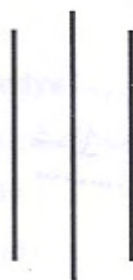


**A STUDY OF YOUNG CHILD FEEDING PRACTICES
IN KASHAHI COMMUNITY AT TANAHUNSUR
VDC, OF TANAHUN DISTRICT**

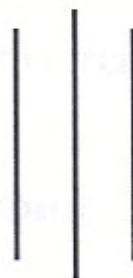
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I. INTRODUCTION

1. Background of the Study:

The infant mortality rate remains high at 97.5/1000 and the under-five mortality rate is 121/1000 live births. In Nepal approximately one child in eight (121 /1000 live births) does not live to the age of five. Of the remaining seven, the majority spends their childhood battling constant diarrhoea, respiratory infection and malnutrition. Nearly 63 percentage of children aged six to 36 months suffer from chronic malnutrition and the average under five children suffers from approximately three bouts of diarrhoea per year (UNICEF, 1996, pp: 55,77). Out of every 1000 children born in Nepal, 7 die in the first day of life, additional 16 by the end of the first week, another 30 by the end of the first month and next 54 by the end of the first year. Approximately 10,000 death occur each year and 192 in a day (HMG/NPC, 1992, p: xi)

In Nepal, as in other developing countries, poverty, illiteracy and poor health are the factors responsible for widespread malnutrition. The study done by the UNICEF and HMG/NPC (1996, p: 2-9) in different 144 places of 37 districts of Nepal showed that 64 percentage of the under three years children suffered from chronic malnutrition (Stunting) and 5.5 percentage from acute malnutrition. Among 6 to 36 months infants and children were severely malnourished. The causes of this malnutrition were inadequate breast-feeding, lack of supplementary nutrient foods and the lack of mother's education. Inadequate dietary intake leads to low nutritional reserves and lowering of immunity. Control of infectious diseases and dietary/nutrition interventions are of major importance on breaking the cycle of malnutrition and infection.

In a developing country like Nepal, nutrition is an important determiner of health status of the people, especially of the children. Almost two third of the world population is suffering from acute food crises because of low food production and rapid population growth. The amount of food consumed is also related to the health of people. The problem of public health faced by most of the developing countries are 'Protein Energy Malnutrition' (PEM), especially among the children under 5 years of age (Bhatta, K. 1997, p: 4).

Nepal is also the poorest country in the world, and its economy is primarily based on agriculture. But its capacity to feed its growing population is declining. The decline of food production has resulted food shortage in more districts over the last 15 years. National agricultural production is too low to meet consumption needs. The total production of grains meets only 90 percentage of requirements and is further declining (Gautam, K.P. 1996, p: 2-3). It is estimated that about 36 percentage of the Nepalese population consumes less than the minimum calorie requirement. Available data show that the percentage households consuming less than the recommended level of food is highest in the hills i.e. 47 percentage followed by about 40 percentage in the urban area and 31 percentage in the mountain. Even in the rural Terai, which is considered as a food surplus area, 23 percentage households consume less than the requirements (HMG/NPC, 1998, p.ii).

Today's children are pillars of future development. Child health is linked to the future development of the country. So, it is the first duty to every one to take care of his/her child's health. The first few years of life are very important in laying the foundation of good health and improving the quality of life. The parents must play a major role in keeping the children physically sound, mentally alert and socially adjustable. Proper nutrition, cleanliness, hygiene, immunization, preservation against accidents and planning family is essential for normal growth and development of the children (Shrestha, P.1994, p: 4).

Nepal is a country inhabited by people of different ethnic groups with their own culture, practices, beliefs and taboos. Mothers have always been the cultural channels through which their children have been fed. The literacy rate in the country is very low with 40 percentage for both sexes. (54 percentage male and 25percentage female) (HMG/NPC, 1998, p: iv). If the mother is educated, the family and children will be given good health care. So, the mothers play a central role in child growth and development. She provides total physical and mental environment for the child.

Infant feeding practices affect the health of both mother and her child. They are important determinants of children's nutritional status. Breast-feeding has beneficial effect on the nutritional status, morbidity and mortality of young children. Early initiation of breast-feeding is beneficial for both mothers and their children. The first breast milk is

important for babies which contains colostrum which is rich in antibodies that protect the newborn babies from diseases. Breast milk is uncontaminated and contains all the nutrients needed by children in the first few month of life. In addition, it provides some immunity to diseases through the mother's antibodies. Early supplementation, especially under unhygienic conditions, can result infection and lower immunity to diseases. (MOH/New Era, 1996, pp: 139-141)

Breast-feeding is very important to maintain the nutritional status of children. Weaning food should be started in an appropriate time. The adequate provided food assures their biological and emotional need for survival and healthy growth and development. Among many families in Nepal, after the completion of 5 to 6 months of life is marked by rice feeding ceremony (Pasni) in which the baby is offered rice and other foods for the first time. After this ceremony, the baby can take supplementary foods. In some culture nothing is given to the child before rice feeding ceremony. But children need nutrients particularly from first 4 to 6 months of life. Only breast milk can not give sufficient energy for the further growth of the children. If adequate supplementary food is not given to the children, it will show retardation in physical, mental activities along with growth and development. So, feeding practices including breast feeding and additional foods play an important role in determining child's growth and development.

Background of Study Area:

Tanahun is one of the 6 districts of Gandaki zone lying in the western development region of the country. Gorkha and Chitwan bound it to the east, Sangja and Kaski to the west, Lamjung, Kaski and Gorkha to the north and Nawalparasi to the south. It's size covers the land extending latitude $27^{\circ} 54'$ to $28^{\circ} 05'$ north and longitude $83^{\circ} 57'$ to $84^{\circ} 54'$ east (Nepal District Profile, 1999, p: 516).

The physical boundaries of this district is Risti, Naudi and Marshyandi river in the north, Marshyandi river in the east, Narayani and Kaligandaki river in the south and Dhortham hill, Saldi and Kotre river in the west. Damauli is the headquarter of the district. The total area of the district is 1551 Sq. Km. (Mishra, D. R. 2045, pp: 31-32). There are 46 VDCs and a municipality in the district. The total population of the district is 2,68,073 (Male, 27,312 and female, 1,40,716) with 49,805 households. (Pyakurel, S. 1996, pp: 2-3).

Among 46 VDCs of the district, Tanahunsur is the VDC for research purpose in which 672 households are scattered in the different geographical places with total population of 4,127 having 2121 males and 2006 females. There is only one sub-health post in the VDC (VDC record, 1999).

2. Statement of the Problem:

Good nutrition is of prime importance in the promotion of health, prevention of diseases and productive healthy manpower in the country. Malnutrition and under nutrition have been major obstacles for development and the promotion of nutritional status of the majority of Nepalese people. The main reasons for malnutrition are household food insecurity, unbalance distribution, poverty, illiteracy and lack of health services. Besides these factors, poor environmental sanitation and low level of education are major obstacles for development in Nepal. Mothers who are literate are conscious about breast feeding and weaning food. In Nepal nutritional status of most rural women of childbearing age is extremely low. While in some communities, pregnant women are known to consume additional foods such as chicken, especially whose families are relatively wealthy. In general, women are not acknowledged to have special dietary needs during pregnancy. Child will depends so much on his mother that her nutritional intake and her habits will definitely have a reflection on her child's development.

