

**Feeding Practices of under two years children in Darai Community
of Chitwan District**

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2008

Approval Sheet

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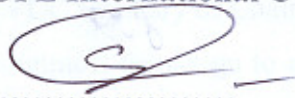
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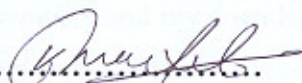
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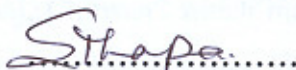
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Acknowledgement

I would like to express my sincere gratitude to entire public Health Department for their guidance, cooperation and support and thanks to our respectable teachers and Head of department Naveen Shrestha, his valuable suggestion and guidance to complete this research. Vote of thanks goes to my research guide Mr. Bijay Bharati for his full guidance and support in this study. It is a sense of honor and pride for me to place on record my sincere thanks to our respected teachers Mr.Salauddin Miya, Mahesh Kafle and Piush Ghimire.

My cordial thanks go to “Nepal Darai Utthan Samaj, Chitwan” which made my study easier. Thanks go to Mr. Ananda Darai, President of Nepal Darai Uthhan Samaj, Chitwan, ex. President Mr.Mangal Ram Darai and Noma Darai for their support and help which made my study easier and faster. Thanks goes to VDC secretary of Kathar VDC and VDC secretary of Chainpur VDC.

The outmost thanks go to all my respondents for kind coordination, active participation, during data collection on creation of sound environment without which I would be unable to complete my study.

I am indeed grateful to our college Hope International College for administrative and management support. All the staffs of college who had helped in completion of report is also integral part.

Thanks go to my brothers Amrit Kandel and Santosh Gurung and Nawaraj Bhattarai who helped me during data collection. Special thanks go to my friends Ramesh Neupane and Bishnu Pandey.

Last but not least, I would like to give my heartfelt thank to all people, my family members and my friends who generously helped me directly or indirectly in creation of this report. Thanks expressed in words do not adequately convey my gratitude. But its only words are all I have to show my gratitude to everybody.

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Kamal Prasad Kandel

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List of Abbreviations

BF	=	Breast feeding
CF	=	Complementary feeding
DOHS	=	Department of health services
DPHO	=	District public health office
HH	=	House holds
IDA	=	Iron deficiency anemia
IDD	=	Iodine deficiency disorder
LBW	=	Low birth weight
MDG	=	Millennium development goals
MoHP	=	Ministry of health and population
NDHS	=	Nepal demographic and health survey
NFHS	=	Nepal family health survey
PEM	=	Protein energy malnutrition
VAD	=	Vitamin A deficiency
WHO	=	World health organization
ToT	=	Training of trainers
IYCF	=	Infant and young child feeding
HWs	=	Health workers

Abstract

It is mandatory for Bachelor of public health. Student to do research in particular interested topic, in the partial fulfillment of the Bachelor degree of public health. So for the fulfillment of Bachelor degree I had conducted research entitled "Feeding practices of under two years children in Darai community of Chainpur and Kathar VDCs of Chitwan.

Nepal is one of the developing Countries in the South Asia. Early childhood is very important and the crucial period for the proper physical, mental and emotional development. Therefore the child should be looked especially at this period .in Nepal, child below two years are suffering from malnutrition the most.

An improper feeding practice among young children particularly 6-23 months is a major cause of malnutrition. Thus, the present study has been focused on feeding practices of fewer than two years children. The study was quantitative study. Main objective of the study was to know the feeding practices of under two years children in Darai community of Chainpur and Kathar VDCs of Chitwan. Questions were related to the Breastfeeding practices, Complimentary feeding practices, feeding during Diarrhea and Pneumonia.

Altogether 98 mothers were taken for the study. The structured questionnaire was developed, pretested and used to collect the information. After the collection of data, it was analyzed by using EPI-INFO 2002 version. Also, the data was presented in different tables to make it more clear and specific.

Among 98 of the respondent 18.37% of the mothers had child below 7 months and 81.63% of the respondent had child below 7-23 months. Majority of the respondent were aged between 21-25 years. Mean age of the mother is 23.8. All were Darai 92.86% respondent were educated, among them only 2.04% had higher education.

Some of the respondents were pregnant before the age 20 years. 68.37% respondent had first Breastfed their child with in 1 hour of birth. Almost 95.92% did not give prelacteal feed to their children. Colostrum feeding was seen good i.e. 95.92% of the respondent had feed their child. Current breastfeeding practice is seen good which was 96.94%. exclusive breastfeeding practice was very good which results the positive health of child.

About 89.8% of the respondent had started giving complementary food in correct time. Almost all respondent give sarbottam pitho and later on family food as complimentary. 69.39% of the respondent had heard about sarbottam pitho; among them 69.4% have correct knowledge of preparation of sarbottam pitho.

Regarding question related to diarrhea 46.93% had suffered from it. Among them 83.7% had correct method of preparation of ORS. 60.2% the respondent had Breastfed during Diarrhea, 68.37% use fluid, 70.4% use food during diarrhea.

Regarding question related to Pneumonia 68.37% had knowledge about at least two symptoms of pneumonia. 2.04% respondent went Dhama/Jhankri for treatment of Pneumonia.

CHAPTER I

1.1 Introduction

Nepal is a land locked country, situated on the southern slopes of Himalayan Mountains between china in north and India in south, east and west. It is located between $26^{\circ} 22'$ and $30^{\circ} 27'$ north latitudes and $80^{\circ} 4'$ and $80^{\circ} 12'$ east longitudes with the total surface area of approximately 1, 47,181 sq km. it is elongated and quadrilateral in shape with the average east to west 885km, the north-south width is not uniform, the maximum being 241km. the minimum 145 km and average being 193 km.

Ecologically the country divided into three regions, running east to west. They are the mountains, the hill and the Terai. About 77% of the area of northern portion consists of mountains, hills including river basins and tars (elevated flat lands).the remaining 23% land area on the southern side is low and flat. Three mountains – hill ranges – the siwalik range (south) , Mahabharata range (middle) and Himalayan range (north) roughly divide the country in to four major physical divisions. From south to north, there are outer Terai, inner Terai hilly and Himalayan regions.

On the basis of climate, Nepal can be divided into the following regions – subtropical Terai region and siwalik range (inner Terai) , temperate – Mahabharata range (hill region) and Alpine Himalayan region. The country lies within the monsoon belt and has three distinctly recognizable seasons – hot season (April to June), rainy season (June to august) and cold season (October/November- February).

