

No.

**COMPLEMENTARY BASIC SURVEY REPORT
ON
POPULATION AND FAMILY PLANNING
IN
THE KINGDOM OF NEPAL**

JUNE, 1987

**JAPAN INTERNATIONAL COOPERATION AGENCY
MEDICAL COOPERATION DEPARTMENT**

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PREFACE

It is with great pleasure that I present to His Majesty's Government of Nepal this report of the Basic Study on Family Planning and Maternal and Child Health.

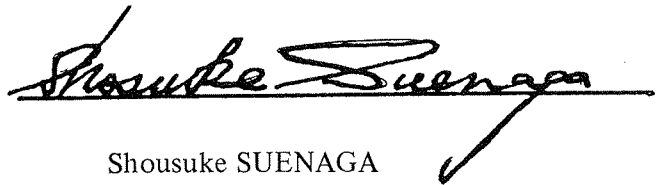
The report is based on the results of a field survey, which was carried out from 2nd December, 1986 to 26th January, 1987, by a Japanese survey team commissioned by the Japan International Cooperation Agency (JICA), following the request of His Majesty's Government of Nepal.

The survey team, headed by Dr. Tohru Sagara, had a series of discussions with the officials concerned of His Majesty's Government of Nepal and conducted a wide-ranged field survey and data analyses.

I sincerely hope that this report, as well as the Basic Survey Report on Population and Family Planning in 1986, will be useful as a basic reference for implementation of the on-going Family Planning and Maternal and Child Health Project and thereby contribute to the promotion of the health status of the people and friendly relations between our two countries.

I wish to express my deep appreciation to the officials concerned of His Majesty's Government of Nepal for their sustained cooperation extended to the Japanese Team.

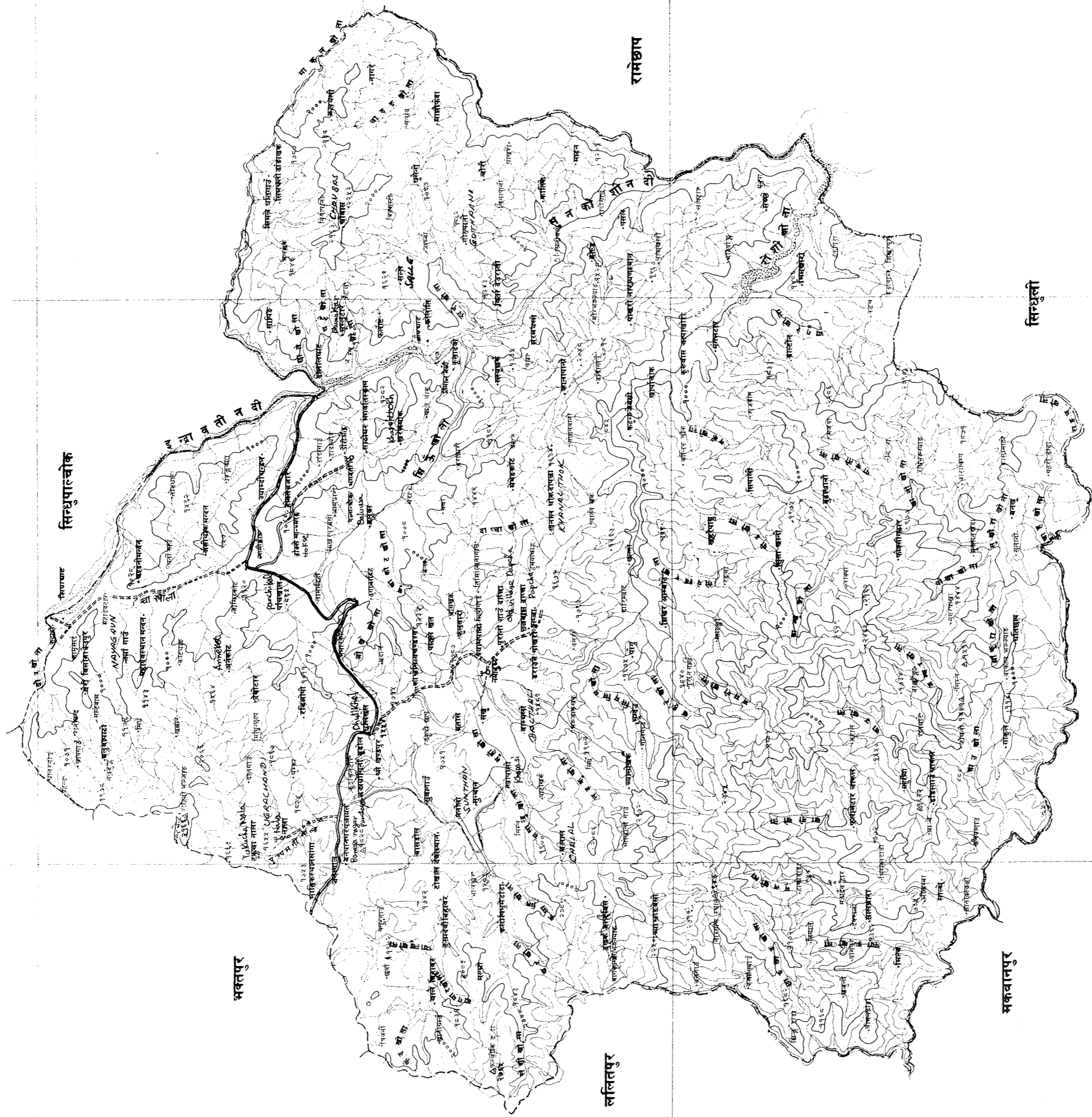
June, 1987

A handwritten signature in black ink, reading "Shousuke Suenaga", is written over a horizontal line. The signature is fluid and cursive, with a long, sweeping tail that extends downwards and to the right.

Shousuke SUENAGA
Executive Director,
Japan International
Cooperation Agency

Kavrepalanchok

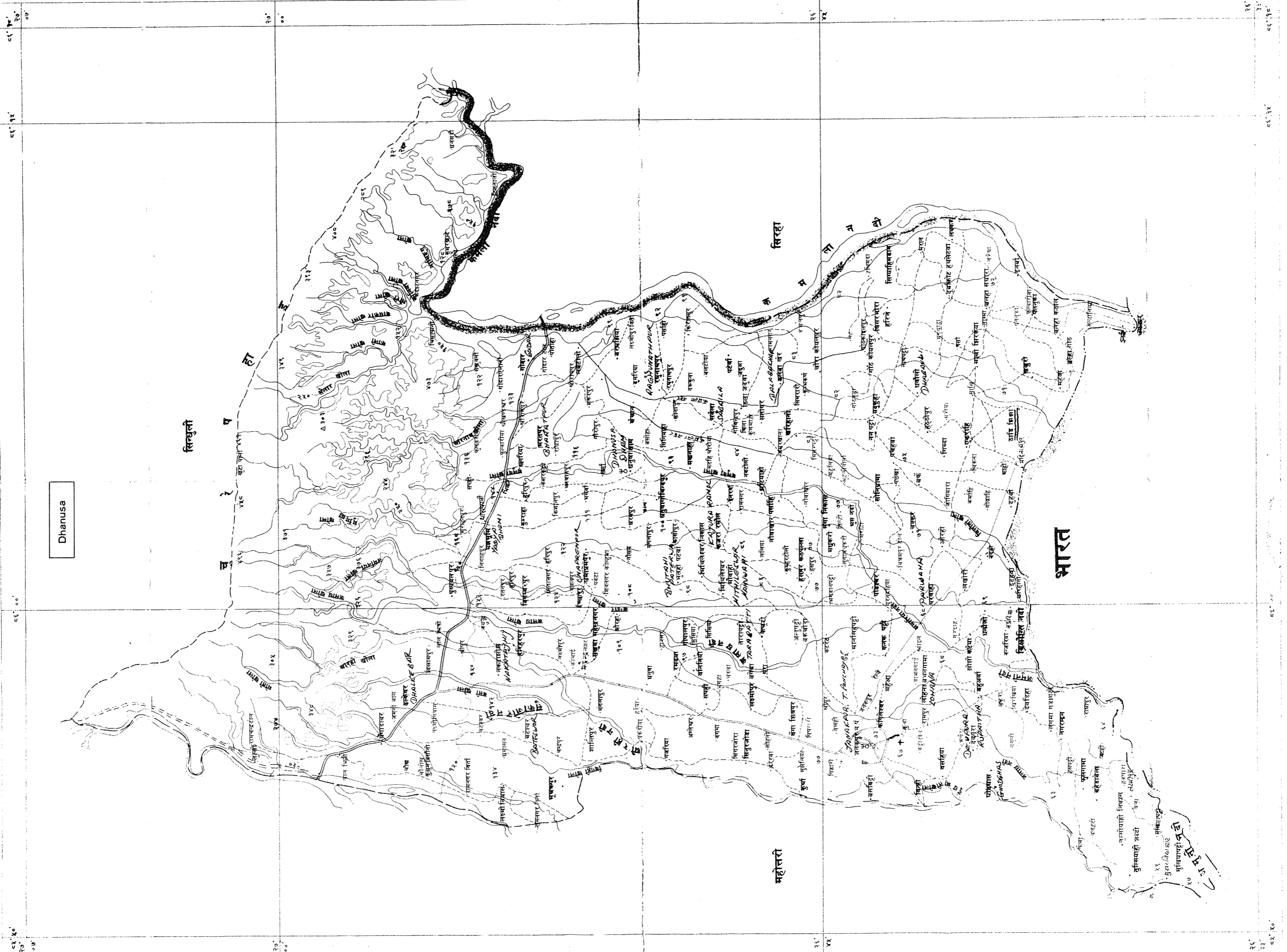
सिन्धुपाल्चोक



भक्तपुर

ललितपुर

मकवानपुर



Dhanusa

सिन्धुली

सिरहा

भारत

महेसरी

26° 00' 26° 30' 27° 00' 27° 30'

85° 00' 85° 30' 86° 00' 86° 30'

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Chapter 1

INTRODUCTION

—SURVEY OBJECTIVES—

CHAPTER 1 INTRODUCTION – SURVEY OBJECTIVES –

According to the 1981 census, the population of Nepal was 15,022,839, and the annual growth rate between last two censuses was 2.6%. If this growth rate continues, Nepal's population will double in the next 27 years.

The annual population growth rate was 2.1% between the 1961 and 1971 censuses and 2.6% between the 1971 and 1981 censuses. The reason for the accelerated increase is that the birth rate has remained high while the mortality rate has been declining. The decline in infant and child mortality is generally considered one of the prerequisites for a fertility decline. The decline in infant mortality is already in the process¹⁾.

According to the results of the WFS (World Fertility Survey) conducted in 1976 as the first nationwide sample survey in Nepal, it is estimated that the infant mortality rate is 152 to 1,000 live births. On the other hand, the estimated infant mortality rate based on the U.N. statistics in 1985 is 130, still considerably high compared to other Asian nations.

The purpose of this survey is to conduct a sampling survey concerning basic items of maternal and child health and family planning and to determine assessment indicators for evaluation of future projects. In light of the objectives of this survey, one of the problems is that Nepal's infant mortality rate is at a relatively high level compared to other nations, and this fact reflects deficient medical conditions in Nepal. In order to accelerate the decline in mortality, especially in infant mortality, a special program needs to be launched to improve the delivery of health services, environmental sanitation, living conditions and nutrition of the population at large. Another problem to be pointed out is that the actual level of infant mortality for the recent period is highly debatable, because a standard source of infant mortality data is not available. For the intensification of the MCH services, Kavrepalanchok in the hills and Dhanusa in the Terai have been deliberately selected. As mentioned above, it is difficult to obtain data on each district, especially concerning child and maternal health and family planning. Therefore, in order to grasp the present situation when starting a project in this field, and to enable evaluation at the end of it, nine indicators were proposed by the 1985 R/D (Record of Discussion). Those indicators were later revised into eleven indicators in the request proposal presented by the Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project). These eleven indicators are as follows:

- 1) Incidence of pregnant women attending antenatal clinic
- 2) Incidence of children (under 5 years) attending health clinic

- 3) Incidence of immunization
- 4) Incidence and causes of illness
- 5) Infant mortality rate
- 6) Causes of child death
- 7) Contraceptive prevalence rate
- 8) Birth rate
- 9) Food habits of the people
- 10) Nutritional status of children
- 11) Others

The questionnaire prepared for this survey was designed to obtain necessary information for the estimation of the above indicators, with emphasis on the field of child and maternal health and nutritive conditions for which we had not had enough data.

In addition to the establishment of the above indicators, short-term objectives such as identification of people's medical needs and health behavior to basic health services from health posts/MCH clinics in communities were pointed out by the 1986 Request Proposal. Item (1) through (4) and (7) of the 1986 Proposal indicators corresponding to these short-term objectives.

The contents of following chapters of this report are:

Chapter 2 introduces the geographical features and socio-economic background of the districts surveyed and the present situation of medical services and child and maternal health;

Chapter 3 explains organization of survey, the sampling method and survey items;

Chapter 4 presents an analysis of the results obtained from field survey; and, to sum up,

Chapter 5 evaluates the eleven indicators based on research results.

Note)

1) The estimated infant mortality rate based on each sample survey is shown in the table below.

Year	Estimated Infant Mortality Rate (‰)		
	Male	Female	Total
1954	260	250	
1961 – 71	200	186	
1965 – 66			130 – 208
1971			172
1974 – 75	141	123	133
1974 – 76	135	130	133
1978	128	138	134
1977 – 1978	110	98	104

Source) ESCAP, *ESCAP Country Monograph Series No. 6, Population of Nepal*, Bangkok, 1980.

Chapter 2

OUTLINE OF SURVEY AREAS

CHAPTER 2 OUTLINE OF SURVEY AREAS

1. Geographical Features and Socio-Economic Background

Two districts, Kavrepalanchok in the hills and Dhanusa in the Terai, were selected for this survey. Kavrepalanchok is located in a central development region, Bagmati zone, with altitudes ranging from 1,007 to 3,018 meters; while Dhanusa belongs to a central development region, Janakpur zone. Previously, as malaria was prevent in the Terai and living conditions were extremely primitive because of the jungled area, population was not too dense. However, an anti-malarian program was initiated in 1958 and vigorously promoted throughout the 1960's. As a result, mortality rates in the Terai declined, and natural population growth rate increased.

Table 2-1 shows the comparison between the Terai and the mountains/hills in terms of area, population, and food production. Most of the population in Nepal is living in the mountain and hill areas which account for 78% of the total land area.

However, the food production ratio is obviously greater in the Terai. Recently, the Terai has been developing rapidly partly due to government policies, and the excess population from the hills has moved into the Terai. Due to such social migration, population in the Terai has also increased.

The above situation is not unique and includes the Kavrepalanchok and Dhanusa. Table 2-2 shows demographic indicators to verify such trends. Birth rates by district are not available in Nepal. So as an indicator of fertility, the child-woman ratio (0-4 population/15-49 female population \times 100) is given.

The population growth rate in the past 10 years was higher in Dhanusa; child woman ratio is similar in both districts. Furthermore, the average family size is smaller in Dhanusa. Therefore, population growth stemming from social mobility has recently accelerated rapidly in Dhanusa.

Table 2-3 shows the population distribution of the five most popular languages in each district.

In Dhanusa, 86.1% of the total population use Maithali. Language structure of Maithali is very similar to Bihari in India. Based on geometrical conditions, Dhanusa is apparently strongly influenced by India.

Turning to the population composition by language, in Kavrepalanchok, those who speak Nepali, Tamang, and Newari are 63.4%, 23.5% and 9.6%, respectively. Nepali and Newari are Indo-European languages and spoken in the hill areas. The Nepali and Newari populations constitute a caste society. On the other hand, Tamang is a Tibeto-Burman language spoken

in higher mountain areas. Tamang people's occupations are described as follows: "They grow corn, Deccan grass, wheat, and potatoes; in low lying areas they cultivate paddy rice and keep cows, water buffaloes, goats, and pigs . . . They have excellent handicraft skills with wood, bamboo, stone, and woolen fabrics, and have been meeting the demand in Kathmandu, a huge consumption center."¹⁾ This fact suggests that Dhanusa is culturally, economically and socially influenced by India, while Kavrepalanchok has a more complex ethnical background. Population by language group is not included in survey items of the current study, so further information is not available.

With respect to the industrial structure, 94% of the population of Nepal live in rural areas, and 90% of the working population is engaged in agriculture. This industrial structure is common to both Kavrepalanchok and Dhanusa. Table 2-4 indicates the comparison of the two districts in terms of industrial structure.

In the Kavrepalanchok, 93.3% of the working population is engaged in agricultural work, and 80.5% in the Dhanusa. The ratio of the agricultural population is extremely high.

Table 2-5 shows the literacy rates of the two districts by sex and age groups.

Both male and female educational levels in Kavrepalanchok are higher than in Dhanusa. Since 1951, various policy measures have been implemented for the improvement of the educational level, and the National Education System Plan was adopted in 1971. This was the turning point, and since then notable positive changes have been made in the educational foundation, such as institution, financial system, assignments of teachers, and curricula.²⁾ As shown in Table 2-5, the literacy rate is higher in younger generations, excluding those between six and nine. This relates to the timing of the commencement of the national plan. In Nepal, it has only been 20 years since a modern educational system was implemented. As a result, the educational level is higher in the late teens and early 20's.

2. Medical Facilities

(1) Structure of Diseases

As reported in the "Basic Survey on Population and Family Planning in the Kingdom of Nepal," morbidity has been estimated based on several hospitals' statistics³⁾. In order to improve this situation, a reporting system whereby each health post submits an injury and disease report to the Ministry of Health through their district office was introduced in April 1986. This system just started, and different health posts are reporting at different times. The statistics given here

show the total of the figures reported by four health posts each in the two districts covered.

As shown in Tables 2-6 and 2-7, the number of patients declined in October and November in both districts. As explained in the previous section providing a district overview, this period is the busy farming season. Therefore, it seems that people don't have time to visit a health post, and even if a patient is seriously ill, there is no one available to accompany him or her to a health post.

Regarding the changes in the number of patients, however, it should be noted that the cases counted here are not divided by age groups nor sex. In Kavrepalanchok, the ratio of infectious disease is high. Thus, it might be taken into account that, due to the housing situation in the district, the infection rate among the family must be much higher than the figures presented. Moreover, the statistics show an extremely small number of disease reports on pregnant women. The low rate of disease among pregnant women probably suggests the fact that having medical check-ups before and after childbirth is not common, and/or that the rate of pregnant women who do have them is extremely low. In order to more accurately understand the situation, it should be kept in mind that the report made through the district offices and the Ministry of Health is conducted independently of the report made by the MCH clinic, which is open once a week (Tables 2-6 and 2-7).

Nepal has a subtropical monsoon climate. In both Dhanusa and Kavrepalanchok, June through September is the rainy season and the dry season usually lasts from October through May. Temperatures vary according to the altitude. In Kavrepalanchok in the hills, the annual differential in monthly temperatures is as little as 14 degrees. In contrast, in the Terai the temperature in winter is between 10 to 20 centigrades while it is above 40 centigrades in summer. Seasonal changes in disease structure cannot be clarified because a report covering an entire year is not as yet available. However, in Dhanusa where temperature differentials and seasonal changes between dry and rainy seasons are more distinct throughout the year, some seasonal changes are observed in the disease structure as well. For instance, in the rainy season from June through September, the ratio for patients with an infectious disease increases, especially infectious diseases of the digestive system. It is probably because in the rainy season rivers sometimes overflow and drinking water becomes contaminated since there are no advanced water processing facilities in the district. In addition, in summer food storage methods are not appropriate and pose the danger of food poisoning, which is also related to diseases in digestive organs.

It should also be taken into account when looking at these statistics that health posts do not have adequate equipment for medical check-ups and are not able to provide appropriate treatment of serious diseases and complications. For instance, the infectious rate of vermination is high in both districts. It is reported that some kinds of parasites consume proteins and carbo-

hydrates in the intestines and hamper the absorption of vitamin A. Parasites not only cause malnutrition but sometimes get into capillary blood vessels in the brain or the heart causing cerebral or myocardial infarction. An anti-parasites program is vitally important, and simultaneous and continuous medication of vermicide is necessary. There are no microscopes or other equipment for stool examinations in health posts so the actual number of parasitic disease must be much larger. Moreover, as shown in the footnote for the Table, diseases were not classified into minor categories in the report of Sabaila Health Post. This happened only in May, but it is true that in all health posts classification of diseases is often difficult due to the limited capacity of the health posts to provide medical treatment coupled with an equipment shortage.

The health posts' reporting period in the districts differs to some extent and thus, the comparison of the disease structure in August-November for which statistics from both districts are available is given in Table 2-8.

In major categories, the ratio of infectious and respiratory diseases is high in Kavrepalanchok while the ratio of skin disease is high in Dhanusa. Most of the houses in Kavrepalanchok are dirt-floored, and a kitchen located inside the house usually has bad ventilation. This seems to be a cause of respiratory diseases. Especially in the winter when the temperature is low, many cases of respiratory disease are reported. Heating, housing structure, clothing and undernourishment are the causes of respiratory disease. Furthermore, in many cases, the ground floor of the house is used as a shed for animals, generating unsanitary conditions.

On the other hand, Dhanusa is a breeding place of mosquitos and other harmful insects due partly to its subtropical climate, and it seems that scratching of bites often causes infection. It can be easily observed in both districts that skin diseases are caused by malnutrition and unsanitary conditions of the skin resulting from the lack of hygienic education. Guidance on cleanliness is given to those who visit the health posts, and it is imperative to focus public education on sanitation.

Eye diseases are commonly found in both districts. The possible causes of eye disease are inappropriate housing structure in Kavrepalanchok, and dust and hygiene habits in both districts. At the same time, deteriorated nutritive conditions accelerate the development of eye disease.

(2) Health Post Facilities and Its Activities

As medical facilities to provide initial treatment, health posts are playing an important role in Nepal. This survey includes the following items concerning health posts.

- 1) Qualifications and career record of the individual in charge of the health post, and whether he or she offers medical services at places other than in the health post.

- 2) The number of panchayats, and the distance to the furthest panchayat.
- 3) Average number of patients per day.
- 4) Common diseases and causes of death of children under five.
- 5) Medical services available around the health post (pharmacies, medical practitioners).
- 6) Local support (whether there is a health committee, and whether it is useful).
- 7) Health post staffing (number of posts and vacancies).
- 8) Health post facilities (whether the health post owns a building and has enough medicine, equipment, and supplies).

Tables 2-9 and 2-10 show the results of the above questionnaire (Tables 2-9, 2-10).

With respect to diseases common to children under five which are related to 2-(1) of this chapter — Structure of Diseases, diarrhoea is commonly observed in both Kavrepalanchok and Dhanusa. Diarrhoea is also counted as one of the major causes of death. Other diseases often observed are malnutrition, which is reported by health posts in Nala, Sabaila, and Tarapatti; and lower respiratory tract infections, reported by all health posts in Kavrepalanchok. Death-causing cycle assumption can be made based on those results. (Fig. 2-1)

Disease structure within each health post has been made clear, but local set-ups of medical services are inadequate. A problem common to health posts is the shortage of manpower and facilities. All health posts lack equipment and supplies, such as medicine, medical instruments, and examination beds. This makes it difficult to provide satisfactory treatment of the above diseases. Health posts are all the more important in Kavrepalanchok because there are no medical practitioners in that area, and no pharmacies around the Bhumlutar Health Post. Standards and readiness of health posts must be improved.

As mentioned above, one of the causes of skin diseases is unsanitary conditions. As part of a hygiene educational program, it may be possible to use panchayat based health workers (PBHW), who are providing guidance on mother and child health as well as on family planning. PBHWs are employed on an annual contract basis and requested to be able to read and write. Each panchayat recommends PBHW candidates, and the District Office makes the final decision. Since the work of a PBHW is to provide information about mother and child health care and to motivate appropriate family planning, female PBHWs tend to be preferred. However, due to the present educational level outlined above, it is difficult to choose appropriate candidates. This is one of the reasons why many of the posts are vacant.