Different community has their own different ideas, attitudes, beliefs and assumptions, which determine the breast feeding and supplementary food practices. Kashai community is a socio-economically-backward group of the study area. Most of them are illiterate and ignorant about health care and proper feeding of their young children. They have their own belief, system and health care practices that consequently influence the child feeding practices. Poor socio-economic and educational status of people at the study area may prohibit them from proper child feeding. In Kashahi community of Tanahunsur VDC of Tanahun district, people depend on agriculture and about 50 percentage of the people is engaged in off farm jobs as the allied occupation.

Children are categorized as a 'special group'. As the first five years of human life are crucial for growth and overall development, this is the most vulnerable age in terms of environmental effect, nutritional deficiencies and common diseases. The poor feeding

pattern, unhygienic surrounding, family tradition and cultural background also influence the feeding practice. In Nepal, siblings, who may not have the awareness and skills to provide the best care, undertake many activities, which directly affect the nutrition and health of children. When mothers are absent or working, girl siblings are often in charge of feeding children, washing them and guarding them.

Physically and mentally healthy children are always considered as a valuable asset to the nation because they are the one who steps into next generation. Physically and mentally weak children feel socially insecure and on the long run, they turn out as a part of an economically inactive population. Hence, the importance of nutrition is widely accepted, especially to the children under 3 years of age. So, after the completion of five to six months of age, breast milk alone will not be enough to satisfy the nutritional requirements of the rapidly growing and increasingly active infant. Other foods need to be given with breast milk.

There is less information and understanding about young child feeding in Kashahi community of Tanahun district. Most of the children of the community are untidy and unhealthy. In the same way parents are careless as well as an aware about their feeding practices. To find out the reasons behind it, the investigator has selected the problem related to child feeding practices in Kashahi community. Thus, the problem is stated "A Study of Young Child Feeding Practices in Kashahi Community at Tanahunsur VDC of Tanahun District."

3. Objectives of the Study:

The purpose of this study is to examine young child feeding practices in Kashahi community at Tanahunsur VDC of Tanahun district. The specific objectives of the study are given below.

- To find out knowledge and practices of colostrum and breast feeding among the women of the community.
- To assess the weaning practices of mothers.
- To find out the mother's knowledge about preparing nutritious child diet including 'Sarbottam Pitho Ko Litto'

- d) To find out feeding practice in diarrhoea.
- e) To find out the relationship between feeding practices and educational and socio-economic status of their mother.
- f) To identify critical problems impending proper feeding and care of young children.

4. Significance of the Study:

Generally a sick child is all the time seen unhealthy as well as suffered by pain and discomfort. In this case, if no one cares for his health, he will die. So, the health of every child is very important. Poor nutrition and lack of proper supplementary food in early childhood are often the predisposing factors that lead too much morbidity and mortality in this age group. A mother who is uneducated and who has a lot of children can not feed them well and take good care for them.

There is less information and understanding about young child and infant feeding in Kashahi community. Therefore this study will generate basic information and data regarding infant and young child feeding and will give detail description about it. Hence, this study aims to investigate feeding practices of young child in Kashahi community at Tanahunsur VDC of Tanahun district.

Hopefully, the result of this study will be helpful to other researchers who want to carry out research in this area. Besides, the findings of the study serve as a baseline data for planners and policy makers of different kinds of NGOs, INGOs and Government to formulate policies and plans regarding feeding practice. Furthermore, the result will be helpful for the concerned experts and teachers to frame curriculum accordingly in the areas of health education. The main points of significance of this study are given below.

- a) The study will generate basic information and data in young child feeding.
- b) The study will help the local health workers to develop awareness programmes regarding feeding practices of young children.
- c) It will be useful for the further study in similar area.
- d) Findings of this study will act as baseline data for the researchers, planners and educators to improve infant and child health programmes.

- e) This study will be helpful for the promotion of breast feeding and weaning practices in the community.

5. **Delimitation of the Study:**

The study will be delimited in the following areas.

- a) The study is only confined on the Kashahi community of Tanahunsur VDC of Tanahun district.
- b) The study focuses feeding practices of mothers on their young children age between 0 to 3 years.
- c) The study areas will be delimited on breast feeding, weaning and supplementary food practices, feeding practice in diarrhoea, relationship between feeding practice and educational and socio-economic status and critical problems of children in the community.
- d) Using interview schedule, focus group discussion and observation schedule will collect required information.

6. **Limitation of the Study:**

- a) Due to the lack of time and resources it is limited in small area.
- b) This study is a small-scale study so it's finding will not be generalized at national level.
- c) The children over the 3 years of age will not be included in this study.
- d) The economic status of the people will not be considered.
- e) Household which has not any children of age between 0 to 3 years will not be include.

7. **Definition of the Terms Used:**

Annaprashanna/Pasni: - Pasni is a rice feeding ceremony performed when the male child becomes 6 months old and the female child becomes 5 months old.

Bottle-feeding: - Bottle-feeding is a method of feeding liquid foods (especially, animal milk and formula milk) to the babies using a special kind of bottle.

Community: - A community is a group of people living together in a particular area who have organized themselves to meet common interest and problems.

Family size: - Family size is defined in terms of the number of household members residing within a physical residential quarters. Households with more than ten members are defined or classified as large families, with members between 6 to 10 are classified as medium families and those with less than six members are classified as small families.

Feeding: - Feeding means many kinds of nutrient foods given to those babies are unable to eat daily household foods properly. It includes mainly breast feeding and weaning or supplementary food e.g. mother's milk, cow's milk, 'Sarbotam Pitho Ko Litto' or porridge, 'Jaulo', other liquid vegetables, pulses and fruits.

Formula feeding: - Formula feeding is kind of artificial milk to the babies.

Household: - The household is defined as a group of people related blood, marriage or adoption that have a joint kitchen and income.

Income: - The income of the family is considered as the total amount of earning (from different sources) of a group of person in one-year period.

Infancy: - Infancy extends from birth to about 18 months of age.

Infant Mortality: - Infant mortality rate (IMR) is the annual number of death of infants under one year of age per 1000 live births.

Jaulo: - A supplementary food prepared with rice, pulses, salt, turmeric and water.

Jeevan Jal: - The simple glucose-electrolyte solution is called 'Jeevan Jal' in Nepali.

Litto: - A supplementary food diet prepared with ground rice and cooked with water and sugar.

Low Birth Weight Babies: -Low birth weight babies is defined as infants born weighing less than 2500 grams in the first few hours of life account for a high proportion of infant mortality.

Malnutrition: - Malnutrition has been defined as a pathological state resulting from a relative or absolute deficiency or access to one or more essential nutrients.

Nutrition: - Nutrition is a dynamic process in which the food is consumed and utilized for nourishing the baby.

Occupation: - A person can have several occupations but here the major source of his income is considered as the main occupation.

Personal hygiene: - Personal hygiene may be defined as that branch of hygiene which concerns it self with the adjustment which the individual must make to preserve and improve the health of his mind and body. Thus it deals with matters, which are the personal responsibility of every person.

Protein Energy Malnutrition: - Protein energy malnutrition (PEM) is defined as a range of pathological conditions arising from coincident lack of protein and energy in infants and young children and is usually associated with infection.

Under Nutrition: - Under nutrition is disorder of nutrition in which there is inadequate nutrition from any cause. In simple word, the supply of food is less to maintain the bodily active in under nutrition. In extreme cases, it is called starvation.