For administrative purpose, Nepal has been divided in to five development regions. 14 zones and 75 districts. Districts are further divided in to VDCs and sometimes in to urban municipalities. A VDC consists of 9 wards. At present there are 3913 VDCs , one metropolitan city , four sub metropolitan city and 58 municipalities.

Chitwan is the district, which falls on the central development region of Nepal having 2218 square km of area. It is situated in the elevation of 244m to 1945m. There are 36 VDCs and two municipalities. Districts headquarter is Bharatpur. Total population is 472048. Among them 235084 male and 236964 are females.

1.2 Statement of the problem

The nutritional status of young children reflects the level of and pace of HH, community, and national development. Malnutrition is a direct result of insufficient food intake or repeated infectious disease or a combination of both. It can result in an increased risk of illness and death and can also result in a lower level of cognitive development.

The problem of malnutrition is not only a problem of Nepal but it is a global problem. In the case of developed countries, there is the problem of over nutrition but in the case of developing countries, there is the problem of under nutrition. Developing countries have under nutritional problem such as PEM, IDD, IDA and VAD.(3)

The healthy future of society depends on the health of the children of today and there mothers, who are gaudiness of that future. However, despite much good work over the years, 10.6 millions children and 529000 mothers are still dying in each year, mostly from avoidable causes. A world under 5 mortality rate is 79/1000 in 2003. Overall children today are better nourished. Between 1990 and 2000, the global prevalence of stunting and underweight decline by 20% and 18% receptively. Each year, about 4 million newborns die before they are 4 weeks old. 98% of these deaths occur developing countries. Newborn deaths now contribute to about 40% of all deaths in children under 5 of age globally. Neonatal mortality is now 6.5 times lower in the high income countries than in other countries. The most recent estimates show that newborn mortality is considerably higher than usual thought and accounts for 40% of under 5 deaths, less than 2 % of newborn deaths currently occur in high income countries.(10)

Relating Nepal, the current status of childhood mortality, infant mortality rate (per 1000 live births) is 64.4; under 5 mortality rate (per 1000 live births) is 91.2. Percent of stunted (children under 5 years) is 50.5, percent of wasted (children under 5 years) is 9.6 and percent of underweight (children under 5 years) is 48.3.

The status of exclusive breastfeeding, percent of children under 4 months who are exclusively breastfed is 78.8. Related this percent of children age 6- 9 months receiving breast milk and complementary food is 66.2.

Related to the study area that is according to region , central development region the percent of ever breastfed is 98.6 .percent who that started BF within 1 hour of birth is 33.8 and within 1 day of birth is 74.9. Percent who received a prelacteal feed is 49.7. (2)

1.3 Rationale

Nepal is one of the country where infant and child mortality rate is high. Different factors are responsible for its cause, lack of proper nutrition, feeding practices are one of the major causes of under nutrition in young children. Nutriotion of infants and young children depends on how they are felt particularly exclusive breastfeeding practices and complementatary feeding practices.

Improper feeding practices affect the nutritional status of children that leads to increased infant morbidity and mortality.

Several national level studies showed poor nutrition situation of children in far west and mid west regions as compared to eastern, central and western of Nepal .in addition to Darai community who are the ethnic group of Nepal. Who were deprived of many opportunities in our society because of lack of education and other factors associated with society. So their health and nutritional status getting poor day by day. Although various INGOs/NGOs and government have been put efforts to their upliftment, attention for their health and nutrition activities.

Therefore, the present study attempts to find the feeding practices of children who are the most vulnerable group of community.

1.4 Objectives

1.4.1 General Objective

- To find out the Breast Feeding and complementary feeding practices of under two years children in Darai community of Chainpur and Kathar VDCs of Chitwan.

1.4.2 Specific Objectives

- To find out socio-economic and demographic condition of Darai.
- To find out the breastfeeding practices.
- To identify the complementary feeding practices.
- To assess the feeding during illness.

1.5 Research Question

- What are the Breast Feeding and complementary feeding practices of under two years children in Darai community of Chainapur and KatharVDC, Chitwan?

1.6 Operational definitions

Nutrition

Are the sciences of food and its interaction with an organism to promote and maintain health? Nutrition is a combination of process by which all parts of the body receive and utilize the materials necessary for the performance of their functions and for the growth and renewal of all the components. It is a condition, which reflects the utilization of food in the body.

Feeding

Feeding means any kinds of food given to the babies who are unable to eat family food by themselves. it includes mainly breast feeding and weaning or supplementary food e.g.: mother's milk, cow's milk, sarbottam pitho, jaulo, other liquid, vegetables, pulses and fruits.

Breast feeding

Feeding breast milk.

Exclusive breast feeding

It is defined as no other food or drink, no even water, except breast milk for at least 6 months of age, but allows the infant to receive drops and syrups (vitamins, minerals and medicines).

Complimentary feeding

After exclusive breast feeding introducing and continuing solid food to the children.

Darai

Ethnic caste of Nepal and their culture is almost similar to Danuwar, Bote/Majhi.

Illness

It is the state of being physically or mentally ill. Here in this illness includes diarrhea, cough and colds.

CHAPTER II

2.1 Literature Review

In Nepal, children below the age of five years still need special attention as the most of the children of this age group in the community are suffering from various health problems. However, the investigator in the present study attempts to focus on the nutritional problem of infant and young children.

Malnutrition can start before birth and can persist throughout life. Many babies are born with low birth weight and micronutrient deficiencies .poor feeding practices during the first two years of life have immediate and long term negative consequences on growth and development.

Exclusive breastfeeding for about six months ensures that the young infant receives maximum health and nutritional from breast milk .exclusively breast fed infants are at a much lower risk of infection from diarrhea and ARI than non breastfed infants. When other foods or fluids consumed, there is an increased risk of exposing the young infants to pathogens that cause sickness, leading to decreased nutrient intake and death.

Breastfeeding is nearly universal in Nepal, and the median of breastfeeding is long (34 months). Nearly one in three children is breastfed within one hour of birth. Whole two out of three babies are breastfed within one day of birth. this is an improvement over the last five years. However country to the WHO'S recommendation, only two third's of children less than six months of age are exclusively breastfed. The use of bottle with a nipple is relatively rare in Nepal with only 4% of children under 6-9 months of age given something to drink bottle.