All health posts except Bhumlutar, Ghodaghas, and Tarapatti use rented buildings. Starting with storage for medicine and other supplies, it is necessary to set up appropriate facilities to provide satisfactory medical services. When there are no such facilities available, local support from each panchayat is indispensable, as health posts currently depend on it. One of the opera-

tional problems is whether there is a health committee in the district and, if there is one, whether it is useful or not. According to the interview results of the individuals in charge of health posts, other than the health posts in Khopasi, Nala, and Tarapatti, there is no indication on whether health committees are active and effective. Interest in a health committee to medical services seems to reflect the attitude of local residents toward health posts and overall medical services. In addition, in Sabaila Panchayat, a sample point of this survey, there is the problem of medical services being administered by quacks. There is an Ayurvedic Clinic in Sabaila, and medical conditions are relatively favorable. Furthermore, it is a matter of serious concern that a situation exists in which treatments administered by doctors without proper qualifications are attracting many patients. Medical treatment by quacks should be stopped. To accomplish this, medical services offered by health posts need to be expanded on and improved.

(3) Maternal and Child Health and Family Planning

In this section, based on the activities of the NFP/MCH project, the state of mother and child health and family planning will be discussed.

Tables 2-11 and 2-12 show project expenditures of each district for the last five years. Excluding general overhead costs, personnel expenses on a contract basis including payments for PBHWs account for a large portion. Expenses for sterilization are the second largest share. Expenditures for mother and child health and education are relatively small. In Dhanusa, however, UNFPA is promoting MCH intensification program, and it is noteworthy that expenditures for mother and child health were more than 10% of total expenditures in 1985-86 (Tables 2-11, and 2-12).

Tables 2-13 and 2-14 show achievements in the fields of mother and child health and family planning in each district. There are large annual fluctuations. Thus, it is difficult to point out a specific time-series trend. However, it is noteworthy that the medical check-up rate before and after delivery and of children under five has been increasing. Only a small number of immunizations are reported here, and this is probably because other institutions, such as immunization camps, are giving inoculations (Table 2-13 and 2-14).

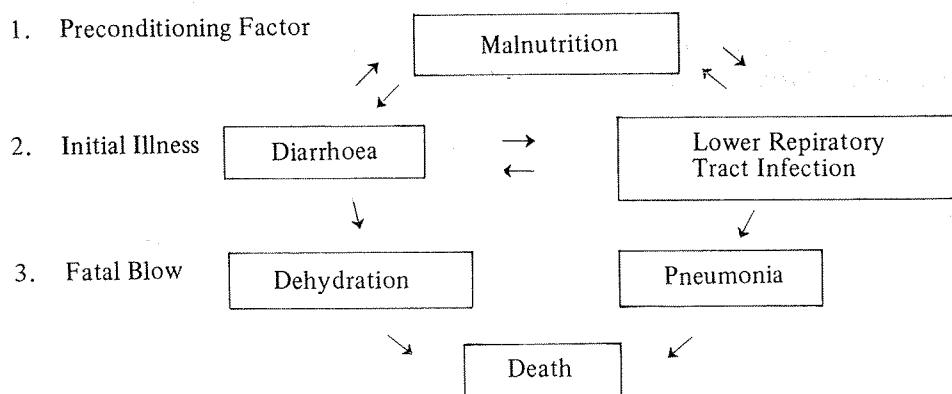
There are differences between the two districts in terms of family planning. The ratio of female sterilization is higher in Dhanusa, while the male sterilization rate is higher in Kavrepalanchok. One of the reasons is that there is a difference in the social status of men and women living in the hills and the Terai. The acceptance rate of the IUD is small in both districts, and use of the IUD seems to be delayed, especially considering the difficulty in performing follow-up. However, considering the geographical conditions and the availability of transporta-

tion in Kavrepalanchok in the hills, the opportunity to be sterilized and accessibility of pills and condoms seems to be limited. In this regard, activities of PBHWs have a significant advantage in making up for this disadvantageous situation.

Note)

- 1) Hiroshi Ishii, ed., *More Facts about Nepal*, Tokyo, 1986, Kobundo, pp 9-11 and pp 120-121.
- 2) Nirmal Nath Rimal ed., *Nepal District Profile, Education*, National Research Associates, Kathmandu, 1986, pp 1-2.
- 3) The Japan International Cooperation Agency, *Report for Basic Survey on Population & Family Planning in the Kingdom of Nepal*, 1985, p. 32.

Figure 2-1 Casual Cycle of Infant Death



Source) Terence H. Hull & Jon E. Dohde, *Prospects for Rapid Decline of Mortality Rates in Java*, Population Institute, Gudjah Mada University, Yogyakarta, 1978

Table 2-1 Comparison between the Mountains/Hills, and Terai (1981)

Area :	Area Ratio	Population Ratio	Food Production Ratio	Production Ratio of Paddy
Mountains and Hills	78	56	37	22
Terai	22	44	63	78

Source) Kyoko Inoue, "Economic Development Plan of Nepal," *Asian Trends*, Fall 1983, Vol. 24, p. 106.

Table 2-2 Demographic Indicators, Kavrepalanchok and Dhanusa

Demographic Indicators	Kavrepalanchok	Dhanusa
Population	307,150	432,569
Population Density (persons/km ²)	220.0	366.6
Population Growth Rate 1971 – 81 (%)	25.28	30.84
Average Number of Family per Household	6.2	5.4
Number of Household	49,545	79,785
Child-Woman Ratio	58.70	60.28

Source) Central Bureau of Statistics, His Majesty's Government of Nepal, *Statistical Pocket Book of Nepal 1986*, Kathmandu

Central Bureau of Statistics, His Majesty's Government of Nepal, *Population Census-1981, General Characteristics Tables, Vol. I - Part 1*, Kathmandu, 1984

General Characteristics Tables, Vol. I - Part 1, Kathmandu, 1984

Table 2-3 Population Distribution by Mother Tongue, Kavrepalanchok and Dhanusa

Kavrepalanchok		Dhanusa	
Mother Tongue	Population (%)	Mother Tongue	Population (%)
Nepali	194,853 (63.4)	Maithali	372,515 (86.1)
Tamang	72,042 (23.5)	Nepali	38,140 (8.8)
Newari	29,611 (9.6)	Tamang	3,251 (0.8)
Rai, Kirati	1,723 (0.6)	Bhojpuri	2,848 (0.7)
Maithali	1,668 (0.5)	Magar	1,594 (0.4)
Others/Unstated	7,253 (2.4)	Others/Unstated	14,221 (3.3)

Source) Central Bureau of Statistics, HMG, *Population Census-1981, Social Characteristics Tables, Vol. I, Part III*, Kathmandu, 1984.

Table 2-4 Population Distribution by Occupation, Kavrepalanchok and Dhanusa
(%)

Occupation	Kavrepalanchok	Dhanusa
Agriculture	93.3	80.5
Service	2.5	14.2
Commerce	1.7	2.9
Manufacturing	0.2	1.2
Others	2.3	1.2

Source) Central Bureau of Statistics, HMG, *Population Census-1981, Economic Characteristics Tables*, Vol. I, Part VII, Kathmandu, 1984.

Table 2-5 Population Distribution by Literacy and Age, Kavrepalanchok and Dhanusa
(%)

Age Group	Kavrepalanchok		Dhanusa	
	Male	Female	Male	Female
6 – 9	29.5	16.6	25.3	10.4
10 – 14	53.3	25.9	42.1	15.6
15 – 19	49.3	17.1	41.6	11.7
20 – 24	41.6	11.4	35.4	7.7
25 – 29	37.5	9.6	29.8	6.5
30 – 34	32.9	6.9	26.1	5.0
35 – 39	29.5	6.4	24.1	4.0
40 – 44	25.8	5.3	19.0	2.8
45 – 49	23.9	4.5	18.4	2.9
50 +	19.3	4.3	14.7	1.7
All Ages	35.8	12.3	28.5	7.3

Source) Central Bureau of Statistics, HMG, *Population Census-1981, Social Characteristics Tables*, Vol. I, Part IV, Kathmandu, 1984.

Table 2-6 Main Diseases Reported by Four Health Posts, Kavrepalanchok (July to December 1986) % in the parentheses

Name of disease	July/Aug.*	Aug./Sept.	Sept./Oct.	Oct./Nov.	Nov./Dec.	Total
Digestive Infection	507 (25.0)	202 (5.6)	154 (7.1)	117 (6.8)	50 (2.9)	1,030 (9.2)
Tuberculosis	3 (0.1)	5 (0.1)	1 (0.0)	3 (0.2)	29 (1.7)	41 (0.4)
Leprosy	2 (0.1)	7 (0.2)	—	2 (0.1)	2 (0.1)	13 (0.1)
Diphtheria	2 (0.1)	6 (0.2)	1 (0.0)	(0.0)	—	9 (0.1)
Whooping Cough	8 (0.4)	9 (0.3)	5 (0.2)	12 (0.7)	5 (0.3)	39 (0.3)
Measles	13 (0.6)	17 (0.5)	3 (0.1)	5 (0.3)	2 (0.1)	40 (0.4)
Malaria	4 (0.2)	—	—	—	1 (0.1)	5 (0.0)
Parasitosis	88 (4.3)	150 (4.2)	176 (8.2)	156 (9.1)	247 (14.1)	817 (7.3)
Diseases of the Respiratory System	242 (12.0)	485 (13.5)	329 (15.3)	156 (9.1)	161 (9.2)	1,373 (12.2)
Diseases of Skin	43 (2.1)	374 (10.4)	436 (20.2)	370 (21.7)	455 (26.0)	1,678 (14.9)
Diseases of Eyes	20 (1.0)	83 (2.3)	68 (3.2)	59 (3.5)	88 (5.0)	318 (2.8)
Others	1,092 (54.0)	2,254 (62.8)	982 (45.6)	829 (48.5)	711 (40.6)	5,868 (52.2)
Total	2,024	3,592	2,155	1,709	1,751	11,231

* Excluding Nala Health Post

Source) District Office, Public Health, Kavrepalanchok

Table 2-7 Main Diseases Reported by Four Health Posts, Dhanusa (April to November 1986) % in the parentheses

Name of disease	April/May	May/June	June/July	July/Aug.	Aug./Sept.	Sept./Oct.	Oct./Nov.	Total
Digestive Infection	178 (11.9)	289 (14.2)	203 (7.5)	263 (9.6)	213 (8.6)	115 (5.6)	89 (5.0)	1,350 (8.8)
Tuberculosis	5 (0.3)	6 (0.3)	3 (0.1)	3 (0.1)	2 (0.1)	1 (0.0)	—	20 (0.1)
Leprosy	5 (0.3)	3 (0.1)	4 (0.1)	5 (0.2)	7 (0.3)	7 (0.3)	3 (0.2)	34 (0.2)
Diphtheria	—	5 (0.2)	—	—	—	—	—	5 (0.0)
Whooping Cough	5 (0.3)	—	5 (0.2)	—	—	—	—	10 (0.1)
Measles	4 (0.3)	—	—	—	2 (0.1)	—	—	6 (0.0)
Malaria	3 (0.2)	4 (0.2)	6 (0.2)	5 (0.2)	7 (0.3)	4 (0.2)	18 (1.0)	47 (0.3)
Parasitosis	85 (5.7)	125 (6.1)	148 (5.5)	207 (7.6)	137 (5.5)	113 (5.5)	118 (6.6)	933 (6.1)
Diseases of the Respiratory System	78 (5.2)	115 (5.6)	123 (4.5)	135 (4.9)	80 (3.2)	94 (4.6)	158 (8.9)	783 (5.1)
Diseases of Skin	435 (29.0)	466 (22.9)	848 (31.3)	957 (34.9)	808 (32.6)	781 (38.3)	709 (39.9)	5,004 (32.7)
Diseases of Eyes	25 (1.7)	90 (4.4)	190 (7.0)	71 (2.6)	91 (3.7)	43 (2.1)	21 (1.2)	531 (3.5)
Others	675 (45.1)	933 (45.8)	1,180 (43.5)	1,095 (39.9)	1,133 (45.7)	882 (43.2)	663 (37.3)	6,561 (42.9)
Total	1,498 [71]*	2,036	2,710	2,741	2,480	2,040	1,779	15,284 [71]*

* In case of Sabaila HP, diseases in Infective & Parasitic Disease are not divided into small unit.

Source) District Office, Public Health, Dhanusa

Table 2-8 Difference in Main Diseases* Between Kavrepalanchok and Dhanusa

Name of disease	% in the parentheses	
	Kavrepalanchok	Dhanusa
Digestive Infection	473 (6.3)	417 (6.6)
Tuberculosis	9 (0.1)	3 (0.0)
Leprosy	9 (0.1)	17 (0.3)
Diphtheria	7 (0.1)	—
Whooping Cough	26 (0.3)	—
Measles	25 (0.3)	2 (0.0)
Malaria	—	29 (0.5)
Parasitosis	482 (6.5)	368 (5.8)
Diseases of the Respiratory System	970 (13.0)	332 (5.3)
Diseases of Skin	1,180 (15.8)	2,298 (36.5)
Diseases of Eyes	210 (2.8)	155 (2.5)
Others	4,065 (54.5)	2,678 (42.5)
Total	7,456 (100.0)	6,299 (100.0)

* Total Number of Patients from August to November, 1986

Source) District Office, Public Health, Kavrepalanchok and Dhanusa

Table 2-9 Health Post Information, Kavrepalanchok

Name of Health Post		Bhumlutar	Dapcha	Khopasi	Nala
H.P. in Charge	Experience	15 years	7.75 years	11 years	8.25 years
	Qualification	Health Assistant	10th Class Passed	Intermediate in MS	Intermediate in MS
No. of Panchayats Covered		6	5	10	10
Distance of Furthest Panchayat		9 km	12 km	51 km	8 km
Ownership of H.P. Bldg.		Own Building	Rented	Rented	Rented
Average No. of Patients per Day		50	45	30	50
Major Causes of Diseases (Children Under Five)		Tetanus Whooping Cough Diarrhoea Bronchitis Dysentery	Diarrhoea Skin Disease Pneumonia Dysentery Parasitosis	Diarrhoea A.R.I. Skin Disease	Parasitosis Skin Disease Diarrhoea/Dysentery A.R.I. Malnutrition
Major Causes of Death (Children Under Five)		Diarrhoea Tetanus Measles A.R.I.	Diarrhoea A.R.I.	Diarrhoea Measles A.R.I.	Diarrhoea Measles A.R.I. Malnutrition
Drug Supply		Insufficinet	Insufficient	Insufficient	Insufficient
Existence of Pharmacy in the Locality		No	Yes	Yes	Yes
Presence of Private Practitioners in the Locality		No	No	No	No
Existence of Health Committee		No	Yes	Yes	Yes
Usefulness of H.C.		—	Helpless	Helpful	Helpful
Medical Practice outside Health Post		No	No	Yes	Yes
HP Regular Staff and Vacant	Health A.	1	1 (1)	1	1
	A.H.W.	1	0	2 (1)	2*
	A.N.M.	No Answer	0	2	2
No. of Vacant in the Parentheses	V.H.W.	No Answer	4 (1)	6 (5)	No Answer
	Mukhiya	No Answer	No Answer	1 (1)	No Answer
	Peon	No Answer	1	No Answer	No Answer
Manpower		Not Enough	Not Enough	Not Enough	Not Enough
Storage Facility		Yes	No	No	No
Necessary Equipment		Yes	Yes	No	No
Problems in Health Post		<ul style="list-style-type: none"> • Technical Manpower • Furniture • Insufficinet Place 	<ul style="list-style-type: none"> • Own Bldg. needed • Lack of Manpower • Lack of Medicine 	<ul style="list-style-type: none"> • Own Bldg. needed • Lack of Equipment • Lack of Medicine • Necessity of Suitable Training 	<ul style="list-style-type: none"> • Own Bldg. needed • Lack of Equipment • Lack of Medicine • Lack of Manpower

Note) * 1 person working another Health Post.

Table 2-10 Health Post Information, Dhanusa

Name of Health Post		Godar	Ghodaghas	Sabaila	Tharapatti
H.P. in Charge	Experience	5 years	17 years	8 years	6 years
	Qualification	S.L.C.	S.L.C.	S.L.C.	Intermediate
No. of Panchayats Covered		7	11	12	8
Distance of Furthest Panchayat		11 km	16 km	8 km	9 km
Ownership of H.P. Bldg.		Rented	Own Building	Rented	Own Building
Average No. of Patients per Day		30	30	25	40
Major Causes of Diseases (Children Under Five)		Diarrhoea Ear Disease Parasitosis Malnutrition	Diarrhoea External Wound Skin Disease Cough and Cold	Diarrhoea Skin Disease Cough Malnutrition Parasitosis	Diarrhoea Skin Disease Malnutrition Parasitosis Fever/Dysentery
Major Causes of Death (Children Under Five)		Diarrhoea A.R.I.	Diarrhoea A.R.I.	Diarrhoea	Diarrhoea A.R.I. Fever
Drug Supply		Insufficient	Insufficient	Insufficient	Insufficient
Existence of Pharmacy in the Locality		Yes	No	Yes	Yes
Presence of Private Practitioners in the Locality		No	Yes	Yes	Yes
Existence of Health Committee		Yes	Yes	Yes	Yes
Usefulness of H.C.		Helpless	Helpless	Helpless	Helpful
Medical Practice outside Health Post		Yes	No	No	Yes
HP Regular Staff and Vacant	Health A.	1	1	1	1
	A.H.W.	2 (2)	2* (1)	2	2
No. of Vacant in the Parentheses	A.N.M.	2 (2)	2* (1)	2 (2)	2 (1)
	V.H.W.	No Answer	6 (5)	6 (6)	6 (6)
	Mukhiya	1	1	1	1
	Peon	3	2	2	3
	Sweeper	No Answer	1	1	No Answer
Manpower		Not enough	Enough	Not enough	Not enough
Storage Facility		No	Yes, but insufficient	No	Yes
Necessary Equipment		No	Yes	Yes	No
Problems in Health Post		<ul style="list-style-type: none"> • Own Bldg. Needed • Lack of Staff • Lack of Medicine • Lack of Equipment • First Aid is not Available 	<ul style="list-style-type: none"> • Facility of Quarter • Drinking Water • Lack of Storage • Lack of Equipment • Necessity of Suitable Training 	<ul style="list-style-type: none"> • Lack of Medicine • Own Bldg. Needed • Lack of Staff & Equipment • Disturbance of Treatment by Qacks 	<ul style="list-style-type: none"> • Lack of Medicine • Lack of Equipment • Maintenance of HP Needed

Note) * 1 person working another Health Post.

Table 2-11 Expenditure of FP/MCH Project, Kavrepalanchok (1981-86) Rs., % in the parentheses

Year	General	Contract	V.S.C.	Sterilization	I.E.C.	MCH	Total
1981-82	441,648.82 (61.8)	249,842.58 (34.9)	-	23,513.33 (3.3)	-	-	715,004.73 (100.0)
1982-83	424,500.95 (42.9)	468,241.35 (47.3)	-	91,181.86 (9.2)	5,380.00 (0.5)	-	989,304.16 (100.0)
1983-84	581,148.22 (49.8)	37,197.12 (3.2)	-	187,326.75 (16.0)	2,034.00 (0.2)	-	1,167,706.09 (100.0)
1984-85	703,144.91 (51.3)	500,960.83 (36.5)	3,000.00 (0.2)	162,140.70 (11.8)	2,730.00 (0.2)	-	1,371,976.44 (100.0)
1985-86	733,315.21 (38.3)	823,703.08 (43.0)	101,931.50 (5.3)	252,353.98 (13.2)	2,730.00 (0.1)	-	1,914,033.77 (100.0)
Total	2,883,758.11 (46.8)	2,439,944.96 (39.6)	104,931.50 (1.7)	716,516.62 (11.6)	12,874.00 (0.2)	-	6,158,025.19 (100.0)

Source) FP/MCH Dhulikhel District Office

Table 2-12 Expenditure of FP/MCH Project, Dhanusa (1981-86) Rs., % in the parentheses

Year	General	Contract	V.S.C.	Sterilization	I.E.C.	MCH	Total
1981-82	330,172.80 (29.0)	410,742.22 (36.0)	43,347.20 (3.8)	355,921.00 (31.2)	-	-	1,140,183.22 (100.0)
1982-83	337,476.00 (23.9)	488,232.00 (34.6)	62,334.00 (4.4)	521,133.00 (36.9)	3,117.00 (0.2)	-	1,412,292.00 (100.0)
1983-84	731,266.00 (35.9)	516,043.00 (25.3)	89,727.00 (4.4)	698,274.00 (34.3)	2,343.00 (0.1)	-	2,037,653.00 (100.0)
1984-85	821,872.00 (34.1)	774,160.00 (32.2)	124,401.00 (5.2)	683,849.00 (28.4)	2,684.00 (0.1)	-	2,406,966.00 (100.0)
1985-86	476,234.00 (15.9)	1,321,867.00 (44.3)	370,163.00 (12.4)	489,872.00 (16.4)	2,640.00 (0.1)	325,299.00 (10.9)	2,986,075.00 (100.0)
Total	2,697,020.80 (27.0)	3,511,044.22 (35.2)	689,972.20 (6.9)	2,749,049.00 (27.5)	10,784.00 (0.1)	325,299.00 (3.3)	9,983,169.22 (100.0)

Source) FP/MCH Dhanusa District Office

Table 2-13 Achievement of FP/MCH Project, Kavrepalanchok (1982-86)

		1982-1983	1983-1984		1984-1985		1985-1986	
		Achievements	Achievements	Growth Rate (%)	Achievements	Growth Rate (%)	Achievements	Growth Rate (%)
Vasectomy		323	340	5.3	780	129.4	531	-31.9
Laparoscopy		183	217	18.6	242	11.5	283	16.9
Pill Distributed	New	1,095	778	-28.9	1,370	76.1	1,885	37.6
	Old							
	Continue	1,552	1,089	-29.8	2,352	116.0	2,136	-9.2
Condom Distributed	New	1,866	1,922	3.0	3,277	70.5	4,035	23.1
	Old	857						
I.U.D.		-	5	-	3	-40.0	3	0.0
Depoprovera		-	53	-	140	164.2	141	0.7
Follow Up	Pill	4,071	3,340	-18.0	3,494	4.6	5,955	70.4
	Condom	2,180	2,559	17.4	2,230	-12.9	4,373	96.1
	Extra	558	885	58.6	1,027	16.0	1,911	86.1
Antenatal	New	457	727	59.1	1,239	70.4	3,353	170.6
	Old	640	775	21.1	1,238	59.7	5,024	305.8
Children Under 5 Years	New	2,087	2,816	34.9	3,201	13.7	9,090	184.0
	Old	2,524	2,775	9.9	3,734	34.6	9,860	164.1
D.P.T.	New	1,408	1,245	-11.6	171	-86.3	891	421.1
	Old	663	604	-8.9	111	-81.6	591	432.4
B.C.G.		-	596	-	169	-71.6	530	213.6
Measles		-	-	-	-	-	-	-
Anemia		147	-	-	-	-	-	-
O.R.S.		1,003	1,987	98.1	2,687	35.2	5,308	97.5
Motivation		86,440	93,453	8.1	129,346	38.4	125,727	-2.8

Source) FP/MCH Project Dhulikhel District Office

Table 2-14 Achievement of FP/MCH Project, Dhanusa (1982–86)

		1982–1983	1983–1984		1984–1985		1985–1986	
		Achievements	Achievements	Growth Rate (%)	Achievements	Growth Rate (%)	Achievements	Growth Rate (%)
Vasectomy		94	98	4.3	172	75.5	156	-9.3
Laparoscopy		3,380	3,557	5.2	3,711	4.3	2,767	-25.4
Pill Distributed	New	1,692	2,105	24.4	2,355	11.9	3,061	30.0
	Old	15,593	14,252	-8.6	18,741	31.5	17,195	-8.2
	Continue	16,275	14,441	-11.3	17,628	22.1	16,215	-8.0
Condom Distributed	New	13,399	9,619	-28.2	13,471	40.0	14,290	6.1
	Old	128,186	118,025	-7.9	203,456	72.4	236,346	16.2
I.U.D.		24	16	-33.3	19	18.8	46	142.1
Depoprovera		8	31	287.5	20	-35.5	138	590.0
Follow Up	Pill	11,944	11,736	-1.7	13,982	19.1	13,034	-6.8
	Condom	3,737	3,141	-15.9	4,449	41.6	5,711	28.4
	Extra	553	2,114	282.3	198	-90.6	-	-100.0
Antenatal	New	4,554	6,150	35.0	10,916	77.5	18,622	70.6
	Old	3,295	4,072	23.6	7,235	77.7	10,326	42.7
Children Under 5 Years	New	9,869	10,256	3.9	18,260	78.0	23,255	27.4
	Old	7,187	6,784	-5.6	12,027	77.3	14,152	17.7
D.P.T.	New	825	395	-52.1	230	-41.8	242	5.2
	Old	278	85	-69.4	124	45.9	43	-65.3
B.C.G.		2	379	18,850.0	132	-65.2	90	-31.8
Measles		-	-	-	-	-	-	-
Anemia		1,401	1,898	35.5	3,186	67.9	4,031	26.5
O.R.S.		3,607	3,394	-5.9	5,849	72.3	8,714	49.0
Motivation		283,295	328,280	15.9	400,338	22.0	524,971	31.1

Source) FP/MCH Project Dhanusa District Office

METHODOLOGY

Chapter 3

CHAPTER 3 METHODOLOGY

1. Organization of Survey

This survey was conducted as a joint effort of members of the NFP/MCH Project. Experts from JICA and JICA survey team were dispatched to the surveyed areas. Elements such as the designing and printing of the questionnaire, training of interviewers, sampling, interviewing and coding were carried out in Nepal. The coded data was brought back to Japan for computer input and analysis which was conducted by members of JICA survey team.