Weaning: - Weaning means the addition of other foods as a diet including milk from the bottle. The term may also refer to the process of starting solid food to the baby.

Young Children: - In this study, young children refers to children between 12 months to 36 months of life. By 18 months of age, most young children can feed themselves, walk and run a short distance, stack some building blocks, and say a few meaningful words.

II. REVIEW OF THE RELATED LITERATURE

In Nepal, children below the age of 3 years are still the most neglected segment of the country's population. So, it is clear that most of the children in the community are suffering from health problems. In this chapter, the investigator attempts to locate the literature related to this study. Many specialists have developed various norms in relation to the theoretical aspects of feeding practice. The norms and recommendation can help to improve and promote the feeding practices effectively. Many researchers have also studied it themselves. This closely related norms and studies of feeding practices are reviewed for this study. Not only feeding practice, the related literatures, results of previous studies done by other researchers related to this study have been given below as a review.

Paneru, Sudha (1980, pp: 46-48) in her study on "Traditional and Prevailing Child Rearing Practices on Four Ethnic Groups" covering four geographical zones disclosed that a baby was fed with mother's milk whenever he cries. When the baby reached four to five months, he was given supplementary food and if the mother's milk was insufficient, the child was nourished with "Sattu" (a kind of baby food containing rice or wheat and sugar). Cow's milk and buffalo's milk were very rarely fed to babies. The most common reason for weaning a child was another pregnancy. The average age of weaning was two or three years. If the mother did not conceive again, she fed the child for as long as her breast lasts that was for 5 or 6 years.

Rauniyar, Suman Rani (1985, pp: 28) in her study "Effect of Weaning Practices and Supplementary Food on the Physical Growth of Children in the CHO Village Panchayat, Lalitpur" found that livelihood of the people depends on agriculture and about 50 percentage of the people are engaged in off farms jobs, as the allied occupation. Mothers had no knowledge of child nutrition and children were fed unpunctual. But very few mothers, who were literate, are conscious about weaning food. The study also revealed that as the number of breast feeding decreased and solid food consumption increased, the child started losing weight and the effect on height was also found. The main cause in the decrease in weight and height was due to weaning food.

Thapliya, Harindra (1987, pp: 170-173) on her study, "Child Bearing and Child Rearing in Two Castes in a Village of Kathmandu." Mentioned that, the most common

method of treating the child's sickness was domestic magic or 'Jhar Phuk'. People did not consult doctors. People used common home remedies to treat their children in case of fever, cough, cold, diarrhoea and measles etc. Sugar was avoided during all sickness. Lack of cleanliness and unhygienic conditions might be the cause of much disease. Diarrhoea was a common illness among the village children. She also mentioned that 40 percentage of the women had idea about the preparation of the 'Jeevan Jal'. Some of them had prepared 'Jeevan Jal' to feed the child during sickness. The majority of subjects were not familiar with the treatment of diarrhoea. She also found that, the majority of the Newar women breast-feed their children for a long duration i.e. 2 to 3 years, unless there is another pregnancy or illness. Chhetri women also breast-fed their children for 1 to 2 years but some of them wean the child earlier. Breast-feeding was significantly lower among the women with some schooling than those with no schooling.

WHO and UNICEF (1987, pp: 13) in the study on "Infant and Young Child, Current Issue" mentioned that breast feeding usually meets the needs of the young infants up to the age of 4 to 6 months. From this age however depending on the growth of the baby, semisolid, later solid foods must be introduced progressively. While at the same time, breast-feeding is necessary as long as possible. Then, specially prepared foods are needed in an increasing quantity and variety family diet. This book also mentioned that malnutrition is more common during this traditional period of 4 to 6 months, because families may not be aware of the special needs of the baby or may not know how to prepare weaning foods from the foods that are available locally or are poor in quality.

Adhikari, Ramesh Kanth and Miriam Krantz (1989, pp: 39,55) on their book "Child Nutrition and Health" explains that, feeding during infancy is one of the most important factors in determining on infant's chances of survival. Feeding during infancy also influences the future nutritional and health status of the child. Ignorance among the parents about infant feeding leading to incorrect, unhygienic and expensive methods of feeding has caused a lot of death and diseases among infants. The period between 5 months and 3 years is generally known as the weaning period. Ideally, during this period a gradual change from total breast milk diet to an appropriately modified adult mixed diet is needed.

Thapa, Kumar (1990) on his study, "A Study on Child Health Care Practices in Gopali Community" found that, malnutrition is mainly caused by the less appropriate and inappropriate child feeding practices. Tetanus was the highest child-killer in the Gopali community. Marasmus and Kwashiorkor were major problems in that community.

Pradhan, Hari Badan (1992, pp: 139-143) on her study "The Significance of Traditional Nepali Baby Care Practices on the Growth and Development of Children" mentioned that, 95.91 percentage mother breast fed the baby on the day of birth, after cleaning, after baby cried or within few hours. Only 5.4 percentage mothers breast-fed the baby within 1 to 2 days later. She also mentioned that the reason for bottle-feeding was not enough milk, pregnancy, illness of mother and the working mother. Rice was the main weaning food. 20 percentage of Rajbahak and 10 percentage of Prajapati weaned the baby between 5 to 9 months. Rest weaned the baby until next pregnancy or between 1 to 3 years. Only 12 percentage of the respondents gave solid food as early as 2 to 4 months and 37.8 percentage, only after 1 year.

Neupane, Sarita (1993, p: 3) on her manual "Breast Feeding a Manual for Health Workers" has pointed out that, breast milk has suitable amounts of the required nutrients for the proper growth and development of a new born baby up to the age of 5 to 6 months. She expresses that it is also a readily available food source for a baby and does not require preparation and time from a mother. Furthermore, it can always be given at a convenient time and place.

Shrestha, Prema in (1994, pp: 38-46). "A Study on Child Health Care Practice of Different Ethnic Groups in Baglung," found that 7.89 percentage of mothers breast feed the baby less than 1 year, while 46.49 percentage of mothers breast feed less than 2 years, 32.46 percentage of mothers breast feed less than 4 year and the remaining 7.89 percentage breast feed up to 5 years. She also found that among different ethnic groups, 52.5 percentage of Newar begin weaning baby from the age of 4 to 6 months and 27.5 percentage of women wean after 2 years. Likewise, 59.38 percentage of Chhetri mothers start to wean from 4 to 6 months, 21.88 percentage weans after 2 years. Similarly, 37.93 Brahman wean from 4 to 6 months. Among them 39.39 percentage wean from 7 to 12 months and 24.14 percentage weans after 2 years. She also found that 45.45 percentage

Sarki wean from 4 to 6 months, 36.36 percentage wean from 7 to 12 months and rest 18.18 percentage wean after 2 years.

Adhikar, Deep Bahadur (1994, pp: 69) has done a research on "A Study of Child Health Problems and Their Treatment Practices at Besisahar VDC Lamjung District" found that about 57 percentage of the children were found ill during 1 year, prevalence rate of disease was found to be influenced by many factors like age of the children, ethnicity, parents' education and occupations. He also found that nearly 6 percentage of the children under 1 year of age were not breast-fed due to the next pregnancy of mother. In his study he also found that in addition to breast milk 73 percentage of the children were fed with the cow and buffalo's milk and 14.8 percentage with powdered milk.