Breast milk provides all the energy and nutrients a baby needs for a healthy growth. it also provides the baby with anti- infective factors ,which protect against diarrhea and other infections , and provides a social and psychological link between baby and mother.Breastmilk alone , exclusively breast feeding , should continue for the first six months.

From 6- 12 months breast feeding continues to provide half or more of the child's nutritional needs, and from 12-24 months, at least one third of their nutritional needs .As

well as nutrition, breast feeding continues to provide protection from many illness for the child and provides closeness and contact that helps psychological development.

Complementary feeding means giving other foods in addition to breast milk. These other foods are called complementary foods, as they are additional or complementary to breastfeeding, rather than adequate on their own as diet. Complementary foods must be good foods and in adequate amounts so the child can continue to grow. During the period of complementary feeding, the young child gradually becomes accustomed to eating family foods, though breast feeding continues to be an important source of nutrition and protective factors until the child is at least two years old.

Starting other foods in addition to breast milk at six months helps a child to grow well.

Risks of Starting Complementary Foods Too Early:

Take the place of breast milk, making it difficult to meet the child's nutritional needs.

Result in a diet that is low in nutrients if thin, watery soups and porridges are used because these are easy for babies to eat.

Increase the risk of illness because less of the protective factors in breast milk are consumed.

Increases the risk of diarrhea because the complementary foods may not be as clean as easy to digest as breast milk.

Increase the risk of wheezing and other allergic conditions because the baby can not yet digest and absorb other foods well.

Increases the mother's risk of another pregnancy if breastfeeding is less frequent.

Risks of starting complementary food too late:

The child does not receive the extra food required to meet his/her growing needs.

The child grows and develops slower. Might not receive the nutrients to avoid malnutrition and deficiencies such as anemia from lack of iron.

Most babies' do not need complementary foods before six months of age. All babies older than six months of age should receive complementary foods.⁴

Feeding Frequency:

There is no hard and fast rule but the following schedule can be used as references.

From birth to 4-6 months

Breast fed on demand at least eight times in 24 hours.

Around six months

- Breast feed at least eight times in 24 hours.
- Give complementary food 1-2 times per day if necessary.

From 6-12 months

- Breast feed as often as child's wants.
- Give complementary food 3-4 times per day.(give five times if not breast feed)

From 12-23 months

- Breast feed as often as child wants.
- Feed complementary food 4-5 times per day.
- Feed three meals and two snacks per day.

Over 2 years to 36 months

A feeding schedule should take account of:

- Energy density and consistency of food.
- Mother's time and resources.
- Child's appetite a child more appetite needs frequent feedings.5

Guidelines for Complementary feeding:

1. Duration of exclusive breastfeeding and age of introduction of complementary foods. Practices exclusive breastfeeding from birth to six months of age, and introduce complementary foods at six months of age while continue to breast feed.
2. Maintenance of breast feeding: continue frequent, on-demand breast feeding until 2 years of age or beyond.
3. Amount of complementary food needed: start at six months of age with small amounts of food and increase the quantity as the child gets older, while maintaining frequent breastfeeding. The energy needs for complementary food for infants with "average" breast milk intake in developing countries are approximately 200 kcal per day at 6-8 months of age, 300 kcal per day at 9-11 months of age, and 550 kcal per day at 12-23 months of age. In industrialized countries these estimates differ somewhat 130, 310 and 580 kcal per day at 6-8, 9-11 and 12-23 months, respectively, because of differences in average breast milk intake.
4. Feeding during and after illness: increase fluid intake during illness, including more frequent breast feeding, and encourage the child to eat soft, varied, appetizing, favorite foods. After illness, give food more often than usual and encourage the child to eat more.

According to Henry Wamani, Anne Nordrehany, Astrom, et.al. The study done in western Uganda states: breast feeding was universal (99%) with a median duration of 21 months. Pre-lacteal use was high (43%) with educated mothers more prone to the practice. using a 24-hour recall: the median duration of exclusive breast feeding was 3.5 months; 10% of infants were bottle-fed; 92% of the 0-5 months old infants breastfed 6 or more times; 21% of 2-3 months old received complementary food instead of breast milk only and 19% of 6-8 months old were only breastfed instead of receiving complementary food of children, 12 months and above, 42% were complimented twice or less and 49% complimented 3 or 4 times. Only 36% of breastfed children between 6-23 months received dairy milk.⁷

Of the estimated more than 20 million low-weight births each year in the developing world, more than half occur in south Asia and more than one third in India.

South Asia

With a rate of 46%, the levels of children underweight in south Asia are staggering. Three countries-India, Bangladesh and Pakistan account for half of the worlds underweight children, despite having just 29% of the developing world's under five population. Underweight prevalence in the region declined from 53% in 1990 but the average annual rate of 1.7% is insufficient to meet the MDG target.

Bangladesh, despite declines in underweight prevalence between 1990 and 2004, still has the second highest proportion of children underweight after Nepal. Both India and Pakistan are making progress but it is insufficient. Bhutan reduces its underweight prevalence by half in about 10 years, and Afghanistan and Maldives have made significant progress.

In south Asia other forms of under nutrition have persisted 44% of under five are stunted and 15% are wasted. South Asia is the only region in which girls are more likely to be underweight than boys. While most infants are initially breastfed, only 38% are exclusively breastfed for the first six months.⁹

According to one of the study conducted in kathmandu; the findings of the study indicated that traditional about 92% HH were found practicing traditionally complimentary feeding practices where 8% HH were found practicing commercial complimentary feeding practices. among traditional complimentary food fed children, 63% of children were found suffering from mild to severe form of malnutrition where as among commercial food fed, only 41% of children suffering from severe malnutrition were come from the HH of employees.⁸

Malnutrition remains a serious obstacle to child survival, growth and development in Nepal. The most common forms are PEM, IDD, IDA and VAD.

Stunting is more common in the mountain areas than in the Terai , but underweight and wasting are most common in Terai .Main cause of PEM in Nepal is LBW as 30 -50 % of children have LBW below 2.5 kg.VAD is the problem among school aged and women.

Rates of night blindness increase with age in both children and women. Rates are higher in rural areas. Among pre-school children no cases of night blindness are reported in urban areas. The highest rate of night blindness is seen in the eastern and central Terai.

