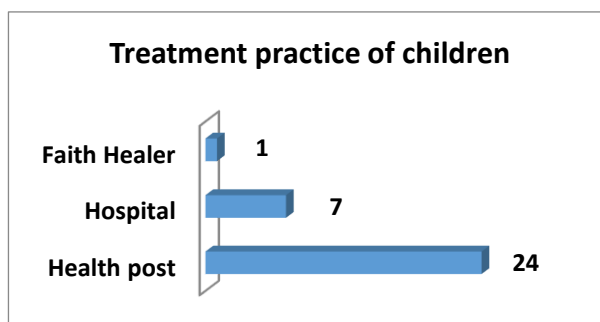
Treatment practice

Many children die because they don't get proper medical treatment even in the most curable and common diseases. People still relies on faith healing and other form of caring. However, the table below shows there is awareness about the modern health facilities. Majority of respondents (75%) reported that they take their children to nearby health post for treatment. Other 21.9 % also take their children to hospital. Marginal number of respondent i.e.3.1 % reported that they take faith healers service when children get sick.

Table 4 Treatment practice of children

S.N.	Category	Frequency	Percentage
1	Health post	24	75.0
2	Hospital	7	21.9
3	Faith Healer	1	3.1
	Total	32	100

Source: Field Survey, 2019.



Immunization of children

Immunization of children is better number to protect children from a few fatal diseases. Effective immunization program is essential aspect of controlling child mortality and morbidity. In the study area am respondent immunized their children. But 32 respondent 78 %

approved that they know the Vaccine. Less than 22% did not recognize the name and time of Vaccine.

Conclusion and Findings

Safe motherhood and childcare is inalienable part in human development. This study was conducted in Uparjare village of Pokhara Metropolitan City. The study area consists of Brahmin and *Dalit*. Though, *Dalits* of the study area are in lower social and economic strata. Safe motherhood is precondition for safe childhood. It is encouraging that most of the women used to go to health centers for regular check up during pregnancy. But it can't be ignored that a minimum number of women did not attend health post regularly. So there is still need to convince mothers about the benefits of regular check up during pregnancy. Women knowledge on various cares during pregnancy is still not satisfactory. It is critical fact that most of the child deliveries take place in home. Despite, being non trained attendants most of them used *sutki samagri*. Though, it seems that there are positive signs. Many of them know the immunization, TT vaccine and iron taking tablet during the pregnancy. This trend indicates people are gradually getting aware of the importance of knowledge and practice on safe motherhood and child care.

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