Questionnaire design and the person in charge of each section are shown in the note of this chapter¹⁾. Details of each item will be discussed in Section 3.

(1) Screening and Training of Investigators

A field survey team is comprised of a supervisor, an editor and interviewers. Supervisors and editors were selected from the NFP/MCH Project and received training in Kathmandu from October 28 through 31.

The training content follows:

- 1) Outline of the NFP/MCH and JICA Projects
- 2) Outline of the survey questionnaire and sampling method
- 3) Method of field editing

Details of the training are described in the appendices at the end of this report. The above training was conducted by staff members of the NFP/MCH Project Evaluation Division and JICA experts.

The recruitment of interviewers took place in two districts, Kavrepalanchok and Dhanusa. Recruitment was conducted from November 5 through 16 in Kavrepalanchok and November 12 through 21 in Dhanusa. Qualifications of applicants were as follows; women having a SLC (School Leaving Certificate certifying that an individual completed 10th grade) or above; men having an IA (Intermediate Art) or SLC and some experience in social surveying. Screening in both areas was conducted by staff members of the NFP/MCH Project Evaluation Division and JICA experts. Interviews were held on November 21 and 23 in Kavrepalanchok and Dhanusa, respectively.

In Kavrepalanchok, of 115 applicants 15 women and nine men for a total of 24 were employed and in Dhanusa four women and 12 men for a total of 16, were selected from 31

applicants. Due to the nature of the survey, women interviewers were deemed preferable. The difference in the number of interviewers was caused by geographical conditions within the two areas, necessitating more in Kavrepalanchok.

Number of selected interviewers by sex are shown in the appendices.

Training was provided from November 24 through December 5 for interviewers in Kavrepalanchok and November 25 through December 4 for those in Dhanusa.

Main subjects of the training were:

- 1) Outline of the NFP/MCH and JICA Projects.
- 2) Objectives of the survey and explanation of the program.
- 3) Basic knowledge on family planning, diseases common in infants and preventive measures (immunization), medical treatments (ORT and others).
- 4) Explanation of each item of the questionnaire.
- 5) Group discussion and role playing.
- 6) Field practice.

Details of the training are shown in the appendices. Training was conducted by staff members of the NFP/MCH Project Evaluation Division and JICA experts.

(2) Survey Schedule

Interviewers appointed through the screening mentioned in Chapter 2 were divided into three groups in Kavrepalanchok and two in Dhanusa. Each group conducted an interview under the control of one supervisor and one editor. A supervisor's tasks included clarification of boundaries between wards, drawing up a household list and selecting households. An editor offered guidance on interviewing and checked questionnaires. Details of sampling are mentioned in the following section. The survey schedule and the allotment of surveyed areas are shown in the appendices.

Preparation of the code book, and printing of the coding sheet were completed on December 31. Instructions to coders started on January 1. Office editing and coding started from January 2. The coding check was completed on January 23. The schedule of the above matters are shown in the appendices.

2. Sampling Method

A total of 3,200 households, 1,600 each in Kavrepalanchok (in the hills) and Dhanusa (in the Terai), were selected for survey by a three-stage sampling method. In the first stage, four

health posts having a MCH Clinic were purposively selected from health posts in each area.

Health posts are under the direct supervision of the Health Ministry, while MCH Clinics are run by NFP/MCH project.

Panchayats covered by each health post are shown in Table 3-1 and 3-2. The number of panchayats covered by the four health posts in Kavrepalanchok is 26 and that in Dhanusa is 42. Ten panchayats were selected by Probability Proportional size in each district (Tables 3-1 and 3-2).

$$I = \frac{\Sigma Pp}{Np}$$

ΣPp , accumulative value of population is 52,186 in Kavrepalanchok and 187,686 in Dhanusa. Np is the number of panchayats selected and 10 for each area. I is an interval of sampling panchayats, 5218.6 in Kavrepalanchok and 18768.6 in Dhanusa.

Wards were selected in the second stage. Each panchayat is comprised of nine wards. Four wards were selected from the nine by Simple Random Sampling. Ward numbers of each panchayat are shown in Table 3-3. (Table 3-3)

Of the total households, 40 were sampled in each selected ward by Systematic Interval in the third stage. Interval (S_i) is obtained from the following formula.

$$S_i = \frac{\Sigma NH}{SH (= 40)}$$

In the above formula, NH means the accumulative value of households in each ward and SH is the number of households selected. The determination of S_i was made by a supervisor and editor at the time of the field survey. What should be specifically mentioned is how target households were identified. The boundaries of panchayats in Nepal were modified for the election held in 1982. Consequently, the household list in the 1981 Census could not be used. Moreover, maps of the surveyed areas were not sufficient. Therefore, sampling of households in surveyed areas was conducted through the following process:

- 1) After arriving at a panchayat to be surveyed, a survey team confirmed boundaries of the wards in the panchayat and, in coordination with panchayat members (one selected from each ward) and Panchayat Based Health Workers (PBHW), defined households belonging to each ward.
- 2) A household list of wards selected by an interviewer on each survey team was prepared.
- 3) From the household list, 40 households were selected by Systematic Interval, and the survey commenced.

The number of households selected through the above process is as follows:

$$3,200 \text{ households} = 2 \text{ districts} \times 10 \text{ panchayats} \times 4 \text{ wards} \times 40 \text{ households}$$

There is a difference in the number of households per ward in the two districts in this survey. The mean number of households per ward was 61.6 in Kavrepalanchok and 111.1 in Dhanusa. In geographical terms, households were scattered in Kavrepalanchok and were centralized in the Dhanusa District, although there were some exceptions. Therefore, there were five wards having less than 40 households in Kavrepalanchok District. This is why the number of households actually selected is fewer in Kavrepalanchok, despite the above-mentioned sampling method.

As for the interview results of the individual questionnaire, 29 women of 2,960 were not at home and interviews of three women were not completed.

3. Survey Items

The objective of this baseline survey, as mentioned earlier, was to collect fundamental data necessary for the implementation of the family planning and maternal and child health care programs and to set up 11 indicators to the project. Accordingly, it is inevitable that there is a great variety of survey items in the questionnaire. In order to comprehensively read the results of the analyses and examine their reliability, the detailed nature of the survey items must be known. In this section, we discuss an outline of the survey items, their distinctions and overall evaluation of the questionnaire used in the survey.

The questionnaire consists of two parts, a questionnaire on households and one on individuals (see the attached reference data). The household questionnaire is divided into two parts; the first part includes items on family members (Part 1) and the second part covers the socio-economic background of the family (Part 2). Part 1 shows the number, age, sex and marital status of family members as well as the type of family and where members slept the previous night. Part 2 covers educational levels and occupations of heads of family, possession of land, size of possessed land, source of drinking water, availability of latrine, and occurrence of birth and death by age and sex of family members during the past 12 months. As can be seen from the above, both Parts 1 and 2 of the household questionnaire aim at collecting fundamental data on the selected households.

However, that is not the sole purpose of the household questionnaire. Another objective is to find eligible women in family members. Questions in the household questionnaire can be answered by any member of a selected family who has an ability to do so. Since, however, the individual questionnaire includes concrete and detailed matters of family planning and maternal and child health, those items are limited to those women who meet specific qualifications as follows.

- (1) Age from 15 to 49 years old
- (2) Married
- (3) Living with family members
- (4) At home the night of the day prior to survey implementation

All the information in order to find eligible women in households was included in the survey items of the household questionnaire. In other words, the household questionnaire played an important role in identifying women who met all qualifications (eligible women). And the fourth qualification means that this survey was de facto type.

In the questionnaire, a considerable number of questions were included. The framework of the questionnaire and its surveyed items follow.

Part 3 Information on Respondent's Background: respondent's age, literacy, educational level and occupation; husband's age, literacy, educational level and occupation; distance from her home to the nearest health institution; the type of medical institution she uses; whether or not she is satisfied with the treatment received.

Part 4 History of Childbirth: age of first menstruation; age at marriage; the duration of period from marriage until the couple started living together; number of children ever born by sex; births, miscarriages and stillbirths during the past 12 months; whether or not a respondent is currently pregnant; the date and year of her last menstrual; number of children by sex she wants to have; ideal number of children by sex; comment on appropriate interval between births.

Part 5 Antenatal and Postnatal Care of Mothers: medical checkups during pregnancy; place of checkup; reasons for having medical checkup; type of medical checkup performed; a person who advised her on the medical examination; whether she was satisfied with the checkup or not; she was inoculated against tetanus or not; place of her latest delivery; a person who assisted in the delivery; postnatal checkup at a medical institution; she was satisfied with the checkup or not.

Part 6 Family Planning: heard of family planning; heard of contraceptive methods; contraceptive methods currently used and ever used; reasons for not using contraceptive methods; intentions for future use of contraception and the type of contraceptive method; activities of health workers.

Part 7 Oral Rehydration Therapy: knowledge of symptoms; causes and treatments of diarrhoea; preparation of oral rehydration solution (Jeevan Jal and Medicine Water); knowledge of how to use it and the source of knowledge; whether or not she gave fluids or breastmilk to a diarrhoea patient and reasons.

Part 8 Immunization: general knowledge of immunization; concrete knowledge of im-

munized; place where her children received immunization; reasons why she does not have her children immunized.

Part 9 Breastfeeding: whether or not she breast-fed her children; how long did she continue to breast-feed; reasons why she did not breast-feed; whether or not she feeds the first milk (Colostrum); advantages of breast-feeding.

Part 10 Nutrition and feeding habits: performance of the rice-feeding ceremony and the date of it; when solid foods were started and the type of solid food; whether or not she continues to breast-feed after starting solid food and the duration of breast-feeding; type of milk substitutes other than breast milk; whether or not a pregnant woman is given additional food and, if so, type; types of food prohibited to a pregnant woman and reasons; types of supplementary food to be given to a breast-feeding mother and types to be prohibited; knowledge of causes of "Runche" and "Sukenash" (both are diseases caused by undernourishment) and types of treatment; knowledge of cooking solid food; incidence of eye problems in children; nutritional status of children.

Part 11 Illness and Causes of Illness: incidence of diarrhoea, measles, worms, whooping cough, ARI and diphtheria among children during the past 12 months and place of treatment.

The first point one notices from the above-mentioned framework and questions in the individual questionnaire is that this baseline survey placed stress on matters related to maternal and child health such as immunization, nutrition, illness and health institution, in contrast with the previous survey which centered on questions concerning fertility, including birth history and family planning. This is the most remarkable feature of this survey. At the same time this means that information about medical and health care is considerably lacking in Nepal.

In this survey having such distinctive points, very creative and unprecedented questions are found here and there. Some of them are —

- 1) **Definition of Age:** Part 3 of the individual questionnaire is aimed at collecting information on the ages of respondents and their husbands after the household questionnaire asking related questions. Questions to respondents go into detail. First of all, the date and year of her birth is asked. If she does not know it, her age is questioned. If she does not know that either, an interviewer estimates her age based upon information gathered from her neighbors. One reason why such careful questions about age are set up is that this is very important information for population statistics. Another reason is that in Nepal many people do not know their date of birth (age).

2) **Relationship between age at marriage and cohabitation:** In Part 4, questions about “marriage” and “period before living together with husband” are asked separately. This is because marriage does not always mean an actual marital life in a rural area of Nepal because of “marriage in infancy”.

Therefore, in order to consider actual marital age having influence on fertility, the period of time which elapsed before the respondent started living with her husband is needed. These types of questions are prepared by only those who have a thorough knowledge of customs of the locale.

3) **Antenatal and Postnatal Care of Mothers:** From the viewpoint of maternal and child health, antenatal and postnatal care of mothers are extremely important. The reason questions regarding this matter are set up separately in Chapter 5 is not only that information of this kind is insufficient but also that it has become a crucial problem in Nepal. This Chapter reveals in detail how much medical institutions, especially health posts, contribute to the health care of expectant and nursing mothers, as well as where they gave birth to their children and who assisted in the delivery. The health post is the main and frontline health institution in the farm area of Nepal. Information about expectant and nursing mothers' confidence, in and satisfaction with, the institution was not obtained from surveys previously conducted. Although it is very important, information about the place of delivery and people who assisted is also difficult to obtain. Therefore information of this type is very beneficial to a FP/MCH Project.

4) **Health Workers:** Health workers are active in the first line of maintaining and improving people's health. Their activities are equally important as those of the health post in the farming region. The health worker system is one of the props and stays of medical and health policies in Nepal. Chapter 6 provides complete information by asking detailed questions about activities of health workers, such as how often they make house calls and whether they give health care and family planning guidance. Information of this kind is indispensable in working out measures for the future.

5) **Oral Rehydration Therapy and Immunization:** The main disease which children of Nepal suffer from is diarrhoea. Oral rehydration therapy is not a remedy for diarrhoea but it is recommended as symptomatic treatment. Especially in the rural area where medicine is scarce, oral rehydration therapy is the only effective symptomatic treatment for diarrhoea. Although oral rehydration therapy is recommended by various institutions, we have not yet obtained enough information on the degree of people's knowledge for ways of preparing and using it

and how they obtained their information.

The same is true for immunization. Immunization of children has been vigorously conducted through immunization camps. Yet, details of people's knowledge of and attitudes toward it remain unaccounted for and we do not know to what extent it has filtered down to them. Consequently, information collected by this survey is of considerable benefit.

6) **Breast-feeding:** Since breast-feeding has the effect of extending the period of amenorrhea (the term of non-ovulation), a nursing mother does not easily become pregnant. As a result, the interval between childbirths becomes longer and the number of children one breast-feeding mother has during the period of reproduction (15 – 49 years old) decreases. The inhibitory effect of breast-feeding, along with changes in marriage patterns, including a decline in marital rate and a rise in the age of the first marriage, becomes a major cause of a lowering in the birth-rate in a society where methods of contraception have not been widely disseminated. Therefore, in a country like Nepal, information on the duration of breast-feeding has significant meaning. In this survey people's attitudes were examined toward the first milk which improves an infant's power to resist disease. From this point of view, information on breast-feeding has to be obtained at any cost.

7) **Nutrition, Food and Eating Habits:** Part 10 includes investigation into a great variety of matters such as food and nutrition of infants and expectant and nursing mothers, as well as diseases (including eye problems) caused by malnutrition. Among others, one important question deals with eating habits in Nepal. In Nepal, the custom prevails of dividing food into two categories, cold food and hot food, which limits eating habits. That custom has no scientific background. As long as they follow such eating habits, an incomprehensible case never stops occurring, for instance food which should certainly be given to expectant and nursing mothers from the nutritive point of view is prohibited. Such is an obstacle to protecting the health of expectant and nursing mothers. Furthermore, it has not yet been clarified as to which foods are included in which category, and to what extent the custom has spread. If one can throw light upon the actual conditions of the custom, it becomes easier to devise a countermeasure to improve nutritive conditions of expectant and nursing mothers. This may be the first survey systematically collecting information of this kind.

8) **Illness and Causes of Illness:** Part 11 asks mothers with children under five about the number of times their children have suffered from diarrhoea, measles, worms, whooping cough, ARI or diphtheria during the past year, as well as the place of treatment. It is noteworthy that

emphasis is placed on the place of treatment. As a result, their actual confidence in medical institutions is determined thus enabling measures to find out what types of medical institutions should be regarded as important for preserving children's health.

As one can understand from the above, questions extend over a wide range of fields which have never been covered by previous surveys. Furthermore, almost of the information derived from this survey has never been obtained from statistics of various government offices and innumerable surveys conducted in the past. Or, even if obtained, data were not sufficient.

Judging from the results of our examination, the questionnaire of the "Baseline Survey on Population and Family Planning in Nepal" can be evaluated as follows. The questionnaire as a whole, including unique survey items, is appropriate and the best at this moment, so we can place high value on it. Upon scrutiny, however, we find some points should be improved. Since this questionnaire aims at covering all questions which, despite their importance, have insufficiently or never been covered in previous surveys, it was unavoidable to step into an unpredictable or unknown domain to a great extent. Consequently, even doing one's utmost to reduce the occurrence of points needing improvement, it would be difficult to prevent them completely. From the viewpoint of accumulating know-how necessary in conducting a survey of this type in the future, these points which should be improved are invaluable as reference data. This survey provides useful information for achieving the status quo now and in the future.

Note)

- 1) Questionnaire design is shown as follows:

Questionnaire Design

Question	Person in Charge
1. Household questionnaire	V. R. Dhakhwa
2. Background Information of Respondents (Currently married women age 15-49)	V. R. Dhakhwa
3. Antenatal and Postnatal Information	V. R. Dhakhwa
4. Fertility History	B. B. Gubhaju
5. Desire for Additional Children	B. B. Gubhaju
6. Breast Feeding	B. B. Gubhaju
7. Incidence of Morbidity of Children Under 5	T. B. Dangi
8. Treatment of Disease	T. B. Dangi
9. Food Habits of Women and Children Under 5	G. P. Regmi
10. Knowledge of ORT, Knowledge and Incidence of Immunization	G. P. Regmi
11. Nutrition	N. Watahiki
12. Contraception	M. Mool
13. Information on Health Posts	M. Mool

Table 3-1 Name of Panchayat in Survey Area, Kavrepalanchok

BHUMLTAR H.P.	POPULATION	CUM. POP.	SE. PANCHA
BAMGTHALI	1130	1130	
BHUMLTAR	2427	3557	2560.8
BIRTA DEURALI	1555	5112	
CHOUBAS	1458	6570	
FALANTE BHUMLU	1068	7638	
GOTHPANI CHOUR	1715	9353	7779.4
KATTIKE DEURALI	1500	10853	
SALLYE MULABARI	2497	13350	12998
SAPING	2471	15821	
DAPCHA H.P.			
DAPCHA CHATREBANJH	2661	18482	18216.6
DARAUNE POKHARI	2687	21169	
KHANALTHOK	2771	23940	23435.2
SHYAMPATI SIMALCHOUR	2255	26195	
PURANO GAUN DAPCHA	2200	28395	
KHOPASI H.P.			
BALTHALI	1407	29802	28653.8
BHUMEDANDA	1500	31302	
CHALAL GANESTHAN	2775	34077	33872.4
KHOPASI	1739	35816	
SANKHU PATICHOUR	1785	37601	
SUNTHAN SARADA	1889	39490	39091
NALA H.P.			
ANEKOT	2355	41845	
DEVITAR	986	42831	
NAYAGAUN DEUPUR	2196	45027	44309.6
TUKUCHA NALA	2081	47108	
UGRACHANDI NALA	3288	50396	49528.2
UGRATARA JANAGAL	1790	52186	

Table 3-2 Name of Panchayat in Survey Area, Dhansa

GODAR H.P.	POPULATION	POP. CUM.	SE. PANCHA.
BARMAJHIYA	3667	3667	
BHARATPUR	9005	12672	6343.1
GODAR	6146	18818	
LABATILY	1927	20745	
UMA PREMPUR	8120	28865	25111.7
YAGYA BHUMI	9239	38104	
RAGHUNATHPUR	8175	46279	43380.3
GHODHAGHAS H.P.			
BAHEDABELA	3943	50222	
BAHUARBA	3268	53490	
DEBADIHA	7947	61437	
DEVAPURA RUPAITHA	4839	66276	62648.9
FULGAMA	5956	72232	
GHODHAGHAS	4173	76405	
LAGMA GADA GUTHI	3004	79409	
LOHANA	4084	83493	81417.5
MUKHIYA PATTI	3805	87298	
NAGARAYAN	3809	91107	
TULASIYAH JANDI	3935	95042	
TULASIYAH NIKAS	3073	98115	
SABAILA H.P.			
BALABAKHAR	4695	102810	100186.1
DHANUSHA DHAM	6396	109206	
GOVINDAPUR	3678	112884	
JHATIYAH	3902	116786	
KAJURA RAMOL	3697	120483	118954.7
KHARIHANI	6211	126694	
MAKHNAHA	4663	131357	
PARSAHI	2793	134150	
PATERBA	2448	136598	
SABAILA	5957	142555	137723.3
SATOKHAR	4219	146774	
TIHLLA JUDHAUBA	2566	149340	
TARAPATTI H.P.			
ANDHO PATTI	2366	151706	
BAGHACHODA	3868	155574	
BHUTAHI PATERBA	3255	158829	156491.9
GOPALPUR	3436	162265	
HANSAPUR KATHPULLA	3218	165483	
KACHURITHERA	4014	169497	
MITHILESWOR NIKAS	4095	173592	
MITHILESWOR MAHUBAHI	2610	176202	175260.5
SUGHA NIKAS	2610	178812	
SUGHA MADHURARI	3386	182198	
TARAPATTI SIRSIYA	5488	187686	

Table 3-3 Selected Ward's Number

District	Panchayat	Selected Wards
DHANUSA	1. BHARATPUR	3, 4, 6, 7
	2. UMA PREMPUR	1, 5, 8, 9
	3. RAGHUNATHPUR	1, 4, 5, 7
	4. DEVAPURA RUPAITHA	4, 6, 7, 9
	5. LOHANA	5, 6, 7, 8
	6. BALABAKHAR	1, 2, 5, 9
	7. KAJURA RAMOL	2, 3, 5, 9
	8. SABAILA	1, 2, 4, 9
	9. BHUTAHIPATERBA	1, 5, 7, 9
	10. MITHILESWOR MAHUBAHI	1, 3, 6, 7
KAVREPALANCHOK	1. BHUMLUTAR	2, 3, 4, 7
	2. GOTHPANI CHOUR	2, 7, 8, 9
	3. SALLYE MULABARI	1, 4, 5, 7
	4. DAPCHA CHATREBANJH	1, 2, 6, 8
	5. KHANALTHOK	2, 5, 6, 7
	6. BALTHALI	1, 2, 8, 9
	7. CHALAL GANESTHAN	1, 2, 3, 5
	8. SUNTHAN SARADA	1, 4, 6, 9
	9. NAYAGAUN DEUPUR	4, 7, 8, 9
	10. UGRACHANDI NALA	2, 3, 6, 9

Chapter 4

ANALYSIS OF SURVEY RESULTS

CHAPTER 4 ANALYSIS OF SURVEY RESULTS

1. Characteristics of Household

(1) Population Distribution and Age Composition

The number of households surveyed was 1,593, and 3.2% of the total households in Kavrepalanchok, and 1,616 and 2.0% in Dhanusa.

The total population of the surveyed households was 8,820 and 2.9% of Kavrepalanchok entire population, and 8,427 and 1.9% of Dhanusa.

Table 4-1-1 shows sex ratio by age group (the ratio of males to 1,000 females). In both districts, the male ratio is higher than the female (Table 4-1-1).