The prevalence of worm infestation in Nepal is very high.³ Anemia caused by iron deficiency is a severe public health problem in Nepal affecting all segments of the population. Approximately three-quarter of the pregnant women in Nepal are affected by iron deficiency anemia. The prevalence of anemia was higher in pre-school children (78%) than in pregnant women (75%) moreover, astonishingly high rate of 90% was found in infant's 6-11 months.¹⁴

Children below five years:

50.5% are stunted (short for age)

48.3 are underweight (low weight for age)

9.6% are wasted (thin for height)

13% have combination of stunting, VAD and IDA.

Infants and young child feeding practices in Nepal:

Situation of young child feeding practices:

69% of children breastfed within one hour of birth.

39% of children do not get colostrums (first milk)

Mean duration of breastfeeding is 29 months.

Frequency of breastfeeding is 6 times or more in 24 hours.

65% of children get complimentary food made from grains.

17% of children get fruits and vegetables rich in vitamin A.

31.1% babies in Nepal breastfed within one hour of birth.

98% babies in Nepal are ever breastfed.

34 months is the median duration of breastfeeding of children under 36 months of age.

72.8% babies 0-<4 months of age exclusively breastfed in Nepal.

Started breast feeding by ecological region (%)

Region	With in an hour of birth		with in 24 hour	
	1996	2001	1996	2001
Mountain	21.7	34.5	75.2	91.4
Hill	22.1	42.3	77.3	87.2
Terai	14.2	21.4	42.0	42.8

Source: NFHS (1996),NDHS(2001)

EXCLUSIVE BREASTFEEDING STATUS (%)

Child age (months)	exclusive BF	BF and water only	BF and complementary food
<2	86.7	6.3	3.1
2-3	72.8	11.7	5.5
4-5	54.2	14.9	17.7
6-7	11.7	18.5	52.5 (2)

Objectives of the nutrition program:

Control of PEM

- To reduce PEM in children under three years of age through a multi-sectoral approach.

Control of IDD

- To virtually eliminate IDD and achieve its elimination by the year 2010.

Control of VAD

- To virtually eliminate VAD and achieve its elimination by the year 2010.

Control of anemia

- To reduce the prevalence of anemia (including iron deficiency) by one third by the year 2010.

Low birth weight

- To reduce the incidence of low birth weight to 19% of all births by the year 2007.

Protection and promotion of breast feeding:

- To promote exclusive BF till the age of six completed months thereafter, introduce complimentary foods along with breast milk till the child completes 2 years or more.

Targets:

- Reduce severe and moderate malnutrition among children under three years of age at 40% by the year 2007.
- Reduce iron deficiency anemia in pregnant women to 58% by the year 2007.
- Reduce sub-clinical VAD among children under five years of age to 19% by preventive measures by the year 2007.
- Reduce nutritional blindness caused by VAD among pregnant women to 3% by the year 2007.³

CHILD NUTRITION STATISTICS BY REGION:-

Percent of under five (1996- 2005) suffering from

Countries and territories	Under five MR 2004	Under weight	stunting	wasting	% of infants with LBW (1998-2004)	% of children exclusive breastfeed <6months (1996-2004)
Developing coteries	87	27	31	10	17	36
Least developed countries	155	36	42	10	19	34
South Asia	92	46	44	15	31	38
World	79	26	30	10	16	36

(9)

Infants Mortality Rate/1000 Live Births:

Urban	50.1
Rural	79.3
Mountain	112
Hill	66.2
Terai	88.8

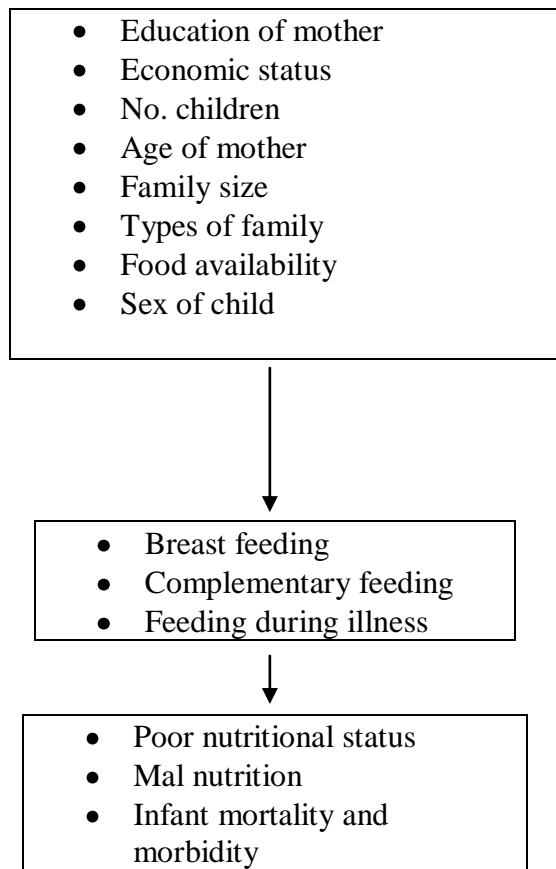
Under five mortality rate/1000 live births:

Urban	65.9
Rural	111.9
Mountain	64.9
Hill	41.9
Terai	49.7 (2)

Under nutrition places children at increased risk of mortality and morbidity and is associated with impaired mental development. Nutritional status varies by background characteristics. Especially striking are differences practices affects the health of both of mother and her children. By improving feeding practices, a health of baby will more good and balanced.

In general the nutritional status of children has improved over the last five years.48% of children under 5 were under weight in 2001 compared to 45% of children in 2006. Similarly, 51% of children were stunted in 2001 compared 43%in 2006.However, there was a small increase over the last 5 years in the percentages of children under 5 who are wasted from 10% in 2001 to 12% in 2006(12)

2.2 Conceptual frame work



CHAPTER III

Methodology

3.1 Study design

Study design was conducted according to the Descriptive, cross-sectional.

3.2 Study site

Study site was Chainpur and Kathar VDCs of Chitwan district.

3.3 Study population

Mothers of under two children in Darai community of Chainpur and Kathar VDC of Chitwan were taken for the purpose of research.

50 mothers from Chainpur and 48 mothers from Kathar VDCs were taken for research.

3.4 Sampling procedure

Selections of VDCs being purposive but census method were done.

3.5 Sample size

Fifty household in Chainpur and Forty eight household in Kathar.

