Women's Educational Status And Maternal And Child Health Care Practices In Jumla District West Nepal

Rawal LB[a], Tiwari SK[a], Devkota BS[b], Chaulagain M[c], Upadhyay R[d] ,and Kanda K[e]

Abstract

Introduction Women and children are the integral part of the world population and are more vulnerable to ill health. Maternal death is a tragedy for children, for families and for the communities as whole. Of world all maternal deaths, 99 percent occurs in developing countries. Most of the maternal deaths can be avoided if preventative measures are taken place adequately.

Objectives To identify existing educational status of the women and the maternal and child health care practices.

Methods Data collection was carried out in the month of August and September 2003 among 73 women of three different Village Development Committees (VDC) of Jumla district. Questionnaire was pre-tested. Interviewer assisted structured questionnaire was employed which consisted socio-economic and general characteristics, educational profile, antenatal care, delivery care and postnatal care.

Results Overall women's educational status of Jumla district is poor, which accounts 64.4 percent women were illiterate and their practice on maternal and child health care found to be poor. Only one third (34.3%) women had visited 4 or >4 times antenatal check-ups during an entire last pregnancy, 28.8 percent women had not visited ANC check-ups during their entire last pregnancy who almost all (95.2%) were identified to be illiterate. Most of the women were aged between 20 and 30 years, more than three-quarter (78.1%) women's occupation was agriculture and their approximate household annual income was very low. More than one-third (37.0%) had approximate annual income was below NRs. 12,000 (approximate 170 USD, in 2003). One in two (49.3%) women had got married at their age of between 10 and 15 years with the illiteracy rate of 72.2 percent. The overall mean age at marriage was 14.7 years with the mean age at first birth 16.6 years. Home was considered as the first place of giving birth for more than 95 percent women with the majority (62.8%) illiteracy. More than 50 percent women's last deliveries were conducted by traditional birth attendants (TBAs) (untrained) with the 44.4 percent umbilical cord cutting practice by the sterilized instrument.

Conclusion The study findings show the overall educational status and MCH care practices during pregnancy, during delivery and after delivery of the women in Jumla district are very poor which can be prevented and improved as well by raising educational status and improving all health related programs throughout the district emphasizing easy accessible and maximum utilization with community participation.

Key words Women, Educational status, Maternal and child health care, Maternal death, Jumla Nepal

Introduction

Globally 29 percent female age above 15 years (1995 est.) are illiterate[1]. Worldwide 600,000 women between the age of 15 and 49, which is known as a reproductive age group, die each year as a result of complications arising from pregnancy and childbirth. When a mother dies, surviving children suffer the most. Sometime these children may die within a few years. Motherless children are likely to get less health care and education as they grown up[2]. Fertility in rural women is 4.4 where in the urban is 2.1. This rate is even higher (4.8) in the mountain region of Nepal. An average age at marriage of Nepalese women is 16.8 years. 70 percent women in all age give first birth by the age 22 years. Moreover one in five adolescent women are 15-19 already mothers or pregnant with their first child[3]. Of total deliveries, 18.3 percent are conducte by the trained health personal in Nepal, where as 7.53 percent in Jumla district[4]. Maternal death accounts of 27 percent of all reproductive age group deaths. Among them 90 percent deaths take place in rural settings. Although 62 percent deaths occur after delivery, most of them are preventable. Almost deliveries (92%) are home based[5]. According to the Human Right Year Book 2001, the women's literacy rate of Jumla is 8.2 percent and the adult literacy rate is 23 percent,[6] but by the DEO

Corresponding Authors: Lal Bahadur Rawal**,** [a]Nepal Institute of Health Sciences, Department of Public Health, Boudha-6, Kathmandu Nepal; [b]Faculty of Education, Tribhuvan University Kirtipur, Kathmandu Nepal; [c]Nepal Family Health Program, Nepalgunj, Banke, [d]Bir Hospital, Kathamndu, Nepal; [e]World Health Organization, Banda Aceh, Indonesia.