In Kavrepalanchok, however, the sex ratio is 1,035 for the entire district while it is 939 for the surveyed area. That is, the female ratio is higher. By age group, for the age group between 0 and 14, and for the age group above 65, the male ratio is higher as it is for the entire population. However, for the productive age group of between 15 through 64, the female ratio is conversely higher. The people surveyed are those who were home one day prior to the survey and usually live with their families. Migration history was not included in the current study, but there is the possibility of single migration of males of productive age. In the case of Dhanusa, the sex ratio in the surveyed area almost exactly represents that of the entire district. In the age group over 65, the sex ratio is opposite that of the entire population. According to the 1985 estimation by CBS (Central Bureau of Statistics), life expectancy of female is shorter than that of male, that is, 53 years for males and 50 years for females in Nepal. Judging from this fact, it is reasonable that the male ratio is higher in the older age group.

Table 4-1-2 indicates population distribution by five year of age group. In both districts, there are fluctuations in some age groups but, on the whole, the population ratio of younger age groups is higher, which forms a typical mountain-shaped distribution. Population distribution in Dhanusa is more irregular than in Kavrepalanchok. The mountain-shaped distribution is often seen as a result of a continuation of a high birth rate and relatively low mortality rate. It is a type of population distribution often seen in developing nations or so-to-speak, population composition in a rapidly increasing population¹⁾. The ratio of the population age 0-4 is 15.1% in Kavrepalanchok and 15.2% in Dhanusa. Proportion of youth population (youth population (0-14)/total population × 100) are 40.2 and 40.7, respectively, while youth population ratio to working population (youth population (0-14)/working population × 100) are 80.4 and 74.6. These figures

are applicable in the range of a mountain shaped model. Due attention must be paid to the fact that the ratio of population age 0-4 is lower than the population age 5-9 in Dhanusa. The same distribution pattern is observed in the whole district. Whether this is an effect of a family planning program should be determined after completion of a time-series analysis of research since the ratio of population age 15-19 is similarly low.

Tables 4-1-3 and 4-1-4 show the population distribution in three age groups: youth, productive age and aging populations. The population composition of the surveyed households is almost equal to that of the entire district in both Kavrepalanchok and Dhanusa. However, in Kavrepalanchok, as seen in the general sex composition, the male-ratio in the productive-age population is lower than that of the entire district. As a general trend, the youth population ratio is high. (Tables 4-1-3, and 4-1-4)

(2) Marital Status

Table 4-1-5 shows marital status by age groups and sex in the surveyed districts. In this survey, questions on marital status were posed to people over 10 years of age. (Table 4-1-5)

The following factors influence fertility: average age at the first marriage, proportion remaining single, and proportion of divorced, widowed and remarried²⁾. As shown in Table 4-1-5, the ratio of people having a spouse is already high in the population age 15-19. In Dhanusa, 74.9% of the total female population age 15-19 are married. In the same age group, the rates of widowed and separated women are 5.8% and 0.4% respectively. Thus, the proportion of marriage exceeds 80% in this age group. The high rate of population having spouses naturally leads to a high fertility rate. In the population age 20-24, as many as 97.9% females are married. The ratio of married women reaches its peak in the age group 30-35, and then gradually declines. Conversely, the ratio of widows increases. In contrast to females, the ratio of married men is higher in the older age groups. The ratio of married men is the highest in the 35-39 age group, and then starts to decline. However, the ratio of widowers does not increase as rapidly as in females. This is because, in addition to the fact that males get married older than females, incidence of widow remarriage is low and thus, the ratio of married women decreases and that of widows rapidly increases. Comparing Dhanusa with Kavrepalanchok, the ratio of married population is higher in Dhanusa. The average age of the first marriage is slightly older in Kavrepalanchok. These two factors influence the fertility of reproductive age women, which will be more closely examined later. Both districts show a tendency of universal marriage, which is commonly observed in Asia, and there are few people who never marry.

(3) Educational Level and Occupational Distribution

Tables 4-1-6 and 4-1-7 show the educational level and occupations of heads of households. Educational level is classified according to the years of schooling.

With respect to educational background of the head of household, 56.5% of respondents in Kavrepalanchok have attended school while 30.9% of them in Dhanusa had schooling. Comparing educational levels of the two districts according to educational experience in schools, it can be said that the educational level in Kavrepalanchok is higher than that of Dhanusa. However, in light of years of school attendance, those who have only one-year of schooling is 67.5% in Kavrepalanchok, and 55.6% in Dhanusa, and the ratio of householders who have more than two years of schooling shows a large drop. As already pointed out in Chapter 2-1, the drop-out rate is very high even though a modern educational system has been introduced.

With respect to occupational structure, its structure in the surveyed area is somewhat different from that of the entire districts in both Kavrepalanchok and Dhanusa. According to the 1981 Census, the ratio of those who are engaged in agriculture is very high: 93.3% in Kavrepalanchok; 80.5% in Dhanusa. In this survey, however, there is a marked trend that the ratio of population in the service industry is high although the majority is still engaged in agriculture.

Among those engaged in the service industry, those who have one-year of schooling represent 42% and those who have more than 10 years of schooling 36.4%. People who have higher educational backgrounds are public service workers, bank employees, and teachers while those with a lower level of educational background are domestic service employees such as drivers, watchmen, and porters.

On the other hand, Dhanusa shows a high proportion of labor population. According to the occupational classification for the purpose of coding, agricultural laborers are included in "agriculture" but the classification of agricultural wage laborer is not clearly defined. In this regard, future studies should more clearly define occupation categories.

(4) Environment of Public Health

Items which are included in the questionnaire in this field are source of drinking water and availability of latrine. In order to see the relationship between these factors and economic conditions, Table 4-1-8 tabulates survey results by using the size of land holding by the household. In Kavrepalanchok, households having land of 1-4 ropani show the highest percentage, while 27.4% of the households in Dhanusa do not possess land. The source of water supply seems to have no significant correlation with size of land holding. However, there are clear differences in the

sources of drinking water which are closely related to the geographical conditions of each district. That is, in Kavrepalanchok, reflecting its geographical features in the hills, springs, taps, and ponds are the major sources of water. In contrast, wells are most commonly used in Dhanusa. This survey did not specify whether households have individual water supplies or use public facilities. However, based on observations in the surveyed areas, most households are using public facilities. Spring water widely used in Kavrepalanchok is often hard water containing mica, and this seems to be a cause of disease in digestive organs.

In the case of Dhanusa where wells are the major sources of water, deep wells and shallow wells are not separated in this survey. However, this difference is important in terms of contamination problems. If a contaminant exists near a well, there is a danger that water would be polluted with hazardous contaminants and that it becomes a cause of infection and other diseases.

In Kavrepalanchok, no correlation was observed between size of landholding and availability of latrine. In Dhanusa, however, households which have a larger size of a land show a higher availability of latrine, that is, the availability of latrine seems to reflect economic conditions of the households.

2. Fertility

(1) Characteristics of the Eligible Women

Eligible women interviewed were 1,467 in Kavrepalanchok and 1,471 in Dhanusa (Table 4-2-1). Table 4-2-1 shows the age distribution of eligible women and their mean age. In this survey, eligible women interviewed were those who ordinarily live with their family and stayed at home the day before the survey and whose age was 15 to 49 years old. The results include, however, female under 14, those over 50, and those whose ages are unknown. The average number of eligible women is less than one per household. The average age of eligible women is younger in Kavrepalanchok than in Dhanusa, that is, 30.8 years old and 31.4 years old, respectively. As for age distribution, the population is concentrated in the 20-34 age group in both districts, but this proportion is higher in Dhanusa than in Kavrepalanchok. This difference in age composition is partly because in Kavrepalanchok, the population of eligible women includes 5.9% of the women who do not know their age.

Table 4-2-2 shows distribution of eligible women by educational attainment and age. The illiteracy rate is 87.2% in Kavrepalanchok and 92.5% in Dhanusa, with the educational level extremely low in both districts. However, comparing the educational level by age groups, literacy rate is higher in younger age group of both districts. It is especially high in the 15-19 age group. In contrast, the literacy rate is lower in the higher age group (Table 4-2-2).

The average age at marriage by educational level is shown in Table 4-2-3. The age at marriage is 15 to 16 in Kavrepalanchok, and 12 to 14 in Dhanusa. Mean duration of cohabitation, however, is longer in Dhanusa; that is, more than one year in Dhanusa and less than half a year in Kavrepalanchok. Therefore, the average age when a woman starts living with her spouse is 14 to 15 in Dhanusa (Table 4-2-3).

There is no correlation between marriage age and educational level. In Dhanusa, the age at marriage of women with education is the highest, but as for the age of actually starting to live together that of illiterate women is the highest, whose relationship reverses. Taking into consideration, however, that those who attended school are concentrated in the younger generation, and the overall rate of literate women is low, it is difficult to make clear the correlation between the age at marriage and educational level by only the results of this survey.

(2) Fertility

Figure 4-2-1 shows age specific marital fertility rate (ASMFR) by 5 year age group in Kavrepalanchok and Dhanusa. ASMFR is the number of births during a one-year period prior to this survey to 1,000 married women of a specific age group. Peak fertility is observed between ages of 20 and 29, decreasing slowly thereafter. Fertility is generally higher in Kavrepalanchok than in Dhanusa in every age group except the 45-49 age group (Figure 4-2-1).

Table 4-2-4 shows the mean number of children ever born by age of eligible women. The mean number of children ever born to eligible women of all ages is 3.0 in Kavrepalanchok and Dhanusa. The mean number of children ever born gradually increases by age. Age group 45-49 in Kavrepalanchok is an exception. In the 45-49 age group, whose chance of getting pregnant is probably quite low, ratio of eligible women never bearing children is 1.7% in Kavrepalanchok and 1.2% in Dhanusa. This means primary sterility is low in both districts (Table 4-2-4).

(3) Reproductive Intention

Table 4-2-5 shows mean number of currently living children and ideal number of children by educational level of eligible women. First, regarding the ideal number of children, women with education apparently want to have less children than illiterate women in Kavrepalanchok. Likewise, when comparing illiterate women with literate women in Dhanusa, the former want to have more children than the latter. Regarding the number of currently living children, women with education have less children than illiterate women in Kavrepalanchok. Contrarily, in the case of Dhanusa, literate women have more children than illiterate women. It should be carefully con-

sidered that the school-educated population is predominately the younger generation who have not completed their reproductive period. Taking this fact into account, it is difficult to attribute the difference in the number of children to the difference in educational level (Table 4-2-5).

The distribution of desired number of children by age groups is shown in Table 4-2-6. In Kavrepalanchok, mean number of children desired is less than in Dhanusa in every age group. The desired number of children differs according to a female's age. Mean number of children desired is less in younger age group and gradually increase by age. This is partly because the overall educational level is higher in the younger generation and, as discussed later, partly because attitudes toward family planning are changing in the younger generation. In Kavrepalanchok, three is the ideal number of children. Breaking it down, 69.4% of the eligible women want two sons and 63.7% want one daughter. In Dhanusa, 72.4% want two sons and 73.9% want one daughter (Table 4-2-6).

Tables 4-2-7 and 4-2-8 show additional number of children desired by number of living sons. As Tables show the desire for sons prevails in Kavrepalanchok and Dhanusa. Among women who do not have sons, 89.6% want sons in Kavrepalanchok and 88.7% want sons in Dhanusa. As the number of currently living sons increases, the mean number of additional children desired decreases. In Kavrepalanchok, 91.8% of those who currently have two sons do not want any more children. In Dhanusa, 89.9% of the respondents who have two sons do not want any more sons.

3. Family Planning

There are various factors which have an indirect influence on fertility changes: cultural, social, and economic. However, factors which have a direct effect on fertility are limited: fertility restraint effect of breast feeding, changes in marriage age, and family planning methods (including abortion). Today, these three factors are known as intermediate fertility variables. Of these, family planning methods are important when purposely trying to control fertility because it has the most direct and profound effect on restraining fertility. Therefore, in order to forecast future trends in birth rates and prepare appropriate guidelines and policies for family planning and maternal and child health projects, it is necessary to accurately grasp people's attitudes toward family planning. Accordingly, this section will analyze the general situation of family planning in Nepal.

First of all, people's awareness of family planning will be analyzed. In this survey, a total of 2,816 women were interviewed: 1,383 in Kavrepalanchok and 1,433 in Dhanusa. The ages of the women surveyed range from 15 to 49 (reproductive age), but actually several women not in that

age group were included. Excluding females who are not at reproductive age, the number of females who answered “Yes” to the question “Have you ever heard of family planning?” was 1,191 (89.5%) in Kavrepalanchok and 1,328 (92.7%) in Dhanusa. In both districts, about 90% of the females had heard of family planning, and it is obvious that the majority in both districts have some knowledge about family planning. Table 4-3-1 shows the distribution of respondents who have heard of family planning by age group and contraceptive method. The first noticeable trend is that male and female sterilization are well known in both districts. Especially in Dhanusa, there is a high percentage of respondents who have heard of female sterilization (laparoscopy). Secondly, the knowledge they have about contraceptive methods is biased geographically. Male sterilization (vasectomy) and female sterilization are equally known in Kavrepalanchok, while laparoscopy is more commonly known in Dhanusa. Also of note is that the pill, IUD, and injectable (depoprovera) are known better in Kavrepalanchok than in Dhanusa.

Based on the above analysis, a considerable proportion of the surveyed females have knowledge about family planning and contraceptives in both Kavrepalanchok and Dhanusa, but the knowledge about contraceptive methods differs by the district they live. However, the biggest problem here is in the usage of family planning. The number of those ever used contraceptive measures was 325 in Kavrepalanchok and 341 in Dhanusa. This means that the ratio of those who have ever used a contraceptive method to those who have heard of family planning is 27% (325/1,191) in Kavrepalanchok and 26% (341/1,328) in Dhanusa. However, it should be noted that questions concerning contraceptive methods allowed multiple answers and it was possible for a respondent to name two or more contraceptive methods. Taking this into account, the ratio obtained here could be higher than the actual usage ratio.

Table 4-3-2 shows the distribution of contraceptive methods for those ever used any of the method by age group in each district. Based on these data, it is first pointed out that there is also a regional difference here, similar to the one pointed out above. More specifically, among the methods ever used, vasectomy is the most common method in Kavrepalanchok while female sterilization is the most popular in Dhanusa. People in Dhanusa are more dependent on laparoscopy, while the percentage using the pill and injectable is higher in Kavrepalanchok than in Dhanusa. In short, the ratio of laparoscopy is outstandingly high in Dhanusa. The next salient feature is the age at which contraceptive methods are started. The ratio of vasectomy starts to increase in the 25-29 age group in Kavrepalanchok and the ratio of laparoscopy also starts increasing in the same age group.

The present state of the use of family planning will be examined next. Unfortunately, however, there is some inconsistency in the survey data. As generally known, male and female sterilization is a permanent contraceptive method. Thus, a prior sterilization operation would have

been effective at the time of the survey. However, according to the data in the survey, the number of people who cited sterilization as a currently used contraceptive method is smaller than those who had a sterilization operation. Such statistical inconsistency occurs at the levels of field survey and coding. For example, cases have occurred where the respondents had answered “had sterilization operation in the past”, but interviewers failed to mark “sterilization” as a currently used method. Such cases could not be checked at the stages of field research or coding. Therefore, this analysis will use the number of those who had a sterilization operation as a substitute variable for the number of people who currently use sterilization as a contraceptive measure.

After the above modification of the data, the ratio of those who currently use a contraceptive method to those who have heard of family planning is obtained: 22% (259/1,191) in Kavrepalanchok and 22% (294/1,328) in Dhanusa. Again, remember that the questionnaire allows choosing several contraceptive methods. These rates are higher than the actual usage rate. Table 4-3-3 indicates the distribution ratio of currently used contraceptive methods by respondents' ages in each district. According to this table, male and female sterilization have an overwhelming proportion in both Kavrepalanchok and Dhanusa. By district, the same characteristic as pointed out above can be seen. That is, the most popular method currently used is male sterilization in Kavrepalanchok while female sterilization is overwhelmingly popular in Dhanusa. By age group, the ratio of those who have a sterilization operation starts to increase in the 25-29 age group in both districts and the ratio of those who are not practicing family planning starts to decline in the same age group.

Table 4-3-4 tabulates the attitudes toward future use of family planning in the same manner as in Table 4-3-3. This table indicates an interesting fact. In Kavrepalanchok, the major contraceptive methods they plan to use in the future are male and female sterilization pills, and depo-provera. In Dhanusa, however, laparoscopy ranks first, vasectomy comes next, and pills are placed third. This is the same trend as previously pointed out.

Judging from the above, both in Kavrepalanchok and Dhanusa, there are not many cases in which family planning is practiced even though there are many people who have heard of it. The final analysis should be focused on the reasons for such a situation. Table 4-3-5 shows the reasons for not practicing family planning by age group. (Table 4-3-5) As shown in this table, in both districts the most common reasons cited by those who are over 15 up to 34 is “the desire for additional children.” On the contrary, among those who are over 35, many respondents answer “health reason,” “religious reason,” “husband’s disapproval,” “menopause,” and “infertility”. By district, “health reason” is more commonly found in Kavrepalanchok, and “religious reason” and “husband’s disapproval” are frequently seen in Dhanusa. In both districts, “desire for daughters” is minimal. In contrast, many people answer “desire for sons” in both districts. In

Kavrepalanchok, the percentage of people who want a son increases from 7.7% in the 15-19 age group to 30.9% in the 25-29 age group, and then rapidly drops to 6.0% in the 45-49 age group. In Dhanusa, the highest ratio of 28.3% is seen in the 25-29 age group, the same age group as in Kavrepalanchok. However, in Dhanusa, the “desire for sons” maintains the 10-20% level for every age group. According to these trends, it can be said that preference for sons is stronger in Dhanusa than in Kavrepalanchok. The social custom of preferring a son to a daughter has the effect of increasing fertility.

It should be noted here that “no contraceptive available” is more frequently observed in Kavrepalanchok than in Dhanusa. This seems to be related to the geographical differences in these districts; that is, hill area and Terai area. Then, it seems that the accessibility to contraceptives is more difficult in Kavrepalanchok.

The relationship between the desire to have children and the use of family planning can be seen in Table 4-3-6 as well. (Table 4-3-6) This table shows the ratio of those currently using contraceptive methods by the number of currently living children. As indicated in this table, in Kavrepalanchok, when the number of currently living children reaches about three, the ratio of those who have vasectomy operation increases and at the same time, the rate of those who are not practicing family planning declines sharply. In Dhanusa as well, when the number of currently living children reaches three, the ratio of laparoscopy increases and the ratio not practicing family planning declines. The number of currently living children – three is equal to the ideal number of children, which was noted in Chapter 4, Section 2. In light of this fact, it is assumed that people start to practice family planning after they have had the ideal number of children.

The above analysis can be briefly summarized as follows. There are many people who have heard of family planning in both Kavrepalanchok and Dhanusa, but the ratio of those who actually use family planning is still at a low level. It seems that couples actually start family planning after they have the ideal number of children (about three). However, it should also be noted that differentials between the two districts as to family planning practices and other related behavior are delicately influenced by geographical, social, and cultural factors. In order to effectively promote family planning, it is essential to prepare a carefully thought-out program which takes such regional differences into consideration.

4. Mortality

Information concerning mortality in the last 12 months, number of deaths, sex, cause of death and age at the time of death is collected in Section 2 of the questionnaire “Social and Economic Conditions of the Households”. Table 4-4-1 shows conditions of death by age (five

divisions; age under 1, age 0-4, age 1-14, age 15-64 and age over 64) and by region, but does not include classification by sex. A simplistic classification has been adopted because, due to the small number of samples of death, a detailed classification by region, sex and age would dilute the patterns and make them more difficult to understand. However, some beneficial information was obtained from these samples which altogether exceeded 230 in number (Table 4-4-1).

Firstly, the total number of deaths was 120 in Kavrepalanchok and 16 in Dhanusa. Since the numbers were almost equal, no significant difference was seen in the total number of deaths in the two regions. However, an interesting fact is observed when this is seen from the viewpoint of age structure. Over one-third of the total deaths in these regions, i.e. 36.7% in Kavrepalanchok and 37.1% in Dhanusa, occurred under one year of age (infant deaths).

Furthermore, it can be seen by expanding the range of the age group to age 0-14 that over 50% of the deaths, i.e. 55.9% in Kavrepalanchok and 61.2% in Dhanusa, are concentrated in this age group. That is, more than half of the deaths occur in age group 0-14 (young population) while the rest is shared between the age groups 15-64 (working age population) and over 65 (old age population). This phenomenon in which a large portion of deaths are concentrated in the youth population is a typical pattern often seen in communities with high infant mortality.

Such a difference in the ratio of deaths by age structure between the two districts raises yet another interesting issue. Although the two regions have similar infant mortality rates, the component ratio of deaths during age 1-14 is 19.2% in Kavrepalanchok while it is 24.1% in Dhanusa. This relationship is reversed in the component ratio of deaths during age 15-64, as the percentages are 28.3% in Kavrepalanchok and 15.5% in Dhanusa. The relationship between the two regions is again reversed for the group over 64, with 15.8% for Kavrepalanchok and 23.3% for Dhanusa. Possible causes for these phenomena include temporary fluctuations in number of deaths, regional differences in causes of death as well as differences in socio-economic conditions and public health standards. However, investigation into this matter is a future task which requires collection of additional information and considerable study.

The causes which brought about these deaths can be found in Tables 4-4-2 and 4-4-3. The former is a classified table of death causes used for this analysis while the latter shows the number of deaths from each cause. Unlike the International Classification of Diseases (ICD), this classification of death causes is very simple, but is effective for understanding the actual health and hygiene conditions in the rural areas of Nepal. Particularly in the village area, it is not very common to see a doctor when a person is sick. This is described in detail in the following Chapter 5.

For this reason, it is generally impossible to judge the cause of death accurately. That is why in this survey, death causes were evaluated by adopting a method in which the interviewers collected information on the symptoms of the deceased person as accurately as possible, and the

coders selected the proper name of the disease from the classified table of death causes based on that information. Considering the quality of information obtained from the respondents, therefore, simple classification criteria can reflect the actual conditions more accurately than more detailed types (Tables 4-4-2 and 4-4-3).

As can be seen from Table 4-4-3, the highest death cause is "other diseases" (104 cases) followed by "other scientific causes" (24 cases). But these death causes are not sufficient to know the actual name of disease. The third highest reason "fever (cause unknown)" shows that the person died from a fever, but the actual name of the disease remains unknown. Important information which can be obtained from this table is found more from the fourth cause onward. That is, diseases which might be common among infants, such as diarrhoea, measles, acute respiratory infection and whooping cough as well as complications of pregnant women are prevalent.

However, the largest obstacle in analyzing the causes of death is the fact that the majority of the causes are listed as "other diseases," "other scientific causes" and "fever (cause unknown)" and do not reveal the actual circumstances. In the future, more scientific and detailed data collection will be necessary for death causes.

5. Diseases

Diseases include infectious diseases, noninfectious diseases and extraneous disorders. With infectious diseases, in particular, one patient can spread the disease to the residents of an entire community over a short period of time. The community will be affected by suffering from sickness and various subsequent damages. That is why the patients, who are potential sources of infection, as well as carriers, contacts and infected animal sources must be reported and disinfected in addition to taking measures to control infection channels and receptibility.

The present situation regarding measures against diseases in the Kingdom of Nepal is that hospitals are available in cities but very scarce in rural areas. Instead, there are health posts which perform treatment and prevention of disease, check-ups on pregnant women and provide family planning guidance.

We conducted a questionnaire survey and studied the attitude of female residents, most of whom were farmers, toward disease.

(1) Medical Treatment and Its Measure

In this section, the attitude of married women in the two districts of Nepal toward treatment of disease was studied first.

Replies to the question, "Will you receive treatment if you get sick?" are shown in Table 4-5-1-1. In Kavrepalanchok, 93.0% of 1,466 respondents indicated they would receive treatment and the percentage exceeded 90% at each health post. In Dhanusa, 95.9% of 1,471 respondents said they would receive treatment and the percentage exceeded 91.7% at each health post (Table 4-5-1-1). Thus, most women have a positive attitude toward receiving treatment when they get sick.