3.6 Inclusion criteria

Mothers having children <24 months of age were included.

3.7 Data collection techniques and tools

Structured questionnaire were developed in Nepali language.

3.8 Variables of the study

3.8.1 Dependent Variables

Breastfeeding

Complimentary feeding

Feeding during illness

3.8.2 Independent variables

Education of mother

Economic status

Number of children

Age of mother

Family size

Types of family

Food availability

Sex of the child

3.9 Validity and reliability

- Validity and reliability was maintained by pretest.
- A research guide and expert were considered for the review of the questionnaire.
- Related literature review was done.

3.10 Ethical consideration

- Verbal consent was taken from respondent.
- Confidentiality was maintained.
- Permission was taken from VDCs.
- Written letter was shown to the VDC secretary from the college.

3.11 Limitation of the study

Site selection is purposive.

3.12 Data processing and analysis:

Manually collected information was kept in the dummy table and decoded. Data was analyzed manually and lastly complication was done with the help of computer.

CHAPTER IV

Findings

Demographic information

Age of the respondent

Table 1 Age of the respondent:

Age interval	Number (%)
< 20	23 (23.47)
21-25	45(45.92)
26-30	20(20.41)
31-35	9(9.18)
36 and >	1(1.02)
Total	98(100)

The study from the above table shows that most of the respondents are under the group 21-25 Years on which the lowest age is 17 Years and the highest age is 37 years by which the mean age of the respondent was found to be 23.8years.

Age of the children

Table 2 Age of the children

Age of the Children	Number (%)
1-6 months	18 (18.37)
7-23months	80(81.63)
Total	98(100)

From the above table, it is found that most of the children under study were above 6 months i.e. 80 and children below 7 months were 18.

Educational status of mother

Table 3 Educational status of mother

Educational status	Number (%)
Illiterate	7 (7.14)
Literate	20(20.41)
Primary	39(39.8)
Middle	20(20.41)
Secondary	10(10.20)
Higher secondary	2(2.04)
Total	98(100)

The educational status of the respondent is good that 7% are only illiterate while other are literate and among the respondent , primary education is found higher while higher education is low.

Care taker of children when mother is away from home:

Table 4 Care taker of children when mother is away from home:

Care taker of children	Number (%)
Mother/father in law	39 (39.8)
Husband	30(30.61)
Elder siblings	8(8.16)
Other family members	20(20.41)
Neighbors/friends	1(1.02)
Total	98(100)

Most of the care taker of the children when mother is away from home was found mother/father in law and almost husband are also found in greater number. While elder siblings are also found caring the children in the mother's absence.

Information about breastfeeding:

First breastfeeding to the child after birth:

Table 5 First breastfeeding to the child after birth:

First breastfeeding after birth	Number (%)
During the first hour of delivery	67 (68.37)
During 1-8 hour of delivery	24(24.49)
More than 8 hour of delivery	2(2.04)
Don't remember	1(1.02)
Others	4(4.08)
Total	98(100)

68.4% of the respondent had breastfeed within 1 hour of birth to their babies. It is good for child's health, only 4 respondents that are included in others had feed breast milk after 2 -3 days due to lack of milk on mother.

Table 6 Respondents knowledge about the Yes/No question

Variables	Yes (N=98)	
	No.	Percent (%)
Squeeze the fluid from the nipple when first put to the breast	33	33.67 %
Colostrums' feeding up to first 3 day's:	95	96.94%
Current Breastfeeding practices	95	96.94%
Eat or drink anything else besides breast milk	80	81.63%
Pre-lacteal feeding	4	4.08%
Bottle-feeding practice	0	0.00%
Knowledge about Sarbottam pitho	68	69.39%
Child suffer from Diarrhea within past 2 weeks	46	46.93%
Care seeking during diarrhea:	58	59.18%
Knowledge about preparation of ORS	67	68.37%
Knowledge about symptoms of pneumonia	67	68.37%

This table shows the Respondents knowledge about the Yes/No question with “Yes” answers. For these purpose twelve questions [Q.NO.6, Q.NO.9, Q.NO.10, Q.NO .11, Q.NO.13, Q.NO.15, Q.NO.19, Q.NO.22, Q.NO.27, Q.NO.29, Q.NO.33, and Q.NO.39] were selected from questionnaire.

Most of the respondent i.e. 66.33% hadn't squeeze breast milk when first put to the breast which is good practice which provides immunity to the children. But also squeezing practice is found higher i.e. 33.67%.

Colostrums feeding were seen well. Majority of respondent 96.94% had fed colostrums within 3 days which is good because colostrums come till 4 day's of delivery.

Almost all respondent didn't give any other type of feed than breast milk. It is good practice that reduces the other diseases

96.94% of the respondents are continuing breastfeeding to their child up to 2 years which is good practice.

81.63% of the respondent feed their children anything other along with breast milk while 18.37% of the respondent do not gave anything even water other along with breast milk.

Bottle feeding practice was found zero which signifies that the healthy feeding practice is practiced which reduces the risk of diseases.

Almost 70% of the respondent had knowledge about Sarbottam Pitho while 30% had no knowledge.

Most of the kitchen of respondent had the availability of source of Vitamin –A.

Almost 47% of the total children were suffered from diarrhea while 53% were not suffered from diarrhea within just 2 weeks before the data collection.

59.2% of the respondent takes their children for treatment while 40.8% didn't take for treatment.

68.37% of the respondent had the knowledge of at least 2 symptoms of pneumonia while 31.6% didn't know about the symptoms of pneumonia.

Age of started complementary feeding

Table 7 Age of started complementary feeding

Age Period	Number (%)
0-6 months	10 (10.20)
After 6 months	88(89.80)
Total	98(100)

Most of the respondent had started complementary feeding to their babies at correct time that is after 6 months of age which is good for child growth.

Knowledge about age of starting Complementary feeding:

Table 8 Knowledge about age of starting Complementary feeding:

Knowledge	Number (%)
Before 6 months	10 (10.20)
After 6 months	88(89.80)
Total	98(100)

Most of the respondent that almost 90% had good knowledge about age of starting Complementary feeding.

Method of preparation of Sarbottam Pitho

Table 9 Method of preparation of Sarbottam Pitho

Method	Number (%)
Correct	68 (69.39)
Incorrect	30(30.61)
Total	98(100)

The respondent who had the knowledge of Sarbottam Pitho had the correct method of preparation of Sarbottam Pitho.