Giri, Surendra (1996, pp: 47-48,79) has done a study on "Study on Child Health Care Practice With Relation to Child Mortality in Pyuthan District" based on 15 to 49 years aged 300 mothers. He found that 93 percentage of the mothers feed colostrum to the infants. 11.1 percentage of mothers breast feed the baby for 1 year while 56 percentage of mothers breast- feed for 2 years, 24 percentage of mothers for 3 years and the remaining 8.3 percentage for up to 4 years. He also found that 87.80 percentage start weaning food to their children between the age of 4 to 6 months whereas 8 and 4.20 percentage of mothers start weaning foods after 6 months and before 4 months, respectively. Similarly, 96 percentage of the mothers uses the buffalo milk as supplementary food for 4 to 6 months' children.

Rayamajhi, Om Bahadur (1996, pp: 25,27,66) on his study " A Study on Child Feeding Practice in Different Ethnic Groups of Topgachhi Village of Jhapa District, Nepal" found that 6.86 percentage of the mothers feed breast milk to their children for 1 year. Likewise, 26.47 percentage of the mothers fed breast milk for 1 to 2 years. Similarly, 45.10 percentage of the mothers feed it for 2 to 3 years and remaining 21.57 percentage of mothers were found to have feed breast milk for more than 3 years. He also found that among the different ethnic groups, 22 percentage of Brahman households weans the baby from the age of below 4 months. Among the Brahman, 54 percentage of them weaned from the age of 4 to 6 months and 24 percentage weaned after 6 months. Likewise, 32.5 percentage Chhetri households weaned from below 4 months. Among the Chhetri groups 50 percentage of the households wean in between four to six months. Similarly 40

percentage of Limbu households weaned from below 4 months. Among the Limbu groups, 55 percentage of the households of them weaned between 4 to 6 months and rest 5 percentage weaned after 6 months. He also found that 35 percentage of Rai households begin weaning the baby from below four months. Among them 55 percentage weaned in between 4 to 6 months and rests 10 percentage weaned after 6 months.

Rayamajhi, in his study also found that the majority of the children (57.7) percentage suffers from Runche of Saruwa, and Rai and Limbu children were found to have suffered much more from those diseases. Similarly, most of the mothers (85.38) percentage believe that witch and bad touch of others were the causes of those diseases, and 89.23 percentage of the households were found to have used faith healer (Dhami/Jhankri) to cure them. He found that most of the children (81.54) percentage suffers from diarrhoea. At the time of diarrhoea, most of the households' (62.31) percentage used only locally available foods and herbs to the children and 37.67 percentage of the households used 'Jeevan Jal' with locally available foods and herbs to cure diarrhoea.

Panta, Indira (1996, pp: 45-47) in her study "A Study of Socio-economic Status and Maternal and Child Health Care Practice with Relation to Fertility in Pokhara" found that 53.80 percentage of the mothers apply the colostrum feeding practices whereas 34.76 percentage mothers are against colostrum feeding and 11.42 percentage mothers are against colostrum feeding and 11.42 percentage mothers have not known about first milk practices. She also found that 10.47 percentage mothers breast-feed to the baby for 1 year, whereas 30.65 percentage mothers feed for 2 years, 37.14 percentage mothers feed for 3 years and remaining 21.42 percentage mothers feed for up to next pregnancy. Similarly she found that 70 percentage of the mothers start weaning food to their children in between the age of 4 to 6 months, 8.37 percentage mothers start before 4 months and 21.42 percentage mothers start after 6 months.

Budhathoki, Chitra B. (1996, pp: 44-45) on his study "Contraceptive Use and Child Survival in Nepal" mention that 71 percentage of mothers to have fed colostrum to their last children. Of the total mothers 45.4 percentage had breast-fed to their children up to 24 months. Only 6.5 percentage breast-feeds less than 12 months. Similarly he found that nearly half of the mother initiated to wean the child at the age of 5 to 6 months. Only

III. METHODOLOGY

few mothers (5.5 percentage) introduced the solid food to their children before rice feeding ceremony (Pasni). About one fourth of mother had ever heard of 'Sarbotam Pittho Ko Litto'. He also found that nearly 40 percentage of mothers reported that their children had diarrhoea during last three months. A slight majority of mothers (57.1 Percentage) had ever used the 'Jeevan Jal' during diarrhoea. Only 76.2 percentage of mothers who had ever used 'Jeevan Jal' had correct knowledge of preparing ORS.

MOH and New Era (1996, pp: 139-141) on "Family Health Survey" mentioned that, infant feeding practices affect the health of both the mother and her child. They are important determinants of children's nutritional status. Breast-feeding has beneficial effects on the nutritional status, morbidity and mortality of young children. Early initiation of breast-feeding is beneficial for both mothers and their children. The first breast milk is important for babies. It contains colostrum, which is rich in antibodies that protect the newborn from diseases. Breast milk is uncontaminated and contains all the nutrients needed by children in the first few month of life. In addition, it provides some immunity to diseases through the mother's antibodies. Early supplementation especially under unhygienic conditions can result, infection and lower immunity to diseases. MOH and New Era also mentioned that, children of mothers who are at least high school graduate (SLC) are less likely to be breast-feed then children of mothers' with lower levels of education.

UNICEF (1996, p: 40) on its "Annual Report", recommend exclusive breast feeding for the first six months of life and continued breast feeding with appropriate supplementary feeding for 2 years and beyond. UNICEF and WHO commissions recommend that the frequency of infant and young child feeding, the composition of supplementary foods, micronutrient needs and food hygiene and safety should be improved. These are all aspects of child feeding and care; that can be managed at home, if mothers are empowered with knowledge of sound nutritional practices.

Park, K. (1997, pp: 349) on his book "Preventive and Social Medicine", stated that for many children, breast milk provides the main source of nourishment in the first year of life. At the age of 4 to 6 months, breast milk should be supplemented by additional foods rich in protein and other nutrients. (E.g. Animal milks soft-cooked mashed vegetables, etc). These are called supplementary foods, which should be introduced very gradually, in small amounts. In his book he also mentioned that, when the standard of environment sanitation is poor and education is low, the content of the feeding bottle is likely to be as nutritionally poor as it is bacteriological dangerous. It is therefore very important to advise the mothers to avoid the feeding bottle.

III. METHODOLOGY

Exploratory and the descriptive research method will be used in this study. Attempts will be made to identify the mothers' awareness about their child feeding practices. In this chapter, the population (source of data), sampling procedure, tools and instruments, pre-test data collection procedure and the data analysis and interpretation procedure are described.

1. Population (Source of data):

Tanahusur VDC has been chosen for this study. The total no. of households of the VDC are 672 and total population is 4127. The number of male population is 2121 and female population is 2006 (VDC record, 1999). There are different ethnic groups in Tanahusur VDC, for instance Brahmin, Chhetri, Kashani, Newar, Gurung, Magar, Damai, Kami and Sarki. Among them, about $\frac{1}{5}$ th (nearly 800) of population are Kashahi. Kashahi is the selected ethnic group for the study.

The study will be carried out on the basis of primary data as well as secondary data. Primary data will be obtained from interview schedule, focus group discussion and observation schedule. Where as the secondary data will be obtained from office of the VDC, Sub-health post of the VDC and from other sources which are required for the research purpose.