Although small in number, there were 13 women in Kavrepalanchok and 24 in Dhanusa who replied that they would not seek treatment. A fact revealed by the analysis was that the most common reason was financial problems in both districts, which requires some consideration (see Table 4-5-1-2).

Replies to the question, "Where will you receive the treatment?" are shown in Table 4-5-1-3. In Kavrepalanchok, 54.8% of the 1,459 respondents replied "medical institutions (hospitals and health posts), 32.8% replied "dhami jankri" (faith healer). In the Dhanusa District, 42.6% of the 1,480 respondents stated "medical institutions," 42.5% replied "doctors or nurses."

Many people in Kavrepalanchok go to faith healers because there are no local medical practitioners, while many people go to medical practitioners and unlicensed doctors in Dhanusa because, except in the Godar Health Post region, they are available.

As a result of a survey on diarrhoea, which is the most common disease in Nepal, 94.5% of the 1,370 women who gave effective replies in Kavrepalanchok had knowledge about diarrhoea. High percentages between 96.8% to 100% were obtained from each age group. Similarly, 84.2% of 1,401 women in Dhanusa had knowledge about diarrhoea. By age group, high percentages between 72.8% and 88.6% were obtained from each age group, with the exception of one female under age 14 (Table 4-5-1-4).

Table 4-5-1-5 shows the results of a question asked mothers with children age five or younger about the cause of diarrhoea. In Kavrepalanchok, 41.9% of the 830 women who gave effective replies did not know the reason. Those who knew gave replies in the sequence of superstition, decomposing matter, indigestion, flies, dirty food, stomach disorders and stagnant water. In Dhanusa, 43.3% of the 430 women who gave effective replies did not know the reason. Those who knew gave responses in the sequence of indigestion, decomposing matter, superstition, dirty food, stomach disorders, stagnant water and flies (Table 4-5-1-5).

The matter of importance here is that, in both districts, as many as 40% of mothers who have children age five or younger do not know the cause of their children's diarrhoea. It is no wonder that diarrhoea is the most common cause of death among children age five or younger. For this reason, mothers must be educated about diseases for the sake of public health. In addition, the fact that 13.3% of mothers in Kavrepalanchok and 12.1% in Dhanusa are superstitious

in their belief about the causes of diarrhoea, may be main reason which increases the mortality rate of children. Furthermore, 9.1% of the mothers in Kavrepalanchok and 0.2% in Dhanusa believe that diarrhoea is caused by flies. The reason for the low figure in Dhanusa probably comes from the fact that there are many flies throughout the year because of the hot climate and people do not pay as much attention to them.

Regarding treatment for diarrhoea, the most common reply in Kavrepalanchok was traditional treatment, which accounted for 28.9% of 1,278 effective replies, followed by administration of chemical drugs. In Dhanusa, the most common reply was administration of chemical drugs, followed by administration of Jeevan Jal, which is an oral rehydration solution. As mentioned, treatment through traditional methods such as faith healers is probably prevalent in Kavrepalanchok (see to Table 4-5-1-6).

Thus, diarrhoea is common in both districts. Particularly since diarrhoea is a type of water-borne disease, measures such as boiling the water before giving it to children, preventing contamination of the water source and conducting disinfection will be necessary. Furthermore, instructions on hygiene and treatment methods will have to be propagated through health workers and others.

Table 4-5-1-7 shows the percentage of children age five or under suffering from eye disease at each health post and the type of disease. Also included in the table is the percentage of mothers who replied that their child had night blindness because their child had told them they cannot see well at night (Table 4-5-1-7). The percentage of children with eye disease was 10.1% of 1,304 effective replies, with 48.5% having had conjunctivitis followed by trachoma (3.8%) and xerophthalmia (2.3%). In addition, 0.8% of the entire group had night blindness. In Dhanusa, the percentage of eye disease was 7.7% among 1,256 replies, with 39.2% having had conjunctivitis, followed by xerophthalmia (6.8%) and blindness after birth. In addition, 4.3% of the entire group had night blindness.

Taking these data into consideration, we found that eye diseases are more prevalent in Kavrepalanchok than in Dhanusa. The fact that conjunctivitis and trachoma are more widespread in this area apparently originates from the difference in lifestyles. For instance, conjunctivitis and trachoma are more common in Kavrepalanchok possibly because of the custom of an open fire inside the house for cooking which fills the house with smoke. Meanwhile, in Dhanusa, xerophthalmia is more common and 4.3% of the children have night blindness, which is six times higher than in Kavrepalanchok. This seems to be caused by the difference in vitamin A intake due to variations in the diet.

The figure in Dhanusa that 4.3% of the children have symptoms of night blindness is high compared to the world standard. Although it is not included in WHO's report³⁾, some measure

must be taken. Regarding xerophthalmia, the occurrence rate in Dhanusa is similar to that for India found in WHO's 1978 Report³⁾ which was 8.2%. Therefore, instruction must be provided regarding intake of vitamin A for preventing xerophthalmia as well as night blindness.

Table 4-5-1-8 shows the replies from others with children under five about whether their children have suffered from any of the six most common diseases (Table 4-5-1-8). Figures inside parentheses refer to the number of effective replies obtained for each disease. In Kavrepalanchok, the highest disease rate was diarrhoea, as 72% of the 881 mothers who gave effective replies said their children had the disease. Other diseases included, in order of percentage, worms, acute respiratory disease, whooping cough, measles and diphtheria. In Dhanusa, 63.3% of 832 mothers who gave effective replies said their children suffered from diarrhoea. Other diseases, in order of percentage, were acute respiratory disease, worms, whooping cough, measles and diphtheria.

This calls for measures against diarrhoea because it is quite common among children age five or younger in both districts, and, as previously mentioned, has led to many deaths. As for parasitic worms, the problems are extermination of these worms and disposal of human feces. Raw vegetables must be washed well or boiled before eating. Other diseases, which will be discussed later, can be greatly reduced by diffusion of vaccination.

Lastly, Table 4-5-1-9 is added here as a reference showing the place of treatment when children suffered from the diseases listed on the previous table.

(2) Antenatal and Postnatal Care of Mothers

Medical examination of women before and after delivery is important to implement in terms of maternal and child health, particularly in countries like Nepal where maternal death rate seems to be high. In other words, maternal and child health is one of the fundamental areas of public health which must hold a firm position in the administration.

First, Table 4-5-2-1 shows the results of a question asked married women in the two districts as to whether they were pregnant at present and, if the reply was yes, where she was planning to have the child. In Kavrepalanchok, 148 out of 1,356 women (10.9%) said they were pregnant. Among them, 93.2% said that they wanted to deliver at home and 5.4% said in a hospital. Five of 1,196 non-pregnant women replied, three stating they would want to deliver at home and two indicated they would want to go to a health post.

In Dhanusa, 115 out of 1,407 women (8.2%) said they were pregnant. Among them, 96.5% said that they wanted to deliver at home, 2.6% at health posts and 0.9% in a hospital. One out of 1,282 non-pregnant women answered that she would want to deliver at a health post (Table 4-5-2-1).

To the question “Where did you deliver your child?”, 95.3% of 1,190 effective respondents in Kavrepalanchok said they delivered at home, followed by hospitals (4.0%) and health posts (0.7%). In Dhanusa, 96.6% of 1,225 effective replies said they delivered at home, followed by hospitals (2.9%) and health posts (0.5%). (See Table 4-5-2-2).

As for a desirable place to give birth, over 93% replied “home” in both districts. Giving birth in hospitals was more common in Kavrepalanchok (4.0%) than in Dhanusa (2.9%), while 0.7% of the former and 0.5% of the latter gave birth at health posts. Therefore, efforts must be made to increase health posts, improve facilities, improve worker quality and increase the number of stationed staff.

Assembling expectant mothers and giving them guidance through group medical examination is an effective way to completely implement maternal and child health. However, visiting counselors must be provided to give guidance to expectant mothers who cannot attend the group medical examinations during the last period of pregnancy or because of some abnormalities or complications. Table 4-5-2-3 shows the replies to the question regarding the place where expectant mothers receive medical examinations.

Effective replies were very few in both districts – 100 out of 1,372 replies (7.3%) in Kavrepalanchok and 75 out of 1,429 replies (5.2%) in Dhanusa – which makes it difficult to obtain accurate information. Analysis of the effective replies, however, indicates that 82.0% in Kavrepalanchok and 50.7% in Dhanusa received their medical examinations at hospitals. More people in Kavrepalanchok received medical examinations at hospitals while more people in Dhanusa received theirs at health posts. Furthermore, the reply “others” was more common in Dhanusa which probably means that they went to quack. However, the questions asked for preparing this table lead to answers which may differ with place and person, and the problem is in the preparation of the questions. Table 4-5-2-4 shows whether the person who received the medical examination was satisfied with it, and many seem to have been satisfied.

Table 4-5-2-5 shows on what occasions the expectant mothers in both districts obtain medical examinations. Although only a few expectant mothers replied (105 in Kavrepalanchok and 81 in Dhanusa), more women in Dhanusa said they go regularly for medical examinations. This seems to be as a result of easier access, as the district is in the plains, as well as on-going activities of the health workers and mothers’ club. In Kavrepalanchok, many expectant mothers go for a medical examination when they experience complications.

Content of the medical examinations of expectant mothers is shown in Table 4-5-2-6. Although everyone should undergo a thorough and complete examination, it is regrettable that they only take one aspect (Table 4-5-2-6).

Questions regarding who recommends medical examinations are in Table 4-5-2-7. In both

districts, advice from family members is most common, accounting for 60% of the total. The fact that advice of health workers is only several percent is a problem which needs future resolution (Table 4-5-2-7).

Regarding the frequency of health workers visiting homes, 3.0% of the 1,372 mothers in Kavrepalanchok replied "once a month," 3.7% replied "once every three months" and 4.9% replied "once a year." Frequency of visits is very low as only 11.6% of the mothers were visited once a year or more. In Dhanusa, 49.2% of the 1,411 mothers replied "once a month," 9.5% replied "once every three months" and 9.7% replied "once a year." The high percentage of "once of month" visits show that health workers are frequently visiting the mothers. As 68.4% of the mothers in Dhanusa were visited once a year or more, it has been found that they are being visited six times more often than in Kavrepalanchok.

The topic of discussion with the health worker when they visited once a year or more is shown in Table 4-5-2-8. Despite the fact that the respondents were allowed to give multiple answers, the frequency of having heard about each topic was lower than 10% in Kavrepalanchok. The most frequent topics were "vaccination" and "family planning," but their percentages were only 7.5% and 7.4%, respectively.

Compared with Kavrepalanchok, Dhanusa has higher frequencies of having discussed each topic. In order of frequency, the topics were "family planning" (65.5%), followed by "oral rehydration solution" (34.9%). This seems to come from the fact that since the Kavrepalanchok is in a hill area and Dhanusa in a plains area, it is easier for health workers to visit the latter than the former. In addition, health workers are probably more active in Dhanusa than in Kavrepalanchok (Table 4-5-2-8).

Generally, the standard pattern of health care for expectant mothers starts with a general medical record prepared through detailed questions asked during initial diagnosis. Then attention is given to blood pressure and weight during medical examinations, and tests such as a urine test and blood test for anemia is conducted.

Maternal death would decline in Nepal in the future if something equivalent to a maternal and child health handbook were made available and issued to expectant mothers during regular medical examinations. For this, it is necessary to increase facilities which are capable of conducting medical examinations and training health workers.

(3) Immunization

Vaccination of infants is a precautionary measure against infectious disease, and lowers receptivity through artificial immunity.

In Table 4-5-3-1, the mothers in both districts were asked from whom they obtained knowledge about vaccination (Table 4-5-3-1). The most common reply in both districts was a "immunization camp." However, the figure for Dhanusa is much higher than that of Kavrepalanchok, which suggests that the activities of immunization camps are very strong in Dhanusa. A similar percentage of people in both districts cited health workers. But the fact that the percentages were both below 10% calls for guidance to health workers and increase of their number with consideration to the maternal and child health.

Table 4-5-3-2 shows the replies from mothers with children of age five or younger about the types of vaccination their children have had (Table 4-5-3-2). Those who received a B.C.G. vaccination were 54.5% in Kavrepalanchok and 90.5% in Dhanusa. This means that about 36% more children in Dhanusa have been vaccinated. Over 50% of the children have been vaccinated for measles in both districts, with Dhanusa about 12% higher. The vaccination rate for combined vaccine diphtheria, pertussis and tetanus was high, exceeding 60% in both districts. In Kavrepalanchok, the vaccination rate was 69.0%, 41.2% of which received one of the three vaccinations and was the most common pattern. In Dhanusa, the vaccination rate was 88.9%, 45.4% of which received all three vaccinations and was the most common pattern. The vaccination rate was higher in Dhanusa.

The vaccination rate for polio was also high, exceeding 50% in both districts. In Kavrepalanchok, the vaccination rate was 50.3%, 28.6% of which received one of the three vaccinations and was the most common pattern. In Dhanusa, the vaccination rate was 83.4%, 41.1% of which received all three vaccinations and was the most common pattern. The vaccination rate was higher in Dhanusa.

Thus, Dhanusa has an overall higher vaccination rate than Kavrepalanchok. As mentioned, this seems to be as a result of geographical conditions, frequency of visits by health workers and activities of immunization camp.

Table 4-5-3-3 shows replies from mothers with children of age five or younger about where their children were vaccinated. As many as 63.9% of the mothers in Kavrepalanchok and 80.1% in Dhanusa replied that they had their children vaccinated at immunization camps. However, the figure for Dhanusa is higher. Few mothers in both districts had their children vaccinated at health posts and hospitals, but more mothers in Kavrepalanchok went to health posts while more mothers in Dhanusa went to hospitals. This shows that vaccination camps play an important role in diffusion of vaccinations and that they are particularly active in Dhanusa. Nevertheless, the activities of health posts should not be overlooked (Table 4-5-3-3).

The most common reason for not being able to receive vaccination was "not able to use the service," reaching 74% in Kavrepalanchok and 44.8% in Dhanusa. Along with the problem of

transportation, long distances to the sites of vaccination and, as in the case of Kavrepalanchok, bad road conditions must be taken into consideration in those areas. Resolution of this problem will require an increase in immunization camps and related sites (Table 4-5-3-4).

(4) Oral Rehydration Therapy

Also as mentioned, diarrhoea is common among children and is the leading cause of their death in Nepal. Since a large quantity of body water is lost during diarrhoea, rehydration of water becomes important. In rural areas of Nepal where medical facilities and medicine are in short supply, oral rehydration therapy is an important emergency measure for diarrhoea. For this purpose, Jeevan Jal, which is already commercialized, and a solution made at home by mixing salt, sugar and water, are available.

Table 4-5-4 shows the sources where mothers obtained information about oral rehydration therapy. Regarding those who have heard about oral rehydration therapy, 65.7% out of 1,479 mothers in Kavrepalanchok and 59.1% out of 1,478 mothers in Dhanusa knew Jeevan Jal while 73.2% in Kavrepalanchok and 35.3% in Dhanusa were familiar with the medicine water. More mothers in Kavrepalanchok knew about both oral rehydration solutions. In addition, mothers in Kavrepalanchok were more knowledgeable about the medicine water while mothers in Dhanusa about Jeevan Jal.

Regarding the source of information for oral rehydration solution, 63.9% of 973 effective replies in Kavrepalanchok said they heard about Jeevan Jal on radio announcements and 6.4% from health workers. In Dhanusa, 38.2% of 874 effective replies said they heard about Jeevan Jal from health workers, followed by 19.0% from the radio announcements. Regarding the medicine water, 89.1% of 1,082 effective replies said they obtained the information from radio announcements, followed by 1.7% from family members and 1.4% from health workers. In Dhanusa, 33.7% of 522 effective replies said they heard it on the radio, followed by 33.3% from health workers.

The fact that a large percentage of the people are obtaining information about oral rehydration solution from the radio clearly shows the effect of publicity. Since 17.5% of the mothers in Kavrepalanchok and 20.1% in Dhanusa replied that they use oral rehydration solution for diarrhoea treatment, it was found that they not only know the name but are also using it for treatment. It has been suggested that repeating simple messages on the radio would be a very effective tool for dissemination of information regarding prevention and treatment of diseases.

Moreover, the fact that many women in Dhanusa have obtained information about oral rehydration solution from health workers indicates that there is an active public health program.

In the future, proper information about oral rehydration solution should be repeatedly conveyed by radio publicity, as well as through health workers and mother's clubs.

6. Nutrition and Feeding Habits

Many of our daily actions are performed subconsciously and eating is no exception. Habits originally arise from conscious actions but over time, or by custom, as a result of repetition, they have a tendency to become fixed actions and are performed unconsciously and automatically.

Eating habits are a generalization of our actions which include ways of thinking, likes and dislikes, experiences, selection of food, and interest in eating and are developed under cultural, social, economic, emotional and physiological influences. If people have good eating habits, they will select the best food for their minds and bodies. Bad eating habits are the consequence of eating food of bad quality. It is ignorance about ways to discern appropriate foods as well as the food the body lacks that hampers correction of bad eating habits. However, bad habits could be improved by education and persuasion. If bad eating habits are rectified and good eating habits acquired, one's nutritive condition improves.

Nutrition means that a living thing takes proper materials into the body from the outside in order to metabolize it, and is the term generally used for human beings. The conditions under which men take materials into the body are the nutritive conditions.

From this standpoint, we conducted a questionnaire on eating habits and nutritive conditions in Nepal.

(1) Nutrition and Feeding Habits of Children

Great care is necessary in providing nutrition to infants. A normal baby doubles its birth weight in five or six months, and trebles it before the first birthday. For this increase in body weight nutrition supply is a requisite. Mothers should know that they produce special breast milk called foremilk (colostrum) during the two or three days after delivery. This foremilk contains a larger quantity of protein and salt than ordinary breast milk or cow's milk and also contains certain materials which develop an infant's resistance to infection. In Nepal, however, the custom prevails of not giving babies foremilk because it is considered impure. In fact in Kavrepalanchok, out of 1,279 mothers, 66.1% had responded they had given foremilk to the babies and in Dhanusa, 34.2% of 1,270 mothers reported they had given foremilk. In Dhanusa, there were cases of doctors not recommending foremilk.

Infants require minerals, calcium, phosphorus, and vitamin D in larger quantities than

adults, while they need less protein, vitamins other than D and iron than adults. The necessary quantity of the above nutritive elements can be supplied by drinking large quantities of milk.

Table 4-6-1-1 shows the nutritive conditions of Nepalese children surveyed in Kavrepalanchok and Dhanusa.

An expedient developed by UNICEF was used to judge the nutritive conditions: simply measuring the upper arm girth with a plastic tape and thereby judging the conditions based on the arm girth. The nutritive index of an infant over three months old can ordinarily be expressed using the Kaup index; but since neither scales nor instruments to measure standing height were available, the interviewer applied the UNICEF method.

$$\text{Kaup index} = \frac{\text{weight (g)}}{[\text{height (cm)}]^2} \times 10$$

The survey results show that in Kavrepalanchok of 1,100 surveyed children under five years old, 11.8% suffer from malnutrition and 32.8% from slight malnutrition. In Dhanusa of 970 surveyed children under five years old, 18.8% suffer from malnutrition and 34.6% from slight malnutrition.

In Kavrepalanchok malnutrition was detected in the last child of the family while in the Dhanusa in the second to last child followed by the last child in a very close ratio to that of the second to last child.

It is difficult to say that with only this simple method we can prove the real nutritive conditions, but our eyes also recognized many children who are undernourished. One of the contributing factors to this high ratio of undernourished children in the agricultural areas in both districts may be their eating habits. While they eat rice in sufficient quantities, their intake of animal protein and fat is very limited. We observed Kwashiorkor which is often found in the Gold Coast in Africa, although among a small number of children. Yet this proves that sugar intake is apparently sufficient but that they seldom ingest protein.

We next investigated what kind of food babies are fed. The results are given in Table 4-6-1-2.

Most mothers in both districts feed their babies Dal and rice, followed by rice with milk. These are the two major foods fed to babies. In addition to these two, they are also fed green vegetables. A small number of mothers use a baby food peculiar to Nepal. It is unfortunate that eggs are seldom fed to babies. It is assumed that eggs are considered too expensive and even if eggs are produced at home, they are usually sold. Also meat and fish are not fed to babies. Since these are costly food items in Nepal, it would be economically difficult to feed them to babies. However it is important to continue the introduction of solid foods during the weaning period. Cereals, egg yolks, strained meat, fruits, and green vegetables are recommended for babies in the early months of life.

(2) Nutrition during Pregnancy

An expectant mother must eat sufficient quantities of the appropriate foods for herself, as well as the fetus and its accessory tissue. Pregnancy is a totally different physiological condition than before becoming pregnant; therefore in the process of adjusting oneself to this new condition, food requirements change. On this account, expectant mothers must manage to positively intake good quality protein; minerals such as calcium, phosphorus and iron; and vitamins.

Table 4-6-2 shows the survey results on the foods expectant mothers take to supplement nutrition. In both districts a very small number of expectant mothers, accounting for less than 15% of all surveyed women, eat the foods necessary to supplement nutrition. The major supplementary food they cited in their replies to the questionnaire was protein in Kavrepalanchok, excluding Nala; in Dhanusa, excluding Godar milk. In addition, they eat fruit, ghee (fat) and green vegetables, though in small quantities; in Kavrepalanchok they eat more ghee than other food whereas in Dhanusa more green vegetables. As for eggs, they are eaten a little more in Kavrepalanchok district, within which the intake is especially large in Khopasi. In Dhanusa, in general, very few people seem to eat eggs.

In Nepal there may be no custom whereby expectant mothers eat a lot of animal protein and fat. Or, as will be explained later, bad eating habits of expectant and nursing mothers may be a contributing factor. As mentioned, it is important for expectant mothers to intake the proper nutriment. Among them is protein of good quality. Moreover, one-third or more of the total necessary protein intake must be from animal protein. This is to supply amino acids which are generally not present in vegetable protein. A protein deficiency deteriorates a mother's nutritive condition and causes anemia. Fat, which is not only high in calories but also contains vitamins A, D, E and F, is an important element in pregnancy and puerperium. It has been found that expectant mothers with vitamin A deficiencies have a higher birth rate of congenitally blind children. In India it was reported³⁾ that a considerable number of congenitally blind babies were born every year due to a deficiency of vitamin A. Pregnant women also need calcium, which is a mineral important for the formation of bones and teeth of a fetus. A daily intake of 1.5g is necessary, but since calcium contained in cereals exists as phytin salt which is not absorbed by the system, calcium should be obtained from other foods. On this account in Nepal it is important to drink plenty of milk; vitamins B and C can be obtained by eating large quantities of green vegetables.

(3) Feeding Habits and Breastfeeding

Since a nursing mother produces milk in amounts as large as 850ml per day, the required nutrition intake during the nursing period is the greatest in adult life. Mothers need additional energy of approximately 1000 calories, as well as extra protein, iron and vitamins.

Table 4-6-3 reflects the results of the question on supplementary foods to be taken during the nursing period.

In Kavrepalanchok protein was the major supplementary food given in reply in all the health post area; whereas in Dhanusa it was milk. However only 20.8% of the women surveyed intake protein and 12.0% intake milk in Kavrepalanchok while only 21.2% intake milk and 4.4% intake protein in Dhanusa. The survey revealed that only a very limited number of nursing mothers intake necessary nutritives during the nursing period.

With regard to ghee (fat), fruits and green vegetables, the ratio of mothers who eat eggs is even smaller and is almost the same in both districts. Eggs are too expensive and it seems that people cannot afford them.

When examining the eating habits of expectant and nursing mothers, some difference between Kavrepalanchok and Dhanusa are noted: Kavrepalanchok is located in a hilly area whereas Dhanusa is in the plains and yields to India's influence. In Nepal they distinguish foods into two categories, of "hot" (spicy hot) and "cold" (bland). And it is a Nepalese custom that pregnant mothers should not eat cold food. This custom may be one of the contributing factors to the high infant, as well as maternal, mortality rates. Such customs need to be explained by the modern science of nutrition, and bad habits need to be dropped while maintaining the good ones. It may be hard to correct the conventional eating habits, but it is vitally important to reform the consciousness of people in the rural areas by expanding education and improving public health.