Use of breast milk during diarrhea

Table 10 Use of breast milk during diarrhea

	Number (%)
More than usual	59 (60.20)
Less than usual	39(39.80)
Total	98(100)

60.2% of the respondent feed breast milk to their children more than usual during diarrhea which is good practice.

Feeding of in fluid to child while diarrhea:

Table 11 Feeding of in fluid to child while diarrhea

Feeding of in fluid to child while diarrhea	Number (%)
more than usual	67 (68.37)
Less than usual	31(31.63)
Total	98(100)

Feeding of in fluid to child during diarrhea is found satisfactory which covers 68.4% while 31.6% feed in fluid less than usual which promotes dehydration.

Feeding of in food to child on diarrhea:

Table 12 Feeding of in food to child on diarrhea:

Feeding of in food to child on diarrhea	Number (%)
more than usual	69 (70.40)
less than usual	29(29.60)
Total	98(100)

Feeding of in food more than usual to child on diarrhea was found 70.4% while 29.6% feed solid food less than usual during diarrhea.

Knowledge about preparation of ORS

Table 13 Knowledge about preparation of ORS

Knowledge about preparation of ORS	Number (%)
Correct	82(83.67)
Incorrect	16(16.33)
Total	98(100)

From the study it was found that 83.7%, of the respondent had the correct knowledge of preparation of ORS.

Place of treatment while pneumonia to child:

Table 14 Place of treatment while pneumonia to child:

Place of treatment while pneumonia to child	Number (%)
Hospital/doctor	28 (28.57)
PHC	5(5.10)
SHP	30(30.61)
FCHV	33(33.67)
Others	2(2.04)
Total	98(100)

Hospital/doctor, SHP and FCHV had the good coverage of place of treatment of child on pneumonia. Here others define the treatment with Dhami/Jhakri.

CHAPTER V

Discussion

The main objective of the study was to determine the feeding practices of under 2 years of children. Quantitative study was conducted in 2 VDCs of Chitwan district, namely Chainpur and Kathar for the study. Questionnaire was developed in Nepali and childbearing mother were interviewed. It has shown that early pregnancy is still prevalent in those areas. As approved by the government age at marriage of girl is 20 but some respondents have first delivery is before 20 years, also from this it is concluded that the consequences of the health of mother and child will be in danger. Literacy rate of mother is satisfactory, almost all mothers were literate.

Darai community as being ethnic caste had good system in education, feeding practices, childbearing practices which impact on positive health and wellbeing of child and family.

Breastfeeding

Initiation of first breastfeeding within one hour of birth was 68.37% which is very good in comparison to NDHS report 2006 which is only 33.8%. There is 4.08% prevalent of prelacteal feeding but the NDHS report shows 49.7% in the national in 2006. Exclusive breastfeeding till the age of six months was found to be very good. There is still prevalent of the squeezing breast milk first giving to child which is bad practice and negative impacts on child's health. There is good practice of colostrums feeding which helps in proper child development. This study shows that there is no practice of bottle feeding which is good practice. There is no use of other milk before six months of age to the child which is good for the health of the child.

Complementary Feeding

Initiation of Complimentary feeding was good. As from the development of child. It is understood that Complementary feeding should started after six months of age; here this study showed 88.89% had started in a correct time. Almost all respondent have started by giving family food as Complimentary. Child should be given sarbottam pitho for better development , this study shows that most of the respondent had knowledge of sarbottam pitho and most have correct knowledge of preparation. we can compare this to the education, due to most of respondent being literate so practice is good.

Feeding during illness

Regarding to the topic Diarrhoea, almost all gave ORS during the child suffer from it. Method n oof preparation of ORS is good.46.9% of the child suffer from Diarrhea within past 2 weeks. child suffer from Diarrhea was high, one cause may be study conducted in peak season of diarrhoea. There was good practice of current breastfeeding which is 96.94%. Regarding to topic Pneumonia 68.4% of the respondent knows at least 2 symptoms of pneumonia. Most of the respondent seeking treatment during pneumonia. For treatment almost all respondent went to health facility. Only 2.1% visit the Dhami/Jhankri.

CHAPTER VI

6.1 Conclusion

Breastfeeding

- Most of the respondent feed their child within one hour of birth which is good.
- 4.08% prevalent of prelacteal feeding which is very good.
- There is trend of squeezing breast milk which is bad practice.
- 95.92% colostrum feed to their child which is satisfactory.
- There is no trend of feeding other milk than Brest milk before six months of age.

Complementary feeding

- Initiation of Complimentary feeding is satisfactory.
- There is practice of giving sarbottam pitho, later they give family food as complementary.
- Most of the respondent had heard about sarbottam pitho and correct knowledge of preparation which is good.

Feeding during illness

- 46.93% of children suffer from Diarrhea although most of the respondent were literate and good practice of using ORS, cause may be the peak season of Diarrhea.
- Pattern of giving ORS during Diarrhea is seen good and method of preparation is satisfactory.
- Most of the respondent went to the health facility for Pneumonia treatment and most of the respondent had knowledge about at least 2 symptoms.

6.2 Recommendations

- Initiation of starting Complimentary food after six months should be increased.
- Knowledge about the sarbottam pitho and exhibition can be done on the procedure of preparing it with the help of FCHVs.
- They should make aware on the method of preparation of ORS.
- Government should focus ethnic caste like Darai communities for promotion of nutritional status by launching nutritional programmes.
- Avoiding the practice of squeezing breastmilk before feeding to child and practice of prelacteal feeding.
- Avoiding practice of consulting with Dhami/Jhankri during Pneumonia or trained them to refer to the health facility.

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ANNEX

Plan of Action

S.No.	Activities	Days
1	Selection of Topics	1 st week
2	Literature Review	2 nd week
3	Secondary data analysis and selection of the study area.	3 rd week
4	Preparation of the first draft of research proposal.	4 th week
5	Proposal presentation.	5 th week
6	Finalization of the proposal and submission.	6 th week
7	Develop the research tools.	7 th week
8	Pre-testing the research tools.	8 th week
9	Finalization of the research tools.	9 th week
10	Data collection.	10 th week
11	Data entry, processing and analysis.	11 th week
12	Report writing (preparation of first draft) and consult with guide.	12 th week
13	Preparation of final draft of the research report and get approval the report and presentation.	13 th week
14	Sub-mission of the approval final report to the department of public health, Hope International collage, Lalitpur.	14 th week

Questionnaire

Topic :

Breastfeeding and complimentary feeding practices of under two years children in Darai community of Chainpur and Kathar VDCs,in chitwan.