2. Sampling Procedure:

In order to collect the data, the investigator will apply purposive sampling procedure. First Kashahi community of Tanahusur VDC will be purposively selected for this study. Then every house with mothers under three years' children will be taken into account for interview and for collecting information. If a house had more than one mothers having 0 to 3 years children, only one mother having 0 to 3 years children will be selected as sampling.

List of total households will be taken from VDC office with the help of VDC secretary, sub-health post staff, female health workers and social workers. Total households will be divided into two groups, for instance: Kashahi and others. Then, total

households of Kashahi unit, having mother with 0 to 3 years children will be selected as sample unit for the study.

3. Tools and Instruments:

Interview schedule, focus group discussion and observation schedule will be the major tools of present study. The investigator will study different previous related studies, research works and books before forming the interview schedule focus group discussion and observation schedule. They are also developed with the consultation of reference materials, such as journals, magazine, report papers and also the suggestion of the advisor.

4. Pre-test:

In order to collect the data, questionnaire will be developed in Nepali language. Then it will be a pretest in 10 households at Nahala of Bandipur VDC of Tanahun district by the investigator. To avoid confusion, to make question simple, practicable and easy on the basis of the result of pre-test the questionnaire will be improved. The questionnaires also improve with the suggestion of the advisor.

5. Data Collection Procedure:

First of all the investigator will visit the responsible persons of the VDC to inform the purpose of study. Then the investigator will visit the head of the households and the mothers having children of 0 to 3 years in order to collect the data. The investigator will give his introduction to the related members of the family very politely. Investigator will explain the purpose and use of the study to each eligible mothers and household heads. To make the favorable situation the investigator will stimulate the respondents to share information without any hesitation. In a friendly manner, the investigator will obtain the necessary information through interview, focus group discussion and observation. Lastly, giving thanks to the respondents to their co-operation, the researcher will return.

6. Data Analysis and Interpretation Procedure:

After collecting the data, the collected data and information will be tabulated in master table, using counts and percentage. Simple mathematical analyzing procedure will be adopted in this study. Then the tabulated data and information will be analyzed and interpreted in various tables, charts, graphs and figures.

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APPENDIX I

Household Head Questionnaire

Interviewer's Name: - _____

Date of Interview: - _____

General description of the family

1. Household heads' name:- _____
2. Name of the respondent:- _____
3. Respondents' age:- _____
4. Ward no:- _____
5. Village/Toll:- _____
6. Language:- _____
7. Number of the family:- _____

Family member's description

How many of your family are currently living in this house. Total number.....

S.N	Name (Household head first)	Relation to Household head	Sex		Age	Education		Marital Status	Occupation	
			M	F		Literate				Class (Passed)
						Yes	No			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

8. Types of family:-
 - (a) Nuclear
 - (b) Joint

9. Do you have own cultivated land?
(a) Yes (b) No (If no go to Q.No.12)
10. What is the quantity of land you have?
(a) About ropani.
11. Is the food produced from your land enough for the family?
(a) Yes (b) No
12. If no, please tell the number of months the food is scarce for.
..... months.
13. What types of livestock do you have?
(a) Cow/Buffalo (b) Sheep/Goat
(c) Pig (d) Chicken/Duck
(e) Other
14. Do you have a toilet/latrine?
(a) Yes (b) No
15. What is the major source of your drinking water?
(a) Piped water (b) Kuwa/Well
(c) Stream/Rivulets (d) Traditional Stone Spout
(e) Other
16. How long does it take to reach Hospital/Sub-health post from here? (time to reach)
(a) Hospital hours (b) Sub-Health Post minutes

Questions to be asked for eligible mothers having 0 to 3 years children.

1. Name: - _____
2. Age: - _____
3. Education: - _____
4. Occupation: - _____
5. In what age did you marry?
..... Years.
6. How many children have you got?
(a) Son
(b) Daughter
Total
7. No. of 0 to 3 years children.
(a) Son
(b) Daughter
Total
8. Did you check up your health during pregnancy?
(a) Yes
(b) No
9. If not, Why? _____

10. Did you take T.T. Vaccine during pregnancy?
(a) Yes
(b) No
11. If not, Why? _____

12. Did you take following additional food during pregnancy?
(a) Green vegetable (b) Fruits
(c) Milk/Curd (d) Meat/Egg
(e) Bread/Dhido (f) If any
13. Did you take any special foods after delivery? If yes what did you take?

14. Do you accept family planning?
 (a) Yes
 (b) No
15. If yes, which method do you accept?
 (a) Permanent
 (b) Temporary
16. If not, Why _____

Question related to breast feeding practices.

17. Where was the last baby delivered?
 (a) Hospital
 (b) Home
 (c) If any
18. Do you clean your nipple before feeding breast?
 (a) Yes (b) No
19. If not, Why?

20. Did you feed colostrum to the newly born baby?
 (a) Yes (b) No
21. If not, Why?
 (a) Thinking harmful (b) Advised by other not to feed
 (b) Custom (d) Ignorance
 (a) Others.....
22. How many times do you breast-feed your baby in a day?
 times.
23. Is your breast milk sufficient to your baby?
 (a) Yes (b) No

24. What kind of additional milk do you feed, if your milk is not enough?
 (a) Cow's (b) Buffalo's
 (c) Powder (d) Others
25. Do you mix water with animal milk in the beginning?
 (a) Yes (b) No
26. What types of utensils do you use for feeding milk?
 (a) Bottle (b) Glass
 (c) Plate (d) Others ...
27. How long did you breast feed to your previous child?
 year month
28. What was the cause of early living the breast milk?
 (a) Due to mother's next pregnancy
 (b) Mother's bad health
 (c) Others

Questions related to supplementary food

29. What do you feed to the child after 4 months except breast milk?
 (a) Buffalo's milk (b) Cow's milk
 (c) Powder milk (d) 'Sarbottom Pitho Ko Lito'
 (e) 'Jaulo' (f) Rice
 (g) Others
30. When did you start weaning foods to your child?
 months.
31. Which methods did you apply to feed solid food to the child?
 (a) On special festival (b) By choosing a right day
 (c) Others
32. Weaning time
 (a) For son months (b) For daughter..... months
33. What foods are given after weaning?
 (a) 'Sarbottom Pitho Ko Lito' (b) Fruits
 (c) Green Vegetables (d) Meat/Egg
 (e) Rice/Pulse (f) Porridge/Cereal
 (g) If any.....

34. Normally what food items do you feed your baby under three years?

- (a) Sarbottam Pitho Ko Lito (b) Fruits
 (c) Green Vegetables (d) Meat/Egg
 (e) Rice/Pulse (f) Porridge/Cereal
 (c) Others

35. Do you know about 'Sarbottam Pitho Ko Lito'?

- (a) Yes (b) No (If no, go to Q.No. 37)

36. If yes, how do you prepare it?

37. How many times in a day do you feed supplementary food to your child?

..... times a day.

38. What food items do you use to prepare Jaulo?

39. What means do you use to feed your child?

- (a) Hand (b) Spoon

40. What do you use to wash your hand before feeding the child?

- (a) Soap (b) Ash
 (c) Mud (d) Only Water

41. In what age do you introduce adult foods to your child?

- (a) months (b) Years

42. Who often feeds the child? When the mother is away from home?

Questions related to child health problems.

43. Name and age of under 3 years children with description of their diseases.

S.No.	Name	Age	Sex	Name of the diseases or Symptoms	
				Recent Case	During One Year
1.					
2.					
3.					
4.					
5.					