We also computed the nursing period using the following formula:

$$\text{Average breastfeeding period} = \frac{\Sigma \cdot M \cdot P}{\Sigma \cdot P}$$

M : length of breastfeeding in months

P : number of mothers per length of breastfeeding in months

Note: The maximum length of breastfeeding is 36 months.

It was found that the average breastfeeding period is 26.3 months in Kavrepalanchok and 26.9 months in Dhanusa. The difference between the two districts is negligible, about 0.6 months. In general, weaning commences between five and nine months of age and is completed between 18 and 24 months of age when infants become able to eat most of the food adults eat. It is best to consider a breastfeeding period suited to the realities of Nepal. In the future an appropriate

guidance on weaning should be given.

Note)

- 1) According to the age structure indicator of the population pyramid model, the ratio of population age 0-4 is 14-20%, and the youth population ratio (youth population (0-14)/total population × 100) is 40-49, and youth population index (youth population (0-14)/working age population (15-64) × 100) is 70-75. Atsushi Otomo & Haruo Sagaza, *Population Structure and Labor Force in Asian Countries*, Institute of Developing Economies, 1980, p.16.
- 2) Atsushi Otomo & Haruo Sagaza, *Dynamics of Population in Asian Nations*, Institute of Developing Economies, 1982, p.130.
- 3) World Health Organization, *Global Occurrence of Vitamin A Deficiency and Xerophthalmia, Report of a Joint WHO/UNICEF/USAID/Helen Keller International Meeting*, World Health Organization Technical Report Series 672, pp. 21-23, 1982.

Table 1.2. Population in the low and middle income countries, 1970-1990

Country	1970			1990		
	Population (millions)	Population (millions)	Population (millions)	Population (millions)	Population (millions)	Population (millions)
China	700	750	1000	1100	1200	1300
India	400	450	550	600	650	700
Indonesia	150	160	170	180	190	200
Japan	110	115	120	125	130	135
USA	190	200	210	220	230	240
USSR	180	190	200	210	220	230
Other low and middle income countries	100	110	120	130	140	150
Total	1350	1475	1850	2000	2140	2275

Table 4-1-1 Sex Ratio* by Broad Age Group, Kavrepalanchok and Dhanusa

Age Group	Kavrepalanchok		Dhanusa	
	Whole District**	Survey Area	Whole District**	Survey Area
0 – 14	1,049	1,025	1,123	1,111
15 – 64	1,011	862	1,060	1,020
65 +	1,268	1,112	980	1,238
Total Population	1,035	939	1,083	1,063

Note) * Sex Ratio = Male Population/Female Population × 1000

Source) ** Central Bureau of Statistics, *Population Census-1981, General Characteristics Tables*, Vol. I-Part 1, Kathmandu, 1984

Table 4-1-2 Population Distribution by 5 Year Age Group and Sex, Kavrepalanchok and Dhanusa

Age group	Kavrepalanchok			Dhanusa		
	Total	Male	Female	Total	Male	Female
0 ~ 4	15.1	16.0	14.2	15.2	14.8	15.6
5 ~ 9	14.2	14.4	14.0	15.4	15.9	14.8
10 ~ 14	13.4	14.2	12.7	11.0	11.8	10.1
15 ~ 19	10.0	9.6	10.4	6.7	7.0	6.3
20 ~ 24	8.2	7.5	8.8	7.7	6.3	9.2
25 ~ 29	6.4	5.9	7.0	8.7	8.7	8.7
30 ~ 34	5.4	5.1	5.7	7.2	6.7	7.8
35 ~ 39	5.0	4.7	5.2	6.5	7.5	5.5
40 ~ 44	5.1	5.3	5.0	4.3	4.3	4.3
45 ~ 49	3.4	3.8	3.0	3.5	3.8	3.1
50 ~ 55	4.5	4.0	5.0	4.5	3.4	5.7
55 ~ 59	2.6	3.0	2.3	3.2	3.2	3.2
60 ~ 64	2.6	2.1	3.0	3.2	3.5	2.9
65 +	4.0	4.4	3.7	2.8	3.0	2.6
Unknown	0.1	0.1	0.1	0.1	0.1	0.0
All ages	100.0	100.0	100.0	100.0	100.0	100.0

Table 4-1-3 Comparison of Age Structure by Broad Age Group, Kavrepalanchok (%)

Age Group	Whole District* (1981)			Survey Area		
	Total	Male	Female	Total	Male	Female
Youth Population (0 – 14)	40.23	40.4	39.9	42.7	44.6	40.9
Productive Age Population (15 – 64)	56.48	55.8	57.1	53.1	50.8	55.3
Old Age Population (65 and above)	3.49	3.8	3.1	4.0	4.4	3.7
Total Population	307,150	156,218	150,932	8,820	4,270	4,550

Source) * Central Bureau of Statistics, HMG, *Population Census - 1981, General Characteristics Tables*, Vol. I - Part 1, Kathmandu, 1984.

Table 4-1-4 Comparison of Age Structure by Broad Age Group, Dhanusa (%)

Age Group	Whole District* (1981)			Survey Area		
	Total	Male	Female	Total	Male	Female
Youth Population (0 – 14)	40.2	40.9	39.5	41.5	42.4	40.6
Productive Age Population (15 – 64)	57.1	56.5	57.7	55.6	54.5	56.8
Old Age Population (65 and above)	2.7	2.6	2.8	2.8	3.0	2.6
Total Population	432,569	224,900	207,669	8,427	4,343	4,084

Source) * Central Bureau of Statistics, HMG, *Population Census - 1981, General Characteristics Tables*, Vol. I - Part 1, Kathmandu, 1984.

Table 4-1-5 Marital Status by 5 Year Age Group and Sex, Kavrepalanchok and Dhanusa (%)

Age Group	Never Married		Currently Married		Widow/Widower		Separated	
	Male	Female	Male	Female	Male	Female	Male	Female
1. Kavrepalanchok								
10 ~ 14	94.9	96.7	1.7	2.1	6.6	6.8	—	—
15 ~ 19	78.9	62.2	15.0	34.0	6.1	3.6	—	0.2
20 ~ 24	38.1	14.0	59.1	84.5	2.2	0.7	—	0.5
25 ~ 29	14.8	3.5	82.0	94.3	2.8	1.3	0.4	0.6
30 ~ 34	5.5	3.1	92.6	90.8	0.9	3.4	0.9	2.7
35 ~ 39	2.5	1.3	94.0	89.0	1.5	7.2	1.5	2.1
40 ~ 44	2.7	3.5	95.1	82.8	1.3	13.2	0.4	0.4
45 ~ 49	0.6	1.5	94.4	73.3	4.3	22.2	0.6	3.0
50 +	1.4	1.7	80.5	55.8	17.4	40.5	0.5	1.6
2. Dhanusa								
10 ~ 14	86.9	74.2	14.6	13.5	10.9	12.3	—	—
15 ~ 19	66.4	18.9	24.7	74.9	8.9	5.8	—	0.4
20 ~ 24	25.8	2.1	70.9	97.9	2.9	—	0.4	—
25 ~ 29	7.1	1.4	87.8	97.2	4.0	0.8	1.1	0.6
30 ~ 34	1.4	0.3	95.5	97.2	2.4	2.2	0.7	0.3
35 ~ 39	0.9	0.4	97.2	93.3	1.2	6.3	0.6	—
40 ~ 44	0.5	—	94.6	92.1	4.8	6.8	—	1.1
45 ~ 49	—	—	94.5	78.9	5.5	20.3	—	0.8
50 +	0.2	0.5	89.1	60.4	10.4	38.9	0.4	0.2

Table 4-1-6 Distribution of Head of Household by Education Attainment and Occupation, Kavrepalanchok

% in the parentheses

Schooling years	No Job	Agri- culture	Labour	Service	Business	Household Work	Others	Not Stated	Total (%)
0	24	566	38	10	8	31	8	8	693 (43.5)
1	14	405	29	68	26	7	18	3	570 (35.8)
2	—	12	2	1	1	—	—	—	16 (1.0)
3	—	21	1	2	4	1	—	—	28 (1.8)
4	—	20	2	5	2	—	—	—	30 (1.9)
5	—	18	1	8	3	—	1	—	31 (1.9)
6	—	13	1	1	3	—	1	1	20 (1.3)
7	—	20	1	5	2	—	—	—	28 (1.8)
8	—	16	—	2	8	—	—	—	26 (1.6)
9	—	6	—	1	1	—	—	—	8 (0.5)
10th Class & Above	1	20	—	59	7	1	—	—	88 (5.5)
Not Stated	—	5	1	—	—	—	—	49	55 (3.5)
Total	39	1,122	76	162	65	40	28	61	1,593
(%)	(2.4)	(70.4)	(4.8)	(10.2)	(4.1)	(2.5)	(1.8)	(3.8)	

Table 4-1-7 Distribution of Head of Household by Education Attainment and Occupation, Dhanusa

% in the parentheses

Schooling years	No. Job	Agri- culture	Labour	Service	Business	Household Work	Others	Not Stated	Total (%)
0	24	468	565	6	34	7	5	7	1,116 (69.1)
1	2	161	42	10	32	2	5	3	257 (15.9)
2	—	8	3	—	1	—	—	—	12 (0.7)
3	—	8	4	—	3	—	—	—	15 (0.9)
4	—	14	1	1	2	—	—	—	18 (1.1)
5	—	10	5	1	1	—	—	—	17 (1.1)
6	—	8	3	2	3	—	—	1	17 (1.1)
7	—	20	2	4	1	—	1	—	28 (1.7)
8	1	7	2	2	2	—	—	—	14 (0.9)
9	—	8	—	1	—	—	—	—	9 (0.6)
10th Class & Above	1	35	2	26	8	1	1	1	75 (4.6)
Not Stated	—	1	1	—	—	—	—	34	36 (2.2)
Total	28	748	630	53	87	10	12	46	1,614
(%)	(1.7)	(46.3)	(39.0)	(3.3)	(5.4)	(0.6)	(0.7)	(2.9)	

Table 4-1-8 Distribution of Household by Possession of Land, Source of Drinking Water and Availability of Latrine, Kavrepalanchok and Dhanusa

Land Holding (Ropani)	Number of Household (%)	Source of Drinking Water (%)							Availability of Latrine (%)
		1 Kuwa Pond	2 Khola River	3 Kaldhara Tap	5 Tube-well	6 Dhungedhara Spring	7 Inar well	8 Others	
1. Kavrepalanchok									
0	34 (2.1)	38.2	—	47.1	—	2.9	—	—	14.7
1 ~ 4	486 (30.5)	32.1	7.6	38.1	0.6	15.8	0.4	5.3	16.5
5 ~ 9	366 (23.0)	38.3	7.9	39.1	—	11.5	—	3.3	20.2
10 ~ 14	230 (14.4)	32.2	6.1	44.3	—	15.7	0.4	0.9	26.1
15 ~ 19	153 (9.6)	39.2	9.8	32.0	—	17.0	0.7	1.3	17.0
20 ~ 24	87 (5.5)	36.8	8.0	41.4	—	12.6	1.1	—	23.0
25 ~ 29	53 (3.3)	22.6	9.4	45.3	—	17.0	1.9	3.8	32.1
30 ~ 34	37 (2.3)	27.0	2.7	43.2	—	24.3	—	2.7	35.1
35 ~ 39	15 (0.9)	26.7	—	46.7	6.7	6.7	—	13.3	13.3
40 +	73 (4.6)	38.4	1.4	43.8	1.4	13.7	—	1.4	11.0
Not Stated	59 (3.7)								13.6
Total	1,593	33.3	6.8	38.5	0.3	14.1	0.4	3.1	19.6
2. Dhanusa									
0	443 (27.4)	—	1.4	—	54.0	0.2	41.5	2.5	0.2
1 ~ 4	318 (19.7)	0.6	—	6.6	40.3	0.3	47.5	4.4	0.3
5 ~ 9	222 (13.8)	0.9	1.8	1.8	42.8	0.5	46.8	5.4	0.5
10 ~ 14	156 (9.7)	1.3	2.6	4.5	46.2	—	42.9	2.6	3.2
15 ~ 19	50 (3.1)	—	—	—	54.0	2.0	42.0	2.0	2.0
20 ~ 24	61 (3.8)	1.6	4.9	1.6	42.6	—	49.2	—	0.0
25 ~ 29	98 (6.1)	1.0	5.1	2.0	33.7	1.0	54.1	2.0	4.1
30 ~ 34	40 (2.5)	2.5	—	—	25.0	—	67.5	5.0	5.0
35 ~ 39	69 (4.3)	1.4	2.9	1.4	56.5	1.4	36.2	—	10.1
40 +	120 (7.4)	0.8	0.8	4.2	46.7	0.8	45.8	0.8	20.8
Not Stated	37 (2.3)								
Total	1,614	0.7	1.5	2.5	45.0	0.4	44.5	2.9	2.9

Table 4-2-1 Age Distribution of Eligible Women and Mean Age of Respondents, Kavrepalanchok and Dhanusa

% in the parentheses

Age Group	Kavrepalanchok	Dhanusa
~ 14	3 (0.2)	1 (0.1)
15 ~ 19	132 (9.0)	137 (9.3)
20 ~ 24	272 (18.5)	283 (19.2)
25 ~ 29	288 (19.6)	304 (20.7)
30 ~ 34	231 (15.7)	281 (19.1)
35 ~ 39	192 (13.1)	196 (13.3)
40 ~ 44	174 (11.9)	138 (9.4)
45 ~ 49	86 (5.9)	96 (6.5)
50 +	3 (0.2)	—
Unknown	86 (5.9)	35 (2.4)
All Age	1,467 (100.0)	1,471 (100.0)
Mean Age	30.83	31.37

Table 4-2-2 Distribution of Eligible Women by Education Attainment and Age, Kavrepalanchok and Dhanusa
 %, number of respondents in the parentheses

Age Group	Kavrepalanchok					Dhanusa				
	Illiterate	Literate without education	Educated	Not Stated	Total	Illiterate	Literate without education	Educated	Not Stated	Total
~ 14	100.0	—	—	—	100.0 (3)	100.0	—	—	—	100.0 (1)
15 ~ 19	86.4	2.3	11.4	—	100.0 (132)	90.5	—	9.5	—	100.0 (137)
20 ~ 24	89.3	2.2	8.5	—	100.0 (272)	91.5	1.1	7.4	—	100.0 (283)
25 ~ 29	90.3	2.8	6.9	—	100.0 (288)	96.4	0.3	3.3	—	100.0 (304)
30 ~ 34	94.8	1.3	3.9	—	100.0 (231)	95.0	1.1	3.9	—	100.0 (281)
35 ~ 39	93.2	4.7	2.1	—	100.0 (192)	95.9	1.0	2.6	0.5	100.0 (196)
40 ~ 44	97.7	1.1	0.6	0.6	100.0 (174)	95.7	1.4	2.9	—	100.0 (138)
45 ~ 49	98.8	—	1.2	—	100.0 (86)	97.9	1.0	1.0	—	100.0 (96)
50 +	100.0	—	—	—	100.0 (3)	—	—	—	—	—
Unknown	3.5	—	—	96.5	100.0 (86)	8.6	—	—	91.4	100.0 (35)
All Ages	87.2	2.1	5.0	5.7	100.0 (1,467)	92.5	0.8	4.4	2.2	100.0 (1,471)

Table 4-2-3 Mean Age at Marriage, Mean Duration of Cohabitation and Age of Effective Marriage of Eligible Women by Educational Attainment, Kavrepalanchok and Dhanusa

	Illiterate	Literate without education	Educated	Total
1. Kavrepalanchok				
Age at Marriage	15.42	16.28	15.19	15.43
Mean Duration of Cohabitation (years)	0.22	0.50	0.06	0.22
Age of Effective Marriage	15.64	16.78	15.25	15.65
2. Dhanusa				
Age at Marriage	13.32	12.57	14.68	13.37
Mean Duration of Cohabitation (years)	1.90	1.75	0.31	1.84
Age of Effective Marriage	15.22	14.32	14.99	15.21

Figure 4-2-1 Age Specific Marital Fertility Rate, Kavrepalanchok and Dhanusa

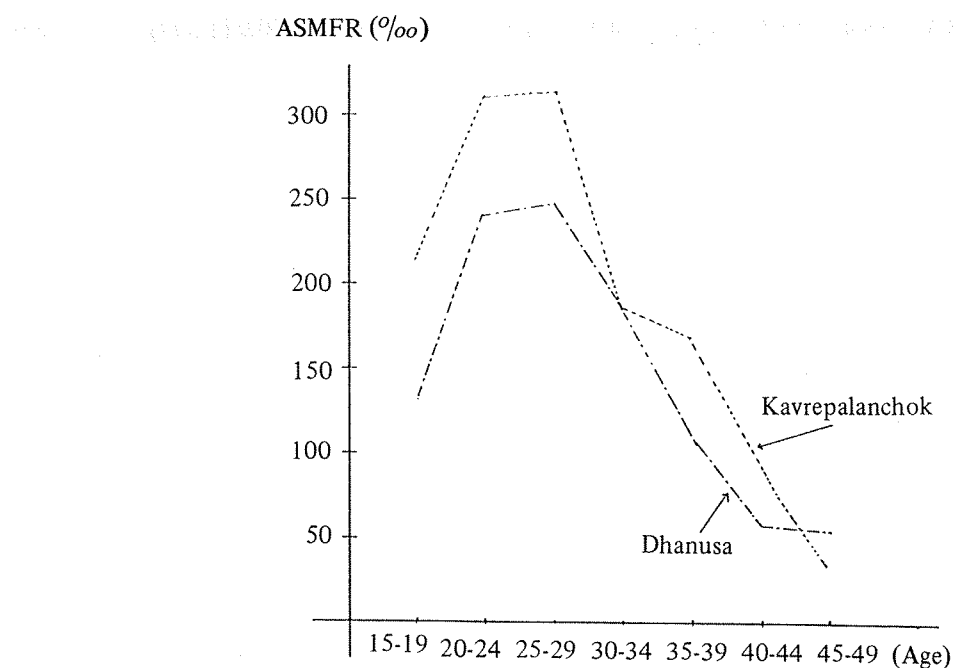


Table 4-2-4 Distribution and Mean Number of Children Ever Born by Age of Eligible Women, Kavrepalanchok and Dhanusa

1. Kavrepalanchok

Age group	0	1	2	3	4	5	6	7	Total	Mean number of children
15 ~ 19	67.7	26.8	4.7	0.8	—	—	—	—	100.0 (127)	0.4
20 ~ 24	24.0	35.1	28.4	8.9	3.0	0.4	0.4	—	100.0 (271)	1.3
25 ~ 29	4.5	12.5	25.4	22.7	19.9	10.8	3.8	0.4	100.0 (287)	2.9
30 ~ 34	2.3	1.8	8.7	21.6	29.4	17.0	13.3	6.0	100.0 (218)	4.1
35 ~ 39	4.3	3.7	4.3	12.9	17.2	21.5	23.3	12.9	100.0 (163)	4.6
40 ~ 44	5.5	3.1	3.1	15.6	10.9	18.8	21.9	21.1	100.0 (128)	4.7
45 ~ 49	1.7	—	11.9	18.6	8.5	20.3	13.6	25.4	100.0 (59)	4.7
Total	14.7	14.3	15.4	15.1	14.0	11.2	9.2	6.1	100.0 (1,253)	3.0

2. Dhanusa

Age group	0	1	2	3	4	5	6	7	Total	Mean number of children
15 ~ 19	64.1	28.2	5.3	1.5	0.8	—	—	—	100.0 (131)	0.5
20 ~ 24	26.1	38.2	22.5	7.9	4.3	0.4	0.7	—	100.0 (280)	1.3
25 ~ 29	8.6	13.2	23.0	28.6	15.1	8.2	2.6	0.7	100.0 (304)	2.7
30 ~ 34	4.4	6.7	14.8	19.6	23.7	16.3	8.9	5.6	100.0 (270)	3.6
35 ~ 39	2.7	4.4	9.9	12.1	23.1	21.4	14.3	12.1	100.0 (182)	4.3
40 ~ 44	7.4	—	5.8	12.4	14.9	22.3	19.8	17.4	100.0 (121)	4.6
45 ~ 49	1.2	1.2	9.4	9.4	11.8	25.9	25.9	15.3	100.0 (85)	4.9
Total	15.3	15.4	15.5	15.2	14.1	11.5	7.7	5.3	100.0 (1,373)	3.0

Table 4-2-5 Mean Number of Currently Living Children and Ideal Number of Children by Educational Attainment of Eligible Women, Kavrepalanchok and Dhanusa

	Illiterate	Literate without education	Educated
1. Kavrepalanchok			
Number of currently living children	2.90	2.35	2.68
Ideal number of children	3.07	2.94	2.72
2. Dhanusa			
Number of currently living children	2.35	2.67	2.92
Ideal number of children	3.27	2.45	2.95

Table 4-2-6 Distribution of Children Desired by Age of Eligible Women, Kavrepalanchok and Dhanusa

1. Kavrepalanchok (%)									
Age group	0	1	2	3	4	5	6	7	Mean number of children
15 ~ 19	0.8	1.6	35.9	41.4	14.8	3.9	1.6	—	2.9
20 ~ 24	—	1.5	32.0	48.3	16.4	1.5	0.4	—	2.9
25 ~ 29	0.3	1.7	31.9	43.4	17.7	3.5	1.4	—	2.9
30 ~ 34	0.4	0.4	23.2	39.0	30.7	4.4	1.3	0.4	3.2
35 ~ 39	—	0.5	30.1	34.7	25.9	4.7	3.1	1.0	3.2
40 ~ 44	1.1	1.1	22.4	40.8	28.7	2.3	2.3	1.1	3.2
45 ~ 49	1.1	—	18.4	35.6	35.6	5.7	2.3	1.1	3.4
2. Dhanusa (%)									
Age group	0	1	2	3	4	5	6	7	Mean number of children
15 ~ 19	3.1	0.8	9.3	65.1	20.2	0.8	0.8	—	3.0
20 ~ 24	—	0.4	13.4	64.6	17.7	2.5	0.4	1.1	3.1
25 ~ 29	0.3	2.0	9.4	56.5	26.4	4.0	0.7	0.7	3.2
30 ~ 34	0.7	1.8	9.1	49.8	31.6	5.5	1.5	—	3.3
35 ~ 39	—	0.5	9.2	57.9	25.6	6.2	0.5	—	3.3
40 ~ 44	2.9	—	4.3	56.4	27.1	7.1	0.7	1.4	3.4
45 ~ 49	—	2.3	5.3	36.6	19.1	33.6	3.1	—	3.9

Table 4-2-7 Additional Number of Children Desired by Number of Living Sons, Kavrepalanchok (%)

Currently Living Sons	Number of additional sons desired					Number of additional daughters desired				
	0	1	2	3	4+	0	1	2	3	4+
0	10.4	33.2	50.0	2.6	3.9	43.5	39.6	13.0	0.5	3.4
1	54.2	31.4	8.6	0.8	5.1	74.5	16.6	3.5	0.3	5.1
2	91.8	2.3	4.1	—	1.7	90.7	6.1	0.9	0.3	2.0
3	98.4	1.1	0.5	—	—	92.9	6.6	—	0.5	—
4	98.2	1.8	—	—	—	98.2	1.8	—	—	—
5+	97.3	2.7	—	—	—	97.3	2.7	—	—	—
Total	60.0	18.7	17.4	0.9	2.9	73.8	18.2	4.8	0.4	2.8

Table 4-2-8 Additional Number of Children Desired by Number of Living Sons, Dhanusa (%)

Currently Living Sons	Number of additional sons desired					Number of additional daughters desired				
	0	1	2	3	4+	0	1	2	3	4+
0	11.3	11.7	60.6	7.4	9.0	36.4	46.3	7.9	1.1	8.3
1	37.1	30.7	18.8	1.6	11.9	60.9	24.5	2.5	0.9	11.2
2	89.9	4.2	4.5	0.9	0.6	89.8	5.8	1.2	0.3	2.9
3	95.6	0.7	—	2.2	1.5	96.3	2.2	—	1.5	—
4	90.9	—	2.3	2.3	4.5	88.4	2.3	2.3	4.7	2.3
5+	80.0	6.7	—	—	13.3	86.7	—	—	—	13.3
Total	49.3	14.3	26.0	3.3	7.1	64.7	23.7	3.6	1.0	7.0