Jumla, 2001 this rate among male is 45 percent and female 16 percent[7]. Jumla is considered as one of the district with high IMR, child mortality rate (CMR) and MMR which accounts IMR 65 and CMR 135 per 1,000 live births[8]. Almost one in five children (18%) are malnourished, ARI and diarrhea incidence among the children are 54.8 and 141.6 per 1,000 children respectively[9].

Methodology

A household survey employing descriptive cross-sectional type of research design in a natural setting was carried out in the month of September and October, 2003 in three different VDCs of Jumla district. Of total 30 administrative VDCs and 270 administrative wards, 9 wards from three VDCs (three from each VDC) were included in this study. Out of total married women who had last child below age 5 were selected for the sample population. All procedures of sampling were based on convenient method of non-probability sampling because of researcher's limited resources, time, accessibility and the problem on existing conflict. The collected data were processed, tabulated and analyzed with the help of SPSS for data analysis.

The area chosen for the study were the selected three VDCs of Jumla District, West Nepal. Jumla district lies between 80.30-degree east to 82.47-degree east longitude and 28.97-degree north to 29.5-degree north latitude and is located in the far northern Himalayan region of West Nepal. This district has still not been mainstreamed with the national development by roadways facility[6]. Jumla is one of the most remote and sparsely populated districts of Nepal. The total population of the district was 89,427 in 2001 National Census with 45,845 male and 43,579 female, which resides in 15,850 households with an average family size of 5.54 per household and population density well below the national level (157 per km^2 vs 35 per km^2). Population growth rate of Jumla is 1.77 per year[10].

Results

The overwhelming majority (60.3%) of the respondents were between the age of 20 and 30 years followed by 19.2 percent 30-40, 16.4 percent >40 and 4.10 percent of the age below 20 years. Among all respondents, 64.38 percent were illiterate. More than three-quarters women (78.1%) were involved in agricultural occupation. More than two-third (69.9%) found that their major source of income in their family was agriculture. Majority (37.0%) respondents have least or less than NRs. 12,000 income annually. The majority respondents (66.7%) said they have food coverage to eat by their own agricultural production for 4 to 8 months in a year, where as 19.4 percent for 9 - 12 months and 9.7 percent have food to eat less than 4 months in a year. The very low proportion (4.2%) said they have food sufficiency for more than 12 months or sufficient to eat. Regarding the age at marriage, it was found that one in two (49.4%) respondents had got married when their age was between 10 and 15 with the illiteracy rate of almost three-quarters (72.2%). Respondents who had got married below 10 years of age were all illiterate but two-third (66.7%) literate who had got married at the age of after 20. More than one-fourth (27.4%) respondents had never received any dose of TT injection with the 94.7 percent illiteracy rate. Of total T.T injection recipients, 12.3 percent had received only one shot during their last pregnancies with the illiteracy rate 77.8 percent in compare with 80 percent literacy among the recipients of three dose of T.T injection in their last pregnancies. One-quarter (26.0%) respondents had received full course of T.T injection, which is considered as life time protection from tetanus with the literacy rate of 36.8 percent. Moer than one-quarter (28.8%) respondents had not done ANC visit during their last pregnancy. 34.2 percent respondents had done ANC visits for 4 or more than 4 times followed by 13.7 percent for 3 times, 12.3 percent for 2 times and 11.0 for 1 time only during an entire last pregnancy. Among respondents who had done one ANC visit, 62.5 percent were illiterate, where the respondent of 4 or more than 4 visits, 56.0 percent literate. The results regarding ANC is shown in table as follow

Table 1. Antenatal Care by educational status (N=73)

Age at marriage	No. of Women	Educational status		Percentage
		Literate %	Illiterate %	
< 10 Years	2	-	100	2.7
10-15 yrs	36	27.8	72.2	49.4
16-20 yrs	32	43.7	56.3	43.8
> 20 yrs	3	66.7	33.3	4.1
TT shot				
1 shot	9	22.2	77.8	12.3
2 shot	15	53.3	46.7	20.5
3 shot	10	80.0	20.0	13.7
≥4 shot	19	36.8	63.2	26.0
None shot	20	5.3	94.7	27.4
Number of ANC visits				
1	8	37.5	62.5	11.0
2	9	44.4	55.6	12.3
3	10	50.0	50.0	13.7
4 or > 4	25	56.0	44.0	34.2
Not visited	21	4.8	95.2	28.8