44. Has any child death happened in your family last year?

- (a) Yes
(b) No (If no go to Q.No. 46)

45. If yes, what was the cause of the death?

- (a) Disease (b) Accident
(c) Poisoning (d) If any

46. Did your child had diarrhoea for the six months?

- (a) Yes
(b) No

47. If yes, what did you feed to your child during diarrhoea?

48. If not, why?

49. Do you have knowledge to prepare Jeevan Jal?

- (a) Yes (b) No (If no go to Q.No.51)

If no, give reasons

- (a) Lack of knowledge (b) Lack of Information
(c) Lack of time (d) Others

50. If yes, how do you prepare it?

(a) Jeevan-Jal

51. What is the cause of Runche/Saruwa according to you?

(d) God, bad touch or witch

(e) Lack of nutrient foods

(f) Lack of cleanliness

(g) Other

52. What way do you apply for the treatment of Marasmus, Runche or Saruwa?

(a) Faith healer (b) Doctor or Health Worker

(c) Nutrient foods (d) Others

53. Where did you consult when your child became ill?

(a) Dhami/Jhankri (b) Hospital

(c) Sub-Health Post (d) Clinic

(e) None (e) Others

54. If none give reasons

(a) Lack of Knowledge (b) Lack of treatment facilities

(c) Lack of money (d) Lack of time

(h) Others

55. Did the health recover after visiting the Hospital/Sub-health Post?

(a) Yes (b) No

56. Have you immunized your children?

(a) Yes (b) No (if no go to Q.No. 58)

57. If yes, give description.

S.N.	Name	Age	Sex	Immunization Description			
				DPT	BCG	Polio	Measles
1							
2							
3							
4							
5							

58. If no, give reasons.

(a) Lack of knowledge (b) Lack of Immunization facilities

(c) Lack of time (d) Others

Observation Form

S.No.	Description of Observation Item	Better	Good	General	Low
1.	Cleanliness of bottle				
2.	Cleanliness of babies' utensils				
3.	Cleanliness of boiling milk pot				
4.	Physical cleanliness of babies				
5.	Cleanliness of babies' clothes				
6	Cleanliness of household surrounding				
7	Inner cleanliness of house				
8	Cleanliness of toilet				

८. परिवारको किसिम:-

(क) एकल (ख) संयुक्त

९. तपाईंको खेती गरेको आफ्नै जमिन छ? (यदि छैन भने, प्र.नं. १२ मा जाने)

(क) छ (ख) छैन

१०. छ भने जमिनको परिणाम कति छ?

लगभग.....रोपनी

११. तपाईंको जमिनबाट उत्पादित खाद्यान्न परिवारको लागि पर्याप्त छ?

(क) छ (ख) छैन

१२. यदि छैन भने, कति समयको लागि खाद्यान्न अभाव हुन्छ?

.....महिना

१३. तपाईंको के के पाल्नु जनावर छन्?

(क) गाई/भैसी (ख) भेडा/वाखा

(ग) सुँगुर (घ) हाँस/कुखुरा

(ङ) अन्य

१४. तपाईंको पाइखाना/चर्पि छ?

(क) छ (ख) छैन

१५. तपाईंको पिउने पानीको मुख्य श्रोत के हो?

(क) पाइपको पानी (ख) कुवा/इनार

(ग) खोला/नाला (घ) परंपरागत ढुंगे धारा

(ङ) अन्य.....

१६. यहाँबाट अस्पताल/स्वास्थ्य चौकि पुग्न कति समय लाग्छ?

(क) अस्पताल.....घण्टा (ख) स्वास्थ्य चौकि..... मिनट

जन्म देखि तीन वर्ष मुनिका केटा केटी भएका सम्बन्धित आमाहरूलाई सोधिने प्रश्न

१. नाम:- २. उमेर:-
३. शिक्षा:- ४. पेशा:-
५. विवाह हुंदा तपाईं कति वर्षको हुनुहुन्थ्यो?
..... वर्ष
६. तपाईंका कति केटा केटी छन्?
(क) छोरा.....
(ख) छोरी.....
जम्मा.....
७. जन्म देखि ३ वर्ष सम्मका केटा केटीको संख्या:-
(क) छोरा.....
(ख) छोरी.....
जम्मा.....
८. तपाइंले गर्भवती अवस्थामा स्वास्थ्य जांच गराउनु भएको थियो?
(क) थिएँ (ख) थिइन
९. यदि स्वास्थ्य जांच नगराउनु भएको भए किन नगराउनु भएको?
.....
.....
१०. गर्भवती अवस्थामा टी. टी. खोप लिनु भएको थियो?
(क) थिएँ (ख) थिइन
११. यदि नलिनु भएको भए किन नलिनु भएको?
.....
.....
१२. गर्भवती भएको वेलामा तलका अतिरिक्त खाना खानु भयो?
(क) हरियो साग सब्जि (ख) फलफुल
(ग) दुध/दहि (घ) मास/फुल
(ङ) ढिंडा/रोटी (च) यदि अन्य भए.....
१३. सुत्केरी पश्चात कुनै अतिरिक्त खाना खानु भयो? यदि खानु भएको भए के खानु भयो?
.....
.....
१४. परिवार नियोजन गर्नु भएको छ?
(क) छ (ख) छैन
१५. यदि छ भने कुन उपाय अपनाउनु भएको छ?
(क) स्थायी (ख) अस्थायी
१६. यदि नअपनाउनु भएको भए किन नअपनाउनु भएको?
.....

स्तनपान सम्बन्धि प्रश्न

१७. तपाईंको पछिल्लो बच्चा कहाँ जन्मिएको हो?
 (क) अस्पतालमा (ख) घरमा
 (ग) अन्य भए
१८. तपाईंले स्तनपान गराउनु भन्दा पहिले दुधको मुन्टो सफा गर्नु हुन्छ?
 (क) गर्छु (ख) गर्दिन
१९. यदि सफा गर्नु हुन्न भने किन?

२०. तपाईंले बच्चा जन्मे पछि बाक्लो पहेलो दुध खुवाउनु भयो?
 (क) खुवाएँ (ख) खुवाइन
२१. खुवाउनु भएन भने किन?
 (क) हानिकारक हुन्छ भन्ने सोचेर (ख) अरूको नखुवाउने सल्लाहले
 (ग) रिति (घ) अज्ञानताल
 (ङ) अन्य
२२. तपाईं बच्चालाई दिनमा कतिपल्ट स्तनपान गराउनु हुन्छ?
 पटक
२३. तपाईंको दुध बच्चाको लागि प्रशस्त छ?
 (क) छ (ख) छैन
२४. तपाईंको दुध प्रशस्त नभएको भए, बच्चालाई के को दुध खुवाउनु हुन्छ?
 (क) गाईको (ख) भैसीको
 (ग) पाउडर (घ) अन्य
२५. सुरुमा गाई भैसीको दूधमा पानी मिसाउनु हुन्छ?
 (क) मिसाउँछु (ख) मिसाउँदिन
२६. दुध खुवाउन के सामान प्रयोग गर्नुहुन्छ?
 (क) शिशि (ख) गिलास
 (ग) ल्पेट (घ) अन्य
२७. तपाईंले अगाडीको बच्चालाई कति समय दुध खुवाउनु भयो?
 वर्ष महिना
२८. चाँडै दुध छुटाउनुको कारण के थियो?
 (क) अर्को गर्भको कारणले (ख) आमाको स्वास्थ्य खराबीले
 (ग) अन्य.....