Table 4-3-1 Distribution of Respondents by 'Heard of Contraception' by Method of Contraceptives and Age

Age	METHODS OF CONTRACEPTION (%)										Total	Number of Samples	Number of Eligible Women who have heard of at least one method
	Pill	Condom	IUD	Injectable	Vesectomy	Laparoscopy	Traditional Method	Others	Total				
1. Kavrepalanchok													
15 ~ 19	21.6	9.9	10.1	14.5	21.6	21.8	0.5	—	100.0	385	94		
20 ~ 24	21.3	8.3	8.7	15.3	22.2	23.0	0.9	0.2	100.0	926	234		
25 ~ 29	21.2	8.0	8.8	15.7	22.6	22.9	0.8	—	100.0	987	245		
30 ~ 34	20.4	9.3	9.3	15.6	22.2	21.6	1.0	0.5	100.0	793	195		
35 ~ 39	21.8	7.8	8.7	14.1	23.6	22.9	0.7	0.4	100.0	669	175		
40 ~ 44	22.6	7.9	8.8	12.8	24.0	22.5	0.9	0.5	100.0	579	154		
45 ~ 49	21.6	7.8	9.0	14.5	23.1	22.7	0.8	0.4	100.0	255	67		
Total	21.4	8.4	9.0	14.8	22.7	22.5	0.8	0.3	100.0	4,594	1,164		
2. Dhanusa													
15 ~ 19	16.8	10.6	3.1	10.9	26.5	31.0	1.1	—	100.0	358	113		
20 ~ 24	16.8	9.5	3.6	12.4	26.9	30.2	0.5	0.1	100.0	862	260		
25 ~ 29	17.7	8.6	2.9	11.5	27.7	30.6	0.7	0.2	100.0	919	285		
30 ~ 34	19.7	8.6	2.2	11.8	27.2	29.5	0.9	—	100.0	907	269		
35 ~ 39	16.7	7.5	2.8	10.8	28.6	33.4	0.2	—	100.0	545	182		
40 ~ 44	17.3	6.6	1.9	13.6	28.5	30.4	1.7	—	100.0	411	126		
45 ~ 49	15.2	7.1	2.5	12.4	29.7	32.2	0.7	0.4	100.0	283	91		
Total	17.5	8.5	2.8	11.9	27.7	30.8	0.7	0.1	100.0	4,285	1,326		

Table 4-3-2 Distribution of Respondents by Ever-Use of Contraception by Method and Age

Age	METHODS OF CONTRACEPTION (%)										Total	Number of Samples
	Pill	Condom	IUD	Injectable	Vasectomy	Laparoscopy	Traditional Method	Others				
1. Kavrepalanchok												
15 ~ 19	60.0	—	—	—	20.0	20.0	—	—	—	—	100.0	5
20 ~ 24	28.6	14.3	—	17.1	22.9	17.1	—	—	—	—	100.0	35
25 ~ 29	20.0	1.5	—	7.7	40.0	30.8	—	—	—	—	100.0	65
30 ~ 34	14.9	—	1.5	6.0	40.3	37.3	—	—	—	—	100.0	67
35 ~ 39	13.7	1.4	1.4	4.1	49.3	28.7	—	1.4	—	—	100.0	73
40 ~ 44	18.2	3.0	3.0	1.5	53.0	21.2	—	—	—	—	100.0	66
45 ~ 49	30.8	—	7.7	15.4	23.1	23.1	—	—	—	—	100.0	13
Total	19.1	2.8	1.5	6.5	42.3	27.8	—	0.3	—	—	100.0	324
2. Dhanusa												
15 ~ 19	6.3	6.3	—	6.3	25.0	50.0	6.3	—	—	—	100.0	16
20 ~ 24	18.9	10.8	—	2.7	16.2	51.3	—	—	—	—	100.0	37
25 ~ 29	10.2	—	2.0	4.1	4.1	79.6	—	—	—	—	100.0	49
30 ~ 34	12.1	3.0	1.0	2.0	3.0	78.8	—	—	—	—	100.0	99
35 ~ 39	6.8	2.7	—	2.7	11.0	76.7	—	—	—	—	100.0	73
40 ~ 44	9.1	2.3	—	—	20.5	68.2	—	—	—	—	100.0	44
45 ~ 49	—	—	—	—	17.4	82.6	—	—	—	—	100.0	23
Total	10.0	3.2	0.6	2.3	10.6	73.0	0.3	—	—	—	100.0	341

Table 4-3-3 Distribution of Respondents by Current Use of Contraception by Method and Age

Age	METHODS OF CONTRACEPTION (%)										Total	Number of Samples
	Pill	Condom	IUD	Injectable	Vasectomy	Laparoscopy	Traditional Method	Others	Not Using	Total		
1. Kavrepalanchok												
15 ~ 19	-	-	-	-	2.2	2.2	-	-	-	95.6	100.0	45
20 ~ 24	1.0	2.0	-	6.1	8.1	6.1	-	-	-	76.8	100.0	99
25 ~ 29	1.7	0.8	-	2.5	21.7	16.7	-	-	-	56.7	100.0	120
30 ~ 34	2.6	-	-	1.7	23.3	21.6	-	-	-	50.9	100.0	116
35 ~ 39	2.7	-	-	-	32.4	18.9	-	0.9	-	45.9	100.0	111
40 ~ 44	3.3	-	1.1	-	38.0	15.2	-	-	-	42.4	100.0	92
45 ~ 49	5.7	-	-	5.7	8.6	8.6	-	-	-	71.4	100.0	33
Total	2.3	0.5	0.2	2.1	22.0	14.6	-	0.2	-	58.3	100.0	618
2. Dhanusa												
15 ~ 19	-	8.3	-	-	16.7	33.3	-	-	-	41.7	100.0	24
20 ~ 24	-	3.3	-	1.7	10.0	31.7	-	-	-	53.3	100.0	60
25 ~ 29	-	-	-	-	3.7	72.2	-	-	-	24.1	100.0	54
30 ~ 34	2.0	-	-	-	3.1	79.6	-	-	-	15.3	100.0	98
35 ~ 39	1.4	-	-	1.4	11.1	77.8	-	-	-	8.3	100.0	72
40 ~ 44	-	-	-	-	20.0	66.7	-	-	-	13.3	100.0	45
45 ~ 49	-	-	-	-	16.0	76.0	-	-	-	8.0	100.0	25
Total	0.8	1.1	-	0.5	9.5	65.9	-	-	-	22.2	100.0	378

Table 4-3-6 Distribution of Respondents by Current Use of Contraception by Number of Current Living Children

Number of Living Children	METHODS OF CONTRACEPTION (%)										Total	Number of Samples	
	Pill	Condom	IUD	Injectable	Vasectomy	Laparoscopy	Traditional Method	Others	Not Using				
1. Kavrepalanchok													
0	-	-	-	-	4.7	-	-	-	-	-	95.3	100.0	64
1	1.5	1.5	-	5.9	2.9	1.5	-	-	-	-	86.6	100.0	68
2	2.4	2.4	-	2.4	17.1	11.0	-	-	-	-	65.9	100.0	82
3	1.6	1.6	0.8	1.6	27.6	16.5	-	0.8	-	-	50.4	100.0	127
4	3.0	3.0	-	3.0	29.7	14.9	-	-	-	-	49.5	100.0	101
5	-	-	-	1.4	33.8	18.3	-	-	-	-	46.5	100.0	71
6	5.0	5.0	-	-	22.5	20.0	-	-	-	-	52.5	100.0	40
7+	12.0	12.1	-	3.0	9.1	15.2	-	-	-	-	60.6	100.0	33
2. Dhanusa													
0	-	-	-	-	-	9.1	-	-	-	-	90.9	100.0	22
1	-	-	-	3.0	3.0	12.1	-	-	-	-	75.8	100.0	33
2	2.2	2.2	-	-	6.7	51.1	-	-	-	-	37.8	100.0	45
3	-	-	-	1.2	5.8	80.2	-	-	-	-	11.6	100.0	86
4	1.3	1.3	-	-	7.7	85.9	-	-	-	-	5.1	100.0	78
5	2.6	2.6	-	-	10.3	76.9	-	-	-	-	10.3	100.0	39
6	-	-	-	-	5.0	80.0	-	-	-	-	15.0	100.0	20
7+	-	-	-	-	-	85.7	-	-	-	-	14.3	100.0	7

Table 4-3-4 Distribution of Respondents by Their Future Intention to Use Contraception by Method

Age	METHODS OF FAMILY PLANNING (%)										Total	Number of Samples
	Pill	Condom	IUD	Injectable	Vasectomy	Laparoscopy	Others	Don't Know				
1. Kavrepalachok												
15 ~ 19	25.8	—	1.6	14.5	22.6	32.3	—	3.2	—	—	100.0	62
20 ~ 24	17.7	1.4	—	8.5	31.2	36.9	2.1	2.1	—	—	100.0	141
25 ~ 29	21.4	0.8	—	15.1	19.8	38.0	3.2	1.6	—	—	100.0	126
30 ~ 34	20.0	2.9	1.4	14.3	28.6	28.6	1.4	2.9	—	—	100.0	70
35 ~ 39	26.8	2.4	—	22.0	19.5	29.3	—	—	—	—	100.0	41
40 ~ 44	35.3	—	5.9	35.3	5.9	11.7	5.9	—	—	—	100.0	17
45 ~ 49	25.0	25.0	—	50.0	—	—	—	—	—	—	100.0	4
Total	21.7	1.5	0.7	14.5	24.3	33.4	2.0	2.0	—	—	100.0	461
2. Dhanusa												
15 ~ 19	3.7	—	—	—	9.3	77.8	3.7	5.6	—	—	100.0	54
20 ~ 24	2.3	—	—	3.0	2.3	88.0	0.8	3.8	—	—	100.0	133
25 ~ 29	5.7	—	—	4.1	4.9	78.9	2.4	4.1	—	—	100.0	123
30 ~ 34	6.0	—	1.2	6.0	2.4	79.5	2.4	2.4	—	—	100.0	83
35 ~ 39	6.7	—	—	4.4	4.4	84.4	—	—	—	—	100.0	45
40 ~ 44	17.6	—	—	5.9	11.8	64.7	—	—	—	—	100.0	17
45 ~ 49	20.0	—	20.0	—	—	40.0	20.0	—	—	—	100.0	5
Total	5.2	—	0.4	3.7	4.3	81.1	2.0	3.3	—	—	100.0	460

Table 4-3-5 Distribution of Respondents by Reason for Not Using Any Method of Contraception

Age	REASONS FOR NOT USING CONTRACEPTIVE METHODS											Total	Number of Samples	
	Desire for More Children	Desire for Son	Desire for Daughter	Health Reason	Religious Reason	Husband's Disapproval	Separation	Menopause	Sterility	No Contraceptive Methods	Others			
1. Kavrepalanchok														
15~19	87.9	7.7	—	1.1	—	—	—	—	1.1	—	1.1	100.0	91	
20~24	64.7	19.6	1.1	0.5	1.0	2.5	1.0	—	—	2.9	4.9	100.0	204	
25~29	33.0	30.9	2.5	11.5	2.6	1.6	—	1.0	—	6.8	7.3	100.0	191	
30~34	10.1	17.1	5.4	28.7	0.7	3.9	—	2.3	—	13.2	16.3	100.0	129	
35~39	7.1	13.3	1.8	31.9	1.8	3.5	1.8	7.1	—	9.7	15.9	100.0	113	
40~44	4.3	3.3	—	26.1	6.5	1.1	13.0	10.9	—	14.1	18.5	100.0	92	
45~49	2.0	6.0	—	16.0	6.0	—	38.0	20.0	—	8.0	2.0	100.0	50	
Total	34.8	17.1	2.3	14.8	2.1	2.1	4.0	3.9	7.4	9.4	10.3	100.0	870	
2. Dhanusa														
15~19	77.3	2.7	—	—	0.9	0.9	—	—	—	—	16.1	100.0	110	
20~24	69.5	17.7	0.8	—	2.9	2.1	—	0.4	0.8	0.8	5.8	100.0	243	
25~29	47.7	28.3	1.7	5.5	3.4	3.0	—	1.7	1.3	1.3	7.6	100.0	237	
30~34	37.0	19.6	1.6	11.4	4.3	4.3	0.5	5.4	1.6	1.6	14.1	100.0	184	
35~39	18.9	15.6	1.6	18.0	8.2	6.6	9.8	5.7	0.8	0.8	14.8	100.0	122	
40~44	13.4	11.0	2.4	6.1	6.1	9.8	25.6	15.9	—	—	9.8	100.0	82	
45~49	4.3	11.8	—	8.7	4.3	5.8	39.1	17.4	—	—	8.7	100.0	69	
Total	45.1	17.7	1.2	6.4	4.0	3.9	5.8	4.5	0.9	0.9	10.3	100.0	1,047	

Table 4-4-1 Number of Deaths by Age and Its Distribution by Age

Age	Number of Deaths by Age		Distribution by Age (%)	
	Kavrepalanchok	Dhanusa	Kavrepalanchok	Dhanusa
0	44	43	36.7	37.1
(1 – 4)	(12)	(18)	(10.0)	(15.5)
1 – 14	23	28	19.2	24.1
15 – 64	34	18	28.3	15.5
65 +	19	27	15.8	23.3
Total	120	116	100.0	100.0

Table 4-4-2 Death Rate by Age Group

Age Group	Kavrepalanchok	Dhanusa
0	148.1	170.6
0 – 4	42.1	47.7
1 – 14	6.6	8.6
15 – 64	7.3	3.8
65 and above	53.2	114.9
All Ages	13.7	13.9

Table 4-5-1-1 Distribution of Respondents with Regard to What They Usually Do When Someone in the Household is Sick – by Panchayats Covered by Each Health Post

Name of place	%, number of respondents in the parentheses			
	To treat	Not to treat	Not stated	Total
1. Kavrepalanchok				
Bhumlutar	93.6	1.7	4.7	(406)
Dapcha	91.4	0.4	8.2	(279)
Khopasi	90.1	1.0	8.8	(477)
Nala	98.4	0	1.6	(304)
Total	93.0 (1,364)	0.9 (13)	6.1 (89)	(1,466)
2. Dhanusa				
Godar	96.9	1.8	1.3	(391)
Godhaghas	98.8	0.6	0.6	(309)
Sabaila	95.7	1.9	2.4	(468)
Tarapatti	91.7	2.0	6.3	(303)
Total	95.9 (1,410)	1.6 (24)	2.5 (37)	(1,471)

Table 4-5-1-2 Distribution of Respondents by Reason for Not Treating the Patients by Panchayats Covered by Each Health Post

Name of Health Post	%			
	Financial Problems	No belief in Treatment	Long distance	Bad treatment in Health Institution
1. Kavrepalanchok				
Bhumlutar	46.2	23.1	7.7	15.4
Dapcha	7.7	0.0	0.0	7.7
Khopasi	30.8	15.4	15.4	7.7
Nala	0.0	7.7	0.0	7.7
Total	84.7	46.2	23.1	38.5
2. Dhanusa				
Godar	20.8	4.2	0.0	0.0
Godhaghas	4.2	0.0	0.0	4.2
Sabaila	20.8	8.3	4.2	8.3
Tarapatti	16.7	0.0	0.0	8.3
Total	62.5	12.5	4.2	20.8

Table 4-5-1-3 Distribution of Respondents by Place Contacted for Treatment by Panchayats Covered by Each Health Post

% , number of respondents in the parentheses

Name of Health Post	Hospital/ Health Center	Doctor/ Nurse/ other HW	Dhami Jankri	Kaviraj	Quack	Others	Not Stated	Total
1. Kavrepalanchok								
Bhumlutar	58.6	1.0	34.8	—	—	0.8	4.8	(399)
Dapcha	56.7	3.5	30.1	0.4	1.4	—	7.8	(282)
Khopasi	56.3	4.2	27.4	1.3	1.5	0.6	8.6	(474)
Nala	45.4	3.9	40.8	4.3	3.6	0.7	1.3	(304)
Total	54.8 (799)	3.2 (46)	32.8 (478)	1.4 (20)	1.5 (22)	0.5 (8)	5.9 (86)	(1,459)
2. Dhanusa								
Godar	40.2	34.5	1.3	—	12.4	10.1	1.6	(386)
Godhaghas	43.9	50.3	0.3	3.2	1.3	0.6	0.3	(310)
Sabaila	42.8	42.1	0.6	—	10.4	1.9	2.2	(463)
Tarapatti	44.2	45.5	0.7	1.0	1.7	0.3	6.6	(301)
Total	42.6 (622)	42.5 (621)	0.8 (11)	0.9 (13)	7.2 (105)	3.5 (51)	2.5 (37)	(1,460)

Table 4-5-1-4 Distribution of Respondents by Knowledge of Diarrhoea by Age, Kavrepalanchok and Dhanusa

Age group	Kavrepalanchok		Dhanusa	
	Have knowledge	%	Have knowledge	%
~ 14	2	100.0		0.0
15 ~ 19	105	86.8	91	72.8
20 ~ 24	252	93.3	235	84.5
25 ~ 29	277	95.8	255	85.0
30 ~ 34	220	94.8	235	85.8
35 ~ 39	188	97.4	171	88.6
40 ~ 44	167	96.5	114	83.8
45 ~ 49	80	92.0	78	83.0
50 ~	3	100.0		
Total	1,296	94.4	1,180	84.1

Table 4-5-1-5 Distribution of Respondents by Their Knowledge About the Symptoms of Diarrhoea, Kavrepalanchok and Dhanusa
 %, number of respondents in the parentheses

Age group	Indigestible food eaten	Superstition	Stomack disorder	Stale food	Dirty food	Food with flies	Stagnant water	Don't know the reason	Total
1. Kavrepalanchok									
~ 14		100.0							100.0 (1)
15 ~ 19	7.5	13.4		14.9	6.0	6.0	1.5	50.7	100.0 (67)
20 ~ 24	14.0	12.7	4.0	13.3	9.3	8.0	0.7	38.0	100.0 (150)
25 ~ 29	9.3	14.5	2.3	11.6	8.1	11.0	1.2	41.9	100.0 (172)
30 ~ 34	12.1	10.7	2.1	12.9	8.6	6.4	2.1	45.0	100.0 (140)
35 ~ 39	9.4	15.0	1.6	11.8	11.8	8.7	0.8	40.9	100.0 (127)
40 ~ 44	12.3	14.9	1.8	14.0	7.0	13.2	0.9	36.0	100.0 (114)
45 ~ 49	8.8	8.8	3.5	12.3	3.5	10.5	1.8	50.9	100.0 (57)
50 +	50.0			50.0					100.0 (2)
Total	11.0	13.3	2.3	12.9	8.3	9.1	1.2	41.9	100.0 (830)
2. Dhanusa									
15 ~ 19	25.0	4.2		29.2	8.3			33.3	100.0 (24)
20 ~ 24	20.7	12.6		12.6	5.7			48.3	100.0 (87)
25 ~ 29	18.2	10.4		19.5	2.6		1.3	48.1	100.0 (77)
30 ~ 34	20.4	14.6	1.0	19.4	2.9	0.2	1.0	40.8	100.0 (103)
35 ~ 39	19.7	9.9	4.2	15.5	7.0			43.7	100.0 (71)
40 ~ 44	12.5	15.0	2.5	17.5	7.5			45.0	100.0 (40)
45 ~ 49	32.1	14.3	3.6	17.9			3.6	28.6	100.0 (28)
Total	20.2	12.1	1.4	17.7	4.7	0.2	0.4	43.3	100.0 (430)

Table 4-5-1-6 Distribution of Respondents by Their Attitude Towards Type of Treatment of Diarrhoea, Kavrepalanchok and Dhanusa

Age group	%, number of respondents in the parentheses								
	No treatment	Jeevan Jal	Salt-Sugar water	Moden medicine	Ayurvedic medicine	Other traditional treatment	Other treatment	Don't know treatment	Total
1. Kavrepalanchok									
~ 14				100.0					100.0 (2)
15 ~ 19	4.9	10.8	4.9	19.6	5.9	29.4	11.8	12.7	100.0 (102)
20 ~ 24	4.9	16.2	6.5	25.1	6.5	25.5	8.9	6.5	100.0 (247)
25 ~ 29	3.3	17.8	6.5	25.5	9.5	24.7	10.9	1.8	100.0 (275)
30 ~ 34	2.7	15.1	2.7	21.0	8.7	34.7	12.8	2.3	100.0 (219)
35 ~ 39	6.5	8.1	1.6	32.4	7.6	24.9	15.7	3.2	100.0 (185)
40 ~ 44	3.0	9.6	3.0	25.3	4.2	34.9	15.7	4.2	100.0 (166)
45 ~ 49	5.1	7.6	1.3	29.1	7.6	34.2	15.2		100.0 (79)
50 +				66.7		33.3			100.0 (3)
Total	4.2	13.3	4.2	25.5	7.4	28.9	12.5	4.1	100.0 (1,276)
2. Dhanusa									
15 ~ 19	3.4	17.0	1.1	36.4	6.8	3.4	14.8	17.0	100.0 (88)
20 ~ 24	5.7	20.0	1.3	43.0	7.0	3.9	11.7	7.4	100.0 (230)
25 ~ 29	5.6	17.5	1.2	46.4	6.3	3.2	14.7	5.2	100.0 (252)
30 ~ 34	4.3	20.3	2.2	43.3	8.2	2.6	13.0	6.1	100.0 (231)
35 ~ 39	4.2	22.2	0.6	43.1	6.0	1.8	15.0	7.2	100.0 (167)
40 ~ 44	1.8	15.9	2.7	49.6	5.3	5.3	17.7	1.8	100.0 (113)
45 ~ 49	3.9	11.7		55.8	3.9	2.6	14.3	7.8	100.0 (77)
Total	4.5	18.7	1.4	44.8	6.6	3.2	14.1	6.8	100.0 (1,158)

Table 4-5-1-7 Distribution of Respondents by Incidence of Eye Problem and Nightblindness to Children by Panchayats Covered by Each Health Post

(%)

Name of Health Post	Morbidity rate of any eye problems	Type of Diseases						Night blindness
		Conjunctivitis	Xerophthalmia	Blindness after birth	Born blind	Tracoma	Others	
1. Kavrepalanchok								
Bhumlutar	12.7	43.2	2.3	—	—	—	54.5	0.3
Dapcha	10.6	63.0	3.7	3.7	—	3.7	25.9	1.4
Khopasi	6.7	40.7	0.0	—	3.7	3.7	51.9	1.1
Nala	11.6	50.0	3.1	—	—	9.4	37.5	0.4
Total	10.1	48.5	2.3	0.8	0.8	3.8	43.8	0.8
2. Dhanusa								
Godar	2.0	14.3	14.3	—	14.3	—	57.1	1.7
Godhaghas	10.1	42.9	7.1	—	—	—	50.0	6.3
Sabaila	10.8	48.4	9.7	9.7	—	—	32.3	3.5
Tarapatti	12.4	31.3	3.1	—	—	3.1	62.5	9.5
Total	7.7	39.2	6.2	3.1	1.0	1.0	49.5	4.9

Table 4-5-1-8 Incidence of Diarrhoea, Measles, Worms, Whooping Cough, Diphtheria and A.R.I. Children Under Five by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Diarrhoea	Measles	Worms	Whooping Cough	A.R.I.	Diphtheria
1. Kavrepalanchok						
Bhumlutar	69.3	10.3	42.2	39.2	46.0	6.0
Dapcha	69.8	17.8	37.3	41.8	38.6	3.2
Khopasi	71.5	21.3	37.5	26.4	38.8	4.3
Nala	78.2	25.1	43.1	28.9	33.7	6.5
Total	72.0 (861)	18.9 (850)	40.1 (856)	33.5 (856)	39.7 (853)	5.1 (849)
2. Dhanusa						
Godar	64.1	8.4	21.4	11.8	17.8	1.4
Godhaghas	70.3	12.7	46.5	25.3	77.1	4.8
Sabaila	56.9	10.9	21.4	20.0	31.3	1.6
Tarapatti	65.1	9.8	30.1	22.3	62.9	1.2
Total	63.3 (832)	10.4 (818)	28.4 (830)	19.4 (829)	44.0 (831)	2.1 (797)