Almost three-quarters (72.6%) respondents had given first birth in their age between 15 and 19 followed by 23.3 percent 20-24 and 4.1 percent below age 15 years. It has been widely accepted that early child bearing adversely affects the health status of the mother and its child, here in this study it has been found that three-quarters respondents had become mothers before the age 20 years. Majority (43.8%) had three years of birth interval between youngest and younger child followed by 38.3 percent two years, 9.5 percent four or greater them 4 years and 8.2 percent one year. Almost all respondents (98.6%) had knowledge regarding contraceptive devices with the ever or currently users (42.5%). Among the currently or ever users, majority (38.7%) husbands had already done vasectomy/ male sterilization followed by 25.8 percent been using condom, 22.6 percent Depo-Provera (injectable per every three months) and 12.9 percent taking pills tablets. It is very remarkable point that, nobody reported to be done female sterilization in this study where as the study report NDHS, 2001 showed 15 percent at the national level.

Table 2. Antenatal care practices (N=73)

Age at first birth	Number	Percentage
< 15 years	3	4.1
15-19 years	53	72.6
20-24 years	17	23.3
Birth interval		
1 Year	6	8.2
2 Years	28	38.4
3 years	32	43.8
4 or > 4 years	7	9.6
Knowledge on FP devices		
Yes	72	98.6
No	1	1.4
Ever or currently users	31	42.5
Not users	42	57.5

Delivery Care and Educational status

Overwhelming majority of women (61.6%) women had not practicid the supplementary nutritious food during all phases of their last pregnancies. The major reasons behind not practiced nutritious food during their entire phases of pregnancies were low purchasing power (35.5%) followed by not available nutritious food (31.1%), lack of knowledge (26.7%), and no necessary to intake (6.7%).

Almost all (95.9%) respondents had given birth their last child at home. This figure is higher with BCHIMES, 2001 at the national level (85.6%). 2.7 percent had given last birth at the cowshed and 1.4 percent at the hospital. Among the all respondents who had given birth at the home, majority (62.8%) were illiterate. There has been trend of choosing hospital as a first place of delivery, whenever the signs of complication occur. One respondent who had given birth at the hospital and illiterate said that she was brought to the hospital when she suffered from prolonged labour (emergency sign of delivery) and she had given birth last baby at the hospital.

Table 3. Delivery care by educational status (N=73)

Place of delivery	No. of Women	Educational status		Percentage
		Literate	Illiterate	
Home	70	37.2	62.8	95.9
Cowshed	2	-	100	2.7
Hospital	1	-	100	1.4
Delivery assisted by				
TBA (untrained)	42	33.3	66.7	57.5
TBA (Trained)	10	40.0	60.0	13.7
Neighbour/Friends	13	15.4	84.6	17.8
Nurse/ANM	8	75.0	25.0	11.0
Episodes of vaccines				
1 Vaccine	4	-	100	5.5
2 Vaccine	3	33.3	66.7	4.1
3 Vaccine	5	60.0	40.0	6.8
4 or > 4 Vaccine	54	42.6	57.4	74.0
Not given	7	-	100	9.6

About three in five (57.5%) women's last delivery were assisted by untrained TBAs, out of them 66.7 percent were illiterate women. Only 13.17 percent assisted by trained TBAs, where as 17.8 percent by Neighbours/ Friends and 11.0 percent by Nurse/ ANM. Those women who were assisted by Nurse/ ANM, 75 percent were literate. The expanded program of immunization

(EPI) is a priority program for the government of Nepal. The result shows that 9 in 10 (90.4%) children had received vaccines. Those who had not given any dose of vaccine (9.6%) were identified almost illiterate. Of seven respondents who had not vaccinated to their children, 71.42 percent had told that they had no time to take their child to the vaccination clinic followed by 14.28 percent not available and 14.28 percent no need to have vaccination.