Introduction :

I am kamal Kandel currently enrolled as under graduate student of bachelor of public health in Hope International college of health sceince,lalitpur ,Nepal. This study intends to explore the Breast feeding and Complimentary feeding practices of under two years

Direction :

Each respondent is requested to answer the following questions through face to face interview.the obtained information will be used only for study purpose and it will be kept confidential.

Identification

Interview Date * DD / MM / YY

Interviewer's Name: _____

District: ----- VDC/Municipality: _____ Ward
No.____

Name of the village: _____

Information about mother

Name: _____ Age: (In Completed Years) * _____

Ethnicity: _____

Q N	Questions and filters	Answers	Answer or Code	Skip
2	Can you read?	1. Illiterate 2. Not been to school but can read & write 3. Primary (1-5 Class) 4. Middle (6-8 Class) 5. Secondary (9-10 Class) 6. Higher (above 10 th Class)		
3 *	How many children living in this household are under age five?	Number of children	_____ child	
4 *	How many of those children are your biological children? (You gave birth)	Number of children	_____ child	

Information about the youngest child who is below 24 months

QN	Questions and filters	Answers	Answer or Code	Skip

5 *	Based on response to Q 4 record the name, age and sex of two youngest children			
	Name	Sex	Age	Date of
	birth			
	Child 1 _____	_____		months
	_____/_____/_____			
	(youngest child)			DD
	MM YY			
	Child 2 _____	_____		
	_____/_____/_____			
	MM YY			DD
	Calculate the age difference _____ months			
6	Who takes care of (Name) when you are away from the home?	A Mother/Father-in-law B Husband C Elder siblings D Other family members E Relatives F Neighbors/friends G Leave alone at home X Other	_____	

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Nutrition and breastfeeding

QN	Question and filter	Answers	Answer or Code	Skip
7 *	Did you ever breastfeed (Name)?	1 Yes 0 No	—	If No, Skip to 17
8 *	How long after birth did you first put (Name) to the breast?	1 During the first hour of delivery 2 During 1 to 8 hours of delivery 3 More than 8 hours of Delivery 4 Don't remember 8 Others (Specify)	— —	
9	Did you squeeze the fluid from the nipple when you first put (Name) to the breast	1 Yes 0 No 9 Don't remember	— —	
10	During the first three days after delivery, did you give (NAME) the liquid that came from your breasts? (Use the local term for colostrums)	1 Yes 0 No 9 Don't remember	— —	

11	During the first three days after delivery, did you give (NAME) anything else to eat or drink before feeding him/her breast milk?	1 Yes 0 No 9 Don't remember	 	If No or Don't remember Skip 13
12	What did you give (NAME)? Do not read the list Multiple responses possible Record all mentioned	A Plain water B Commercially produced infant Formula C Other Milk (cow/buffalo/goat milk) D Fruit juice E Tea/ Coffee F Other liquid (Sugar water, Grape Water, Carbonated drink, Soup) G Cord, yogurt H Herbal traditional medicine X Other (specify) _____	 	
13	Are you currently breastfeeding (Name)?	1 Yes 0 No	 	If yes, Skip 15
14	For how long did you breastfeed (NAME)?	Number of months <i>If less than one month, record "00" months.</i>	 months	

15	<p>Does (Name) eat or drink anything else besides breast milk?</p> <p><i>In case mother says no confirm it by probing that nothing means no water or any solids.</i></p>	<p>1 Yes</p> <p>0 No</p>		<p>If No.</p> <p><i>Skip 17</i></p>
16	<p>When did you start giving solid/semi solid food to (Name)?</p>	<p>Age of child</p>	<p>_____</p>	
17	<p>At what age of child should a mother start giving her child foods or liquids in addition to breast milk?</p>	<p>Age of child</p>	<p>_____ months</p>	
18 *	<p>Now I would like to ask you about the types of liquids (NAME) drank yesterday during the day and at night (during the last 24 hours).</p> <p>Did (NAME) drink any of the following liquids yesterday during the day or at night?</p> <p>Read the list of liquids (a through x starting with "breastmilk").</p> <p>Multiple responses possible</p> <p>Record all mentioned</p>	<p>A Breast milk</p> <p>B Plain water</p> <p>C Commercially produced infant formula</p> <p>D Other milk such as tinned, powdered or fresh animal milk</p> <p>E Fruit Juice</p> <p>F Any other liquids such as sugar water flavored water, tea, coffee, carbonated drinks, infusions, or soup broth</p> <p>X Other (specify) _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

		<input type="checkbox"/> Any food made with oil fat, or butter <input checked="" type="checkbox"/> Others-----	times --- times --- times --- times --- times	
21	How many times did you give the above foods, besides liquid, to (Name) yesterday day and night? <i>(Count only full meal of the child, do not count liquids and other small snacks)</i>	----- Number of times Don't remember	__times	
22	Do you know about Sarbottam pitho (Super flour)?	1 Yes 0 No	_____ —	If No, Skip_26
23	Is Surbottam pitho available in the local market?	1 Yes 0 No 9 Don't know	_____ —	
24	Did you give Sarbottam pitho to (Name) yesterday day and	1 Yes 0 No	_____ —	

	night?			
25	Will you explain how do you prepare Sarbottam Pitho (Super flour)?	1 Correct 0 Incorrect	_____	
26	Do you have kitchen garden/land for producing vegetables and fruits?	1 Yes 0 No	_____	
27	If yes, Observe the kitchen garden and not if Vitamin A rich fruits and vegetables are available.	1 Available 0 Not available	_____	
27 A	If no kitchen garden, observe whether there is availability of vitamin A rich fruits/vegetables at home or not	1 Available 0 Not available	_____	

Diarrhoea

28	After how many loose stools do you consider (NAME) to be suffering from diarrhea?	Number of loose stool	_____	
			times	