पुरक खाना सम्बन्धि प्रश्नहरू

२९. चार महिना पछि बच्चालाई आफ्नो दुधको अतिरिक्त के खुवाउनु हुन्छ?
 (क) भैसीको दुध (ख) गाईको दुध
 (ग) पाउडर दुध (घ) सर्वोत्तम पिठोको लिटो
 (ङ) जाउलो (च) भात
 (छ) अन्य.....
३०. कहिलेदेखि बच्चालाई थप/ठोस खाना खुवाउन शुरु गर्नु भयो?
महिनादेखि ।
३१. बच्चालाई ठोस आहार खुवाउन कुन तरिका अपनाउनु भयो?
 (क) विशेष चाडपर्वमा (ख) उचित दिन छानेर
 (ग) अन्य.....
३२. पुरक खाना खुवाउने समय?
 (क) छोराको लागि..... महिना (ख) छोरीको लागि..... महिना
३३. खाना खुवाउन शुरु गरेपछि अतिरिक्त खानाको रूपमा कस्ता खाना खुवाउनु हुन्छ?
 (क) सर्वोत्तम पिठोको लिटो (ख) फलफुल
 (ग) हरियो साग सब्जी (घ) मासु/फुल
 (ङ) दाल/भात (च) गहुं जौ आदिको लिटो
 (छ) अन्य कुनै भए.....
३४. साधारणतया ३ वर्ष मुनिका बच्चालाई खानाका कस्ता परिकार खुवाउनु हुन्छ?
 (क) सर्वोत्तम पिठोको लिटो (ख) फलफुल
 (ग) हरियो साग सब्जी (घ) मासु/फुल
 (ङ) दाल/भात (च) गहुं जौ आदिको लिटो
 (छ) अन्य कुनै भए.....
३५. तपाईंलाई सर्वोत्तम पिठोको लिटो वारे थाहा छ?
 (क) छ (ख) छैन (यदि छैन भने प्र.नं. ३७ मा जाने)
३६. यदि छ भने कसरी तयार पार्नु हुन्छ?

३७. एक दिनमा बच्चालाई कतिपटक थप खाना खुवाउनु हुन्छ?
पटक
३८. जाउलो वनाउन खानाका के के परिकार प्रयोग गर्नु हुन्छ?

३९. बच्चालाई खुवाउन के साधन प्रयोग गर्नु हुन्छ?
 (क) हात (ख) चम्चा

४०. बच्चालाई खाना खुवाउनु भन्दा पहिले तपाईं के साधनले हात धुनु हुन्छ?

(क) सावुनले

(ख) खरानीले

(ग) माटोले

(घ) पानीले मात्र

४१. तपाईंले बच्चालाई कुन उमेरमा वयस्क खाना खुवाउन सुरु गर्नु भयो?

..... महिना..... वर्ष

४२. आमा घरमा नभएको वेलामा प्राय जसो बच्चालाई कसले खुवाउँछ?

.....
.....

बाल स्वास्थ्य समस्या संग सम्बन्धित प्रश्नहरू

४३. तिन वर्ष मुनिका बाल बालिकाको नाम र उमेर सहित तिनिहरूको रोगको विवरण:-

क.सं.	नाम	उमेर	लिंग	रोगको लक्षण तथा चिन्हहरू	
				हालको अवस्था	एक वर्ष भित्रको अवस्था
१					
२					
३					
४					
५					

४४. तपाईंको परिवारमा गत वर्ष कुनै बच्चाको मृत्यु भएको थियो?

(क) थियो

(ख) थिएन (यदि थिएन भने प्र.नं. ४६ मा जाने)

४५. यदि बच्चाको मृत्यु भएको थियो भने के कारणले मृत्यु भएको हो?

(क) रोग

(ख) दुर्घटना

(ग) विषपान

(घ) अन्य कुनै भए

४६. के तपाईंको बच्चालाई विगत छ महिना भित्र भाडा पखाला लागेको थियो?

(क) थियो

(ख) थिएन

४७. यदि थियो भने भाडा पखाला लागेको वेलामा बच्चालाई के खुवाउनु भयो?

.....
.....

४८. नखुवाउनु भएको भए किन नखुवाउनु भएको हो?

.....
.....

४९. तपाईंलाई जीवनजल वनाउने ज्ञान छ? विषय
- (क) छ (ख) छैन (यदि छैन भने प्र.नं. ५१ मा जाने)
५०. यदि छ भने कसरी तयार गर्नु हुन्छ? विवरण
- (क) जीवनजल
-
५१. तपाईंको विचारमा रून्चे/सरूवा के कारणले लाग्छ?
- (क) देवताको कारणले/बोक्सीको कारणले/अनिष्ट नजरले
- (ख) पौष्टिक खानाको अभावले
- (ग) सर सफाईको कारणले
- (घ) अन्य कुनै
५२. मरास्मस रून्चे वा सरूवाको उपचार गर्दा कुन उपाय अपनाउनु हुन्छ?
- (क) धामी/भाक्रि (ख) डाक्टर वा स्वास्थ्य कार्यकर्ता
- (ग) पोषिलो खाना (घ) अन्य.....
५३. तपाईंको बच्चा विरामी हुंदा कहाँ सम्पर्क गर्नु हुन्छ?
- (क) धामी/भाक्रि (ख) अस्पताल
- (ग) उप स्वास्थ्य चौकी (घ) लिकनिक
- (ङ) कहिँ पनि सम्पर्क गर्दिन (च) अन्य.....
५४. यदि कहिँ पनि सम्पर्क गर्नु हुन्न भने किन?
- (क) ज्ञानको अभावले (ख) उपचार सुविधाको अभावले
- (ग) पैसाको अभावले (घ) समयको अभावले
- (ङ) अन्य.....
५५. अस्पताल स्वास्थ्य चौकी गए पछि स्वास्थ्यमा सुधार भयो त?
- (क) भयो (ख) भएन
५६. तपाईंले आफ्नो बच्चालाई खोपाउनु भएको छ?
- (क) छ (ख) छैन (यदि छैन भने प्र.नं ५८ मा जाने)
५७. यदि छ भने विवरण दिनु होस

क्र.सं.	नाम	उमेर	लिङ्ग	खोप विवरण			
				डि.पि.टि	वि.सि.जि	पोलियो	दादुरा
१							
२							
३							
४							
५							

५८. यदि छैन भने कारण दिनुहोस

- (क) ज्ञानको अभावले (ख) खोप सुविधाको अभावले
- (ग) समयको अभावले (घ) अन्य

अवलोकन तालिका

APPENDIX III

क्र.सं.	अवलोकन विवरण	अतिराम्रो	राम्रो	सामान्य	निम्न
१	शिशिको सर सफाइ				
२	बच्चाको भांडा कुंडाको सर सफाइ				
३	दुध उमाल्ने भांडाको सर सफाइ				
४	बच्चाको शारीरिक सर सफाइ				
५	बच्चाको कपडाको सर सफाइ				
६	घर वरीपरीको सर सफाइ				
७	घर भित्रको सर सफाइ				
८	चर्पीको सर सफाइ				

APPENDIX III

S.N.	Name of the participants	Education		Age	Number of children under 36 months
		Yes	No		

Focus Group Discussion Guide

**Focus group discussion with mothers of children under 36 months about breast feeding practices, supplementary foods practices and diarrhoea.
(Focus group discussion with 8-10 mothers of children under 3 years).**

My name is Rajendra Raj Dhakal. My friend sitting behind me isI came from T.U. Kathmandu, to know something from you about the young child feeding practices. I collect information on breast feeding practices, supplementary food practices and diarrhoea of children under 3 years in this community. I found a lot of children very small in your community, smaller than they should be in their age. I would like to discuss with you today. I hope you will fulfill my desire. This will help me to understand your ideas and thinking about feeding practices and feeding practices on diarrhoea of under 3 years.