DISCUSSION AND CONCLUSION

Among all respondents, 64.38 percent were illiterate. Although almost three quarters (71.2%) had received ANC services during their last pregnancy, only one third (34.2%) were found to be followed the standard visits recommended by Safe Motherhood Program in Nepal. Still more than one quarter (28.8%) have been left from ANC services during their last pregnancy and among them almost all (95.2%) were illiterate. Currently or ever family planning devices users were 42.46 percent (including husband). Of them 38.7 percent had done male sterilization where it is remarkable that none reported to be done female sterilization. This study found that almost 95.9 percent women had given their birth at their home , among whom 62.85 percent were illiterate, 2.73 percent at the cowshed and only 1.36 percent at the hospital. Majority of the deliveries (57.5%) were assisted by untrained TBAs, where only 13.7 by trained TBAs and 11.0 percent by trained health workers. One in ten (9.6%) child of all respondents with the cent percent illiteracy have not been immunized any vaccine yet after birth has taken place.

The study result shows the literacy status of the women of Jumla is very poor, where only one-fourth women found to be literate. The frequency of ANC visit is very poor, only one-third women had followed the standard frequency of visit as recommended by the Safe Motherhood Program in Nepal. Among them majority proportion of women were literate. Where around one-third women had not received ANC services during their last pregnancy with the almost all (95.2%) illiteracy rate. Home was the first place of delivery for the most of women. Few of them prefer cowshed and very few of them hospital. It is concluded that there is no any role of education in choosing the first place of birthi ng whether they are literate or illiterate. Even though, the women who were literate and could access hospital services easily (1.30 to 2 hours on foot) theywere not choosing hospital. There may be so many reasons behind it such as unavailability of delivery services, quality services, expensive services, lack of nursing staffs, lack of cooperation etc. These all reasons are not studied in this study. So these all subjects may be areas of further research.

As education plays crucial role in raising health status of the women through proper and maximum utilization of MCH care services available at the every levels of care and the literacy rate among women in Jumla district is very poor, it seems necessity to raise the literacy before thinking a better utilization of MCH care services. The policy regarding educations need to focus effective women literacy programs, special educational packages for school going girls, proper distribution of schools and effective teaching etc. Furthermore the policy regarding health need to focus health education and awareness raising programs at the community level emphasizing MCH care.

On the basis of this study findings, it has been concluded that the overall educational status of the women in Jumla district was very poor and the MCH care practices during pregnancy, delivery and after delivery also very poor. To enhance the health status of the women it seems necessity to raise the literacy status before planning and implementing the programs for better utilization of MCH care services. The policy regarding educations need to focus effective women literacy programs, special educational packages for school going girls, proper distribution of schools and effective teaching etc. Furthermore the MCH care in Jumla could be improved by focusing health education and awareness raising programs at the community level emphasizing family planning, delivery and PNC, consequences of early marriage, large family size, reproductive health problems and elderly women reproductive health problem etc.

References

1. CIA. The World Fact Book, 2004, Available at:http://www.cia.gov/cia/publications/factbook.html, Accessed on 15th February 2005.
2. World Health Organization (WHO/ SEARO), *Making Pregnancy Safer, South-East Asia*. Asia Regional Office, New Delhi, 2001.
3. New Era, Ministry of Health, ORC Macro. *Nepal Demographic and Health Survey, 2001*. Kathmandu Nepal, 2001.
4. HMG Nepal, Ministry of Health, Department of Health Service, District Health Office Jumla*, Annual Health Report, 2004/ 05,* Jumla District Nepal.
5. HMG, National Planning Commission, CBS, UNICEF Nepal, *Report on the Situation of Women, Children and Households, March - May 2000,* Kathmandu Nepal, 2001.
6. Karnali Integrated Rural Development and Research Center Jumla, *Governance in the Karnali, An explanory study,* Jumla, Nepal, 2002.
7. District Education Office Jumla, *Educational Mirror Jumla.* HMG, DEO Jumla, 2002/ 2003.
8. Ministry of Local Development, District Development Committee Jumla, *District Profile*, DDC Jumla Nepal, 2002/ 2003.
9. HMG Nepal, Ministry of Health, Department of Health Service, District Health Office Jumla*, District Health Profile. 2002 Jumla,*
10. Central Bureau of Statistics, *Population Census, National Report,* HMG/Nepal, 2003.