Table 4-5-1-9 Distribution of Children by Type of Treatment Received for Diarrhoea, Measles, Worms, Whooping Cough, ARI and Diphtheria of Last Child, Kavrepalanchok and Dhanusa

Number of respondents, % in the parentheses

	Not Treated	At Home	H.P./ Hospital	FP Clinic	Dhami/ Jhankri	Kaviraj/ Vaidya	Others	Total
1. Kavrepalanchok								
Diarrhoea	122 (21.0)	96 (16.5)	158 (27.2)	2 (0.3)	121 (20.8)	39 (6.7)	43 (7.4)	581
Measles	72 (48.6)	37 (25.0)	19 (12.8)	— —	8 (5.4)	5 (3.4)	7 (4.7)	148
Worms	47 (18.8)	35 (14.0)	68 (27.2)	22 (8.8)	17 (6.8)	19 (7.6)	42 (16.8)	250
Whooping Cough	74 (30.7)	44 (18.3)	78 (32.4)	1 (0.4)	6 (2.5)	18 (7.5)	20 (8.3)	241
A.R.I	134 (43.6)	48 (15.6)	63 (20.5)	1 (0.3)	27 (8.8)	16 (5.2)	18 (5.9)	307
Diphtheria	8 (22.9)	7 (20.0)	8 (22.9)	— —	3 (8.6)	4 (11.4)	5 (14.3)	35
Total	457 (29.3)	267 (17.1)	394 (25.2)	26 (1.7)	182 (11.7)	101 (6.5)	135 (8.6)	1,562
2. Dhanusa								
Diarrhoea	72 (14.8)	185 (38.0)	41 (8.4)	8 (1.6)	2 (0.4)	52 (10.7)	127 (26.1)	487
Measles	38 (49.4)	30 (39.0)	3 (3.9)	— —	— —	1 (1.3)	5 (6.5)	77
Worms	29 (15.3)	62 (32.6)	16 (8.4)	3 (1.6)	8 (4.2)	22 (11.6)	50 (26.3)	190
Whooping Cough	34 (23.8)	42 (29.4)	10 (7.0)	— —	1 (0.7)	22 (15.4)	34 (23.8)	143
A.R.I	96 (28.6)	133 (39.6)	15 (4.5)	2 (0.6)	4 (1.2)	23 (6.8)	63 (18.8)	336
Diphtheria	4 (28.6)	7 (50.0)	1 (7.1)	— —	— —	— —	2 (14.3)	14
Total	273 (21.9)	459 (36.8)	86 (6.9)	13 (1.0)	15 (1.2)	120 (9.6)	281 (22.5)	1,247

Table 4-5-2-1 Distribution of Currently Pregnant Women by Place of Delivery Desired, Kavrepalanchok and Dhanusa

%, number of respondents in the parentheses

Place of delivery desired	Kavrepalanchok	Dhanusa
Hospital	5.4	0.9
Health Post	0	2.6
At home	93.2	96.5
Total	100.0 (148)	100.0 (115)

Table 4-5-2-2 Distribution of Respondents by Place of Delivery of Last Child by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Hospital	Health Post	Home	Others	Total
1. Kavrepalanchok					
Bhumlutar	5.0	0.3	94.7		100.0 (337)
Dapcha	3.6	0.9	95.5		100.0 (223)
Khopasi	3.8	1.1	95.1		100.0 (369)
Nala	3.4	0.4	96.2		100.0 (261)
Total	4.0	0.7	95.3		100.0 (1,190)
2. Dhanusa					
Godar	1.2		98.8		100.0 (336)
Godhaghas	3.1	0.4	96.6		100.0 (261)
Sabaila	3.1	0.5	96.4		100.0 (388)
Tarapatti	5.0	1.2	93.8		100.0 (241)
Total	2.9	0.5	96.6		100.0 (1,225)

Table 4-5-2-3 Distribution of Respondents by Place Where They Went for Check Up During Pregnancy by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Hospital	Health Post	T.B.A.	Others	Total
1. Kavrepalanchok					
Bhumlutar	82.1	14.3		3.6	100.0 (28)
Dapcha	72.7	9.1		18.2	100.0 (11)
Khopasi	82.1	7.7	2.6	7.7	100.0 (39)
Nala	82.8		4.3	13.0	100.0 (22)
Total	82.0	8.0	2.0	8.0	100.0 (100)
2. Dhanusa					
Godar	76.9	7.7		15.4	100.0 (13)
Godhaghas	50.0	5.6		44.4	100.0 (18)
Sabaila	30.4	26.1	4.3	39.1	100.0 (23)
Tarapatti	57.1	14.3		28.6	100.0 (21)
Total	50.7	14.7	1.3	33.3	100.0 (75)

Table 4-5-2-4 Distribution of Respondents Who Were Satisfied With the Check-up, Kavrepalanchok and Dhanusa

number of respondents, % in the parentheses

Name of Health Post	Hospital	Health Post	T.B.A.	Others	Total
1. Kavrepalanchok	74 (90.2)	6 (75.0)	2 (100.0)	7 (87.5)	89 (89.0)
2. Dhanusa	29 (76.3)	9 (81.8)	0 (0.0)	23 (92.0)	61 (81.3)

Table 4-5-2-5 Distribution of Respondents by Reasons for Having Check Up by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Regular check-up	Due to complication	Both	Total
1. Kavrepalanchok				
Bhumlutar	35.7	57.1	7.1	100.0 (28)
Dapcha	53.8	46.2		100.0 (13)
Khopasi	41.5	51.2	7.3	100.0 (41)
Nala	52.2	30.4	17.4	100.0 (23)
Total	43.8	47.6	8.6	100.0 (105)
2. Dhanusa				
Godar	64.3	14.3	21.4	100.0 (14)
Godhaghas	60.9	34.8	4.3	100.0 (23)
Sabaila	47.8	43.5	8.7	100.0 (23)
Tarapatti	47.6	52.4		100.0 (21)
Total	54.3	38.3	7.4	100.0 (81)

Table 4-5-2-6 Distribution of Respondents by Types of Check-up by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Weighted	Blood pressure	Urine exam	Chest	Use of Stethoscope	Others	Number of Respondents
1. Kavrepalanchok							
Bhumlutar	57.1	64.3	64.3	46.4	57.1	10.7	(28)
Dapcha	76.9	84.6	69.2	84.6	15.4	15.4	(13)
Khopasi	51.2	63.4	58.5	51.2	26.8	26.8	(41)
Nala	52.2	47.8	43.5	69.6	39.1	17.4	(23)
Total	56.2	62.9	58.1	58.1	36.2	15.2	(105)
2. Dhanusa							
Godar	50.0	71.4	64.3	71.4	42.9		(14)
Godhaghas	21.7	47.8	30.4	30.4	39.1	21.7	(23)
Sabaila	30.4	43.5	39.1	69.6	39.1	30.4	(23)
Tarapatti	19.0	38.1	33.3	42.9	57.1	9.5	(21)
Total	28.4	48.1	39.5	51.9	44.4	17.3	(81)

Table 4-5-2-7 Distribution of Respondents by Types of Persons Who Advised for Medical Check During Pregnancy by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Health worker	Spouse	Family Member	Friend	Others	Total
1. Kavrepalanchok						
Bhumlutar	6.9	6.9	62.1	13.8	10.3	100.0 (29)
Dapcha	—	25.0	41.7	25.0	8.3	100.0 (12)
Khopasi	5.0	10.0	65.0	7.5	12.5	100.0 (40)
Nala	4.5	18.2	72.7	—	4.5	100.0 (22)
Total	4.9	12.6	63.1	9.7	9.7	100.0 (103)
2. Dhanusa						
Godar	30.8	7.7	53.8	7.7		100.0 (13)
Godhaghas	5.6	22.2	66.7		5.6	100.0 (18)
Sabaila	4.2	12.5	79.2		4.2	100.0 (24)
Tarapatti		9.5	71.4	4.8	14.3	100.0 (21)
Total	7.9	13.2	69.7	2.6	6.6	100.0 (76)

Table 4-5-2-8 Distribution of Respondents Who Reported About Contents Which Were Talked by Health Worker, Kavrepalanchok and Dhanusa

Kavrepalanchok		Dhanusa	
Contents of Talking	Ratio (%)	Contents of Talking	Ratio (%)
Immunization	7.5	Talk about F.P.	65.5
Talk about F.P.	7.4	Diarrhoea/ORT	34.9
Diarrhoea/ORT	5.7	Health of Children	34.1
Medicine	4.9	Immunization	31.2
Health of Children	4.7	Worms	28.8
Health Education	4.7	Medicine	27.8
Worms	4.6	Birth Spacing	24.5
ARI	4.3	Pre & Postnatal Care	22.1
Birth Spacing	4.1	Breastfeeding	21.2
Pre & Postnatal Care	3.9	Nutrition	19.6
Breastfeeding	3.6	Health Education	18.7
Nutrition	3.5	ARI	17.6
Posters/Pamphlets	1.4	Posters/Pamphlets	9.9

Table 4-5-3-1 Distribution of Respondents by Source of Knowledge About Immunization by Panchayats Covered by Each Health Post

Name of Place Health Post	% , number of respondents in the parentheses										Total
	Health Worker	Spouse	Family Member	Friends	Radio	News Paper	Mothers' Club	Immun. Camp	Others		
1. Kavrepalanchok											
Bhumlutar	12.9	1.4	1.4	0.7	3.4	—	0.3	52.4	27.6		(294)
Dapcha	10.3	3.4	1.7	0.9	7.8	—	—	50.4	25.4		(232)
Khopasi	5.8	3.4	1.7	1.2	7.8	—	0.2	53.9	26.0		(412)
Nala	6.1	3.8	1.1	2.3	9.1	—	—	57.4	20.2		(263)
Total	8.5 (102)	3.0 (36)	1.5 (18)	1.2 (15)	7.0 (84)	—	0.2 (2)	53.6 (644)	25.0 (300)		(1,201)
2. Dhanusa											
Godar	7.1	1.5	2.2	0.6	—	—	0.6	80.6	7.4		(325)
Godhaghas	8.6	1.4	1.1	0.7	0.4	—	0.4	63.2	24.3		(280)
Sabaila	4.5	2.4	0.8	0.3	—	0.3	0.5	80.7	10.6		(378)
Tarapatti	9.9	0.4	—	0.7	—	—	—	39.2	26.7		(273)
Total	7.2 (91)	1.5 (19)	1.0 (13)	0.6 (7)	0.1 (1)	0.1 (1)	0.4 (5)	72.8 (914)	16.3 (205)		(1,256)

Table 4-5-3-2 Incidence of Immunization (B.C.G., Measles, D.P.T., Polio) To Children Under Five by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Place	B.C.G.	Measles	D.P.T.					Polio				
			0	1	2	3	Total	0	1	2	3	Total
1. Kavrepalanchok												
Bhumlutar	52.3 (67)	46.6 (61)	33.1	45.2	16.1	5.6	(124)	54.1	31.1	11.5	3.3	(122)
Dapcha	47.3 (43)	62.1 (54)	34.4	44.1	11.8	9.7	(93)	43.8	31.5	15.7	9.0	(89)
Khopasi	55.6 (84)	57.2 (87)	24.5	42.3	20.2	12.9	(163)	48.7	28.5	12.0	10.8	(158)
Nala	63.5 (54)	51.8 (44)	35.6	31.7	17.8	14.9	(101)	51.0	23.0	11.0	15.0	(100)
Total	54.5 (248)	54.1 (246)	31.0	41.2	17.0	10.8	(481)	49.7	28.6	12.4	9.4	(469)
2. Dhanusa												
Godar	93.1 (161)	75.6 (121)	6.8	26.0	22.6	44.6	(177)	8.5	27.8	19.3	44.3	(176)
Godhaghas	90.7 (127)	54.1 (72)	14.7	14.0	20.3	51.0	(143)	17.5	17.5	19.6	45.5	(143)
Sabaila	83.1 (152)	68.6 (120)	11.8	24.6	26.7	36.9	(187)	24.2	24.2	21.0	30.6	(186)
Tarapatti	97.0 (131)	65.3 (79)	12.1	14.3	21.4	52.1	(140)	15.8	18.7	18.7	46.8	(139)
Total	90.5 (571)	66.6 (392)	11.1	20.4	23.0	45.4	(647)	16.6	22.5	19.7	41.1	(644)

Table 4-5-3-3 Distribution of Children Immunized by Place of Taking Immunization by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Hospital	Health Post	Immuni. Camp	FP Clinic	Others	Not Stated	Total
1. Kavrepalanchok							
Bhumlutar	8.0	9.9	63.0			19.1	100.0 (162)
Dapcha	3.7	19.6	54.2		0.9	21.5	100.0 (107)
Khopasi	3.8	3.8	66.0	0.5	0.5	25.4	100.0 (209)
Nala	9.4	9.4	70.8		2.8	7.5	100.0 (106)
Total	6.0	9.4	63.9	0.2	0.9	19.7	100.0 (584)
2. Dhanusa							
Godar	5.6	3.6	82.6		0.5	7.7	100.0 (195)
Godhaghas	15.2	2.4	75.0		0.6	6.7	100.0 (164)
Sabaila	2.4	1.4	84.9		0.9	10.4	100.0 (212)
Tarapatti	8.0	1.7	76.4			13.8	100.0 (174)
Total	7.4	2.3	80.1		0.5	9.7	100.0 (745)

Table 4-5-3-4 Distribution of Respondents by Reason for Not Immunizing The Children by Panchayats Covered by Each Health Post

%, number of respondents in the parentheses

Name of Health Post	Service not available	Cost	Not accessible	Don't know the source	Service not needed	Don't know necessity	Total
1. Kavrepalanchok							
Bhumlutar	68.8	3.1	7.8	4.7	10.9	4.7	100.0 (64)
Dapcha	73.7	2.6	5.3	5.3	7.9	5.3	100.0 (38)
Khopasi	70.3	5.4	2.7	8.1	9.5	4.0	100.0 (74)
Nala	84.7		8.5	1.7	1.7	3.4	100.0 (59)
Total	74.0	3.0	6.0	5.1	7.7	4.2	100.0 (235)
2. Dhanusa							
Godar	63.6			4.5	27.3	4.5	100.0 (22)
Godhaghas	39.1	8.7	13.0	8.7	30.4		100.0 (23)
Sabaila	48.6	2.7	10.8	8.1	21.6	8.1	100.0 (37)
Tarapatti	26.1	4.3	13.0	8.7	34.8	13.0	100.0 (23)
Total	44.8	3.8	9.5	7.6	27.6	6.7	100.0 (105)

Table 4-5-4 Distribution of Respondents by Source of Knowledge About Jeevan Jal and Medicine Water, Kavrepalanchok and Dhanusa

(%)

Source of Information	Jeevan Jal		Medicine Water	
	Kavrepalanchok	Dhanusa	Kavrepalanchok	Dhanusa
Health Worker	6.4	38.2	1.4	33.3
Spouse	2.6	1.1	0.6	1.5
Family Member	3.2	9.8	1.7	8.2
Friend	2.2	4.1	0.9	3.6
Radio	69.3	19.0	89.1	33.7
Newspaper	0.1	0.4	—	0.4
Mother's Club	0.2	1.6	0.2	1.3
Others	16.1	25.7	6.2	17.8

Table 4-6-1-1 Distribution of Nutritional Status of Children by Birth Order, Kavrepalanchok and Dhanusa

%, number of respondents in the parentheses

	Malnourished	Slightly undernourished	Well nourished	Total
1. Kavrepalanchok				
Last Child	13.6	33.2	53.2	(810)
Last but one Child	6.8	32.0	61.3	(266)
Last but two Child	8.3	29.2	62.5	(24)
Total	11.8	32.8	55.4	(1,100)
2. Dhanusa				
Last Child	21.7	35.9	42.4	(766)
Last but one Child	6.8	29.3	63.9	(191)
Last but two Child	23.0	38.5	38.5	(13)
Total	18.8	34.6	46.6	(970)

Table 4-6-1-2 Distribution of Respondents by Type of Food Given to Children as Weaning Food by Panchayats Covered by Each Health Post

1. Kavrepalanchok									
	%, number of respondents in the parentheses								
	(408)	Dapcha	(283)	Khopasi	(480)	Nala	(305)	Total	(1,476)
Bhumlutar									
Dal & Rice	75.5	Dal & Rice	75.3	Dal & Rice	70.0	Rice with Milk	84.9	Dal & Rice	75.0
Rice with Milk	70.3	Rice with Milk	68.6	Rice with Milk	65.0	Dal & Rice	81.6	Rice with Milk	71.3
Green Vegetable	19.9	Green Vegetable	36.0	Green Vegetable	27.5	Green Vegetable	23.0	Green Vegetable	26.1
Khichadi, Jaulo	19.4	Khichadi, Jaulo	19.1	Khichadi, Jaulo	17.9	Khichadi, Jaulo	10.2	Khichadi, Jaulo	16.9
Sarbottam Pitho	7.1	Dried Beans	7.1	Sarbottam Pitho	5.8	Dried Beans	4.9	Dried Beans	5.3
Dried Beans	5.9	Sarbottam Pitho	2.1	Dried Beans	4.6	Meat & Fish	3.6	Sarbottam Pitho	4.7
Meat & Fish	5.4	Khair	1.4	Meat & Fish	3.8	Sarbottam Pitho	2.3	Meat & Fish	3.7
Egg	3.4	Fruits	1.4	Fruits	2.7	Egg	2.3	Egg	2.4
Fruits	2.7	Meat & Fish	1.1	Egg	2.5	Khair	2.0	Fruits	2.1
Khair	0.2	Egg	0.7	Khair	0.6	Fruits	1.0	Khair	0.9

2. Dhanusa									
	%, number of respondents in the parentheses								
	(394)	Godhaghas	(314)	Sabaila	(472)	Tarapatti	(303)	Total	(1,483)
Godar									
Dal & Rice	92.6	Dal & Rice	95.2	Dal & Rice	93.6	Dal & Rice	87.1	Dal & Rice	92.4
Rice with Milk	50.3	Rice with Milk	32.2	Rice with Milk	62.7	Rice with Milk	44.6	Rice with Milk	49.2
Khichadi, Jaulo	39.3	Green Vegetable	16.9	Khichadi, Jaulo	23.1	Khichadi, Jaulo	25.7	Khichadi, Jaulo	26.2
Green Vegetable	17.8	Khichadi, Jaulo	14.6	Green Vegetable	16.1	Green Vegetable	12.5	Green Vegetable	16.0
Meat & Fish	13.5	Fruits	0.6	Khair	12.3	Fruits	2.3	Meat & Fish	7.1
Sarbottam Pitho	12.7	Khair	0.3	Meat & Fish	9.5	Meat & Fish	2.3	Khair	5.6
Fruits	10.2	Dried Beans	0.3	Fruits	5.5	Sarbottam Pitho	1.7	Sarbottam Pitha	5.3
Dried Beans	9.1	Meat & Fish	0.3	Sarbottam Pitho	5.1	Khair	1.7	Fruits	5.1
Egg	5.6	Sarbottam Pitho	—	Dried Beans	3.2	Dried Beans	0.3	Dried Beans	3.6
Khair	4.8	Egg	—	Egg	2.3	Egg	—	Egg	2.2

Table 4-6-2 Distribution of Respondents by Type of Additional Food Taken by Pregnant Women by Panchayats Covered by Each Health Post.

		1. Kavrepalanchok					2. Dhanusa				
		%, number of respondents in the parentheses					%, number of respondents in the parentheses				
		Bhumlutar (408)	Dapcha (283)	Khopasi (480)	Nala (350)	Total (1,476)	Godar (394)	Godhaghas (314)	Sabaila (472)	Tarapatti (303)	Total (1,483)
Protein		16.2	11.7	18.1	14.8	15.4	10.9	15.0	11.9	16.5	12.3
Ghee		9.8	8.1	9.4	13.4	8.9	7.6	7.0	6.6	7.3	7.8
Milk		9.1	7.4	8.3	8.5	7.7	6.3	6.1	4.0	5.0	4.9
Fruits		6.7	3.9	6.0	8.2	6.1	4.1	1.9	2.1	1.7	3.0
Beans		3.4	3.5	5.6	3.3	4.1	2.0	1.6	1.3	1.7	1.2
Green Vegetable		2.7	2.1	5.4	2.6	3.6	1.3	0.8	0.7	0.9	0.9
Egg		1.7	2.1	5.4	1.6	3.0	1.3	0.2	0.7	0.7	0.7
Others		15.2	15.9	16.7	8.9	15.4	3.0	15.3	10.6	14.2	10.3

Table 4-6-3 Distribution of Respondents by Type of Additional Food Taken by Breastfeeding Mother by Panchayats Covered by Each Health Post.

		% , number of respondents in the parentheses				
		Bhumlutar (408)	Dapcha (283)	Khopasi (480)	Nala (305)	Total (1,476)
Protein		20.3	16.3	21.3	Protein 24.9	20.8
Ghee		12.7	12.4	11.7	Milk 12.8	12.0
Milk		11.8	11.0	11.5	Ghee 12.1	11.9
Green Vegetable		5.6	7.8	Green Vegetable 6.0	Green Vegetable 3.6	5.8
Fruits		3.9	4.9	Fruits 6.0	Beans 3.0	4.4
Beans		2.9	3.9	Beans 5.8	Fruits 2.0	4.1
Egg		2.0	2.5	Egg 2.3	Egg 1.0	2.0
Others		20.6	29.0	Others 25.0	Others 29.8	25.5

		% , number of respondents in the parentheses				
		Godar (394)	Godhaghas (314)	Sabaila (472)	Tarapatti (303)	Total (1,483)
Milk		8.9	33.8	Milk 18.0	Milk 29.4	21.2
Protein		5.3	3.5	Green Vegetable 5.1	Protein 6.6	4.4
Green Vegetable		5.3	2.9	Protein 3.2	Beans 5.0	3.8
Fruits		2.3	2.5	Fruits 1.9	Fruits 3.6	2.5
Egg		1.0	2.2	Beans 1.5	Green Vegetable 2.3	2.3
Ghee		0.8	1.3	Egg 0.4	Egg 1.0	1.1
Beans		0.3	0.3	Ghee 0.4	Ghee 1.0	0.6
Others		12.4	Others 40.1	Others 20.3	Others 29.0	24.2

Chapter 5

SUMMARY

—Estimation of Final 11 Indicators—

CHAPTER 5 SUMMARY: ESTIMATION OF FINAL 11 INDICATORS

As explained in Chapter 1, we do not yet have sufficient statistical information concerning population, family planning, maternal and child health, medical service and public health in Nepal. The objective of this “Basic Survey on Population and Family Planning” is to collect the above-mentioned information with major emphasis on maternal and child health (MCH), thereby establishing basic indexes on 11 items to be used as collaborative data in preparing guidelines for the Family Planning and MCH Project. This Chapter computes indexes on the basis of the analyses made in the preceding Chapters.

(1) **Medical checkup rate of pregnant women:** It will provide vital information on maternal health to investigate whether pregnant women undergo medical checkups. First of all we calculated the medical checkup rate of pregnant women in both Kavrepalanchok and Dhanusa. In this calculation, the denominator is the female population with an experience of pregnancy and the numerator is the female population having had checkups during pregnancy.

$$\text{MCR} = \frac{\text{CP}}{\text{EP}} \times 100$$

MCR = Medical checkup rate of pregnant women

CP = Number of women who have had checkups during pregnancy

EP = Number of women with an experience of pregnancy

Medical checkup rate of pregnant women

Kavrepalanchok	Dhanusa
9.2%	7.1%

As shown in the above table, the rates in both districts were as low as or less than 10%, although the rate in Kavrepalanchok is slightly higher than that of Dhanusa. One of the attributing factors to the above result is the geographical advantage of the surveyed area of Kavrepalanchok which is located near the capital, Kathmandu, and therefore provides easier access to medical institutions.

(2) **Medical checkup rate of children:** In order to grasp the present situation of child health, it is important to find out what percentage of children under five years has received medical checkups at medical institutions when ill. The medical checkup rate is calculated using the

following formula. Where, medical institutions are limited to hospitals, health posts and FP clinics.