1. Number of Participants:-
 2. Ward No / Tole:-
 3. Name of Moderator:-
 4. Name of Recorder:-
 5. Date of focus group discussion:-
1. What is your belief about feeding children?
 2. Do you find children under the age of three years?
 3. present way of feeding is enough for the children?
 4. Do you breast feed your children under the age of three
 5. 3 times a day.
 6. your community in order to help mothers
 7. feed their young children more often?
 8. Do you think it is better to feed solid or liquid foods to young children
 9. under the age of three years?
 10. Do you think the teacher of the community would agree it is better for the
 11. child under three years to give more solid food than liquid food?
 12. What would you need to do in your community in order to help mothers
 13. feed their young children more often?

Introduction of the participants.

S.N.	Name of the participants	Education		Age	Number of children under 36 months	
		Literacy				Class passed
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1. When did you first breast-fed this child, did you throwaway the breast milk before breast-feeding?
2. What is your belief about feeding colostrum?
3. When and how often do you feed children under the age of three years?
4. Do you think the present way of feeding is enough for the children?
5. How easy would it be for you to feed your children (under the age of three years) that often 6 to 8 times a day.
6. What would you need to do in your community in order to help mothers feed their young children more often?
7. Do you think it is better to feed solid or liquid foods to young children under the age of three years?
8. Do you think the mother of this community would agree it is better for the child under three years to give more solid food than liquid food?
9. What would you need to do in your community in order to help mothers feed their young children more solid food?
10. What foods do you think should never be given to young children under the age of three years?

11. How often do your children get diarrhoea?
12. What do people of the community think are the main causes of diarrhoea?
13. What do you give your children to eat/drink during diarrhoea?
14. Do you avoid some food/water during diarrhoea?
15. Why do you do so?

11. कितनी बार बच्चे दस्त पड़ते हैं? (कितनी बार बच्चे दस्त पड़ते हैं, कितनी बार बच्चे दस्त पड़ते हैं, कितनी बार बच्चे दस्त पड़ते हैं, कितनी बार बच्चे दस्त पड़ते हैं, कितनी बार बच्चे दस्त पड़ते हैं)

12. समुदाय के लोग क्या सोचते हैं कि दस्त के मुख्य कारण क्या हैं?

13. दस्त के दौरान बच्चे को क्या खाना/पीना देना चाहिए?

APPENDIX IV

लक्षित समुह छलफल निर्देशिका

३६ महिना भन्दा कम उमेरका केटा केटी भएका आमाहरूसंग स्तनपान, पुरक खाना, र भाडा पखाला वारे छलफल गर्ने ।

(३ वर्ष मुनिका केटा केटी भएका ८ देखि १० जना आमाहरुको समुह बनाई छलफल गर्ने)

मेरो नाम राजेन्द्र राज ढकाल हो । मेरो पछाडी वस्ने साथी हुनु हुन्छ । म बच्चालाई खुवाउने तरीका वारे तपाईंहरुवाट केही कुरा जान्न त्रि.वि.वि. काठमाण्डौवाट यहां आएको हुं । मैले यस समुदायका ३ वर्ष भन्दा तलका केटा केटीहरुको स्तनपान पुरक खाना र भाडा पखालाको वारेमा सुचनाहरु संकलन गर्दछु । मैले तपाईंको समुदायमा धेरै केटाकेटीहरु साना पाएँ त्यो भन्दा साना, जुन तिनिहरुको उमेर अनुसार हुनु पर्दथ्यो । आज म तपाईंहरु संग छलफल गर्न चाहन्छु । मैले आशा गरेको छु तपाईंहरुले मेरो चाहना पुरा गर्नु हुने छ । यसले मलाई खुवाउने तरीकाको वारेमा तपाईंहरुको विचार धारणा र तिन वर्ष तलका बालवालीकाहरुलाई भाडा पखाला लागेको बेलामा खुवाउने तरिकाहरुको वारेमा जानकारी हुने छ ।

१. सहभागीको संख्या:-
२. वडा नं/टोल:-
३. छलफल गर्नेको नाम:-
४. अभिलेख राख्नेको नाम:-
५. लक्षित समुह छलफलको मिति:-

सहभागीहरूको परिचय

क.सं.	सहभागीको नाम	शिक्षा		उमेर	३६ महिना भन्दा तलका केटा केटीको संख्या
		साक्षर			
		छ	छैन		
१					
२					
३					
४					
५					
६					
७					
८					
९					
१०					

१. तपाईंले यो वच्चालाई स्तनपान गराउनु भन्दा पहिले शुरूको पहेंलो दुध फाल्नु भयो ?
२. शुरूको पहेंलो वाक्लो दुध खुवाउने सम्बन्धमा तपाईंको के मान्यता छ?
३. ३ वर्षभन्दा तलका केटा केटीलाई कहिले र कसरी खूवाउनु हुन्छ ?
४. तपाईं अहिलेको यो तरिकानै वच्चाहरूको लागि खूवाउने उपयुक्त तरिका ठान्नु हुन्छ ?
५. तपाईंलाई वच्चालाई खूवाउन कत्तिको सजिलो छ? (तिन वर्ष भन्दा तल) त्यति पटक जुन ६ देखि ८ पटक १ दिनमा हुन्छ ।
६. तपाईंको समुदायमा वच्चालाई धेरै पटक खूवाउन आमाहरूलाई सघाउन के गर्नु पर्दछ?
७. तपाईं ३ वर्ष भन्दा तलका केटाकेटीहरूलाई तरल खाद्य वा ठोस खाद्य पदार्थमा कुन चाही दिनु उत्तम मान्नु हुन्छ?

८. तपाईंको विचारमा यो समूदायमा ३ वर्ष तलका केटाकेटीहरूलाई तरल खाना भन्दा धेरै ठोस खाना खूवाउनु राम्रो हुन्छ, भन्ने कुरामा आमाहरू सहमत होलान?
९. तपाईंको समूदायमा तपाईंका बच्चाहरूलाई धेरै ठोस खाना खूवाउन आमाहरूलाई के सहयोग गर्नु पर्छ?
१०. तिन वर्ष भन्दा तलका केटा केटीहरूलाई के खानेकुरा कहिल्यै खान दिनु हुन्न भन्ने लाग्छ?
११. तपाईंको बच्चालाई भाडा पखाला कतिको हुन्छ?
१२. तपाईंको समूदायका मानिसहरू भाडा पखालाको प्रमुख कारण के मान्दछन्?
१३. भाडा पखाला लागेको बेलामा बच्चालाई के खान/पिउन दिनु हुन्छ?
१४. बच्चालाई भाडा पखाला लागेको बेलामा के, खाना/पानी दिनु हुन्न?
१५. किन त्यसो गर्नु हुन्छ?