29	<p>What did you do (Name) to treat diarrhea?</p> <p>Multiple response is possible</p> <p>Record all the responses</p>	<p>O Did nothing</p> <p>A Sugar, salt, Solution/ORS</p> <p>B Cereal based ORT</p> <p>C Injection</p> <p>D Rice Starch</p> <p>E Antibiotics or anti-diarrheals</p> <p>F Herbal Medicine</p> <p>G Infusion such as saline</p> <p>X Others (Specify) _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
30	<p>Did you Breastfeeding (Name) during diarrhea?</p> <p>Read the options</p>	<p>1 More than usual</p> <p>2 Same as usual</p> <p>3 Less than usual</p> <p>4 Stopped completely</p> <p>5 Baby can not suck the milk</p>	<p>_____</p>	
31	<p>Was (Name) offered less than usual to <u>drink</u>, about the same amount or more than usual to drink?</p> <p>Read the options</p>	<p>1 More than usual</p> <p>2 Same as usual</p> <p>3 Less than usual</p> <p>4 Stopped completely</p> <p>5 Only breast milk</p>	<p>_____</p>	

32	<p>Was (Name) offered solid/semi solid food less than usual to <u>eat</u>, about the same amount, or more than usual to eat?</p> <p>Read the options</p>	<p>1 More than usual</p> <p>2 Same as usual</p> <p>3 Less than usual</p> <p>4 Stopped completely</p> <p>5 Only breast milk</p>	<input type="checkbox"/>	
33	<p>Did you seek treatment (advice) from someone for (Name) for diarrhea?</p>	<p>1 Yes</p> <p>0 No</p>	<input type="checkbox"/>	<p>If No, Skip 35</p>
34	<p>Whom did you seek advice or treatment for diarrhea?</p> <p>(Multiple response possible record all mentioned)</p>	<p>A Hospital</p> <p>B Health post/sub health post/PHC</p> <p>C Out reach Clinic</p> <p>D Private clinic/medical shop</p> <p>E Community Health Workers (VHW/MCHW)</p> <p>F. FCHV</p> <p>G. Faith healer</p> <p>H. Relatives, neighbors and friends</p> <p>X Other (Specify) _____</p>	<input type="checkbox"/>	

35	<p>What danger sign/symptoms would cause you to seek advice or treatment (Name) diarrhea?</p> <p>Multiple responses possible</p> <p>Record all mentioned</p>	<p>O Don't Know</p> <p>A Vomiting</p> <p>B Fever</p> <p>C Dry mouth, sunken eyes, sunken fontanel</p> <p>D Continuation of loose motion (14 days or more)</p> <p>E Blood in stool</p> <p>F Loss of appetite</p> <p>G Weakness or tiredness</p> <p>H Got Thirsty</p> <p>X Other (Specify) _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
36	<p>What are the signs of diarrheal dehydration?</p> <p>Multiple responses possible</p> <p>Record all mentioned</p>	<p>O Don't know</p> <p>A Eyes look dull and sunken</p> <p>B No tears</p> <p>C Dry tongue</p> <p>D Thirsty</p> <p>E Skin becomes dry and when pulled goes back slowly</p> <p>X Other (Specify)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
37	<p>Do you know how to prepare ORS?</p>	<p>1 Yes</p> <p>0 No</p>	<p>_____</p>	<p>If No, Skip 39</p>

38	If yes, ask her how does she prepare it?	1. Prepares correctly 0 Prepares incorrectly	_____	
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Acute Respiratory Infection (ARI)

39	<p>What signs/symptoms does a child with pneumonia (Local term) have?</p> <p>Do not prompt</p> <p>Multiple responses possible</p> <p>Record all</p>	<p>O Don't Know</p> <p>A. Fast or difficult breathing</p> <p>B. Chest indrawing</p> <p>C. Fever</p> <p>D. Cough</p> <p>E. Unable to suck/drink</p> <p>F. Unable to wake up</p> <p>X. Other -----(Specify)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
40	<p>What are the signs / symptoms of respiratory infection that would cause you to take (Name) to a health facility?</p> <p>Do not prompt</p> <p>Multiple responses possible</p> <p>Record all the responses</p>	<p>O Don't know</p> <p>A. Fast or difficult breathing</p> <p>B. Chest indrawing</p> <p>C. Loss of appetite</p> <p>D. Fever</p> <p>E. Cough</p> <p>F. Unable to suck/drink</p> <p>G. Unable to wake up</p> <p>X Other (Specify) _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

41	Where do you seek treatment first when your child (Name) suffers with Pneumonia?	1. Hospital/Doctor 2. PHC 3. SHP/HP 4. AHW/MCHW 5 Private clinics 6 FCHVS 8 Other (Specify) _____	_____	
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Anthropometry

QN	Question and filter	Answers	Answer or Code	Skip
42	May I weigh (Name) and measure his height	1 Yes 0 No		
43	If mother agrees, take the weight and height of the child and measure the MUAC of Child Weight of (Name) Height of (Name) MUAC of child (Name)	_____ _____ gm _____ _____ cm _____ _____ cm		

Thanks the respondent

Letter of Appreciation

जि. प्र. का. वि.
द नं. ११२/०५६/५७

स. क. प. आवद्धता नं. १७५५८/०६१/६२
सम्पर्क फोन- ०५६-५२४७६३
०५६-५२५०६१

नेपाल दरै उत्थान समाज

जिल्ला समिति चितवन

स्था. : २०३७

प. सं. :- ०६४/६५

च. नं. :- ४४

मिति ... ०६५/०२/२६

विषय :- सिफारीस सम्बन्धमा ।

श्री होम इन्टरनेशनल कलेज
सातदोवाटो, ललीतपुर ।

प्रस्तुत विषयमा त्यस होम इन्टरनेशनल कलेज सातदोवाटो ललितपुरमा वि.पि.एच तेस्रो वर्षमा अध्ययनरत छात्र श्री कमल प्रसाद कंडेलले चितवन जिल्ला चैनपुर गा. वि. स. र कठार गा. वि. स. मा आई दुई वर्ष मुनिका दराई वालबालीकाहरुलाई दुध खुवाउने प्रचलन, थप आहार साथै भाडापखाला र निमोनिया सम्बन्धि ज्ञान बारे प्रश्नवाली तयार गरी आफ्नो अध्ययनको लागी तथ्याङ्क संकलन पुरा गरेको ब्यहोरा सहर्ष जानकारी गराईन्छ ।




आनन्द दराई
(अध्यक्ष)
अध्यक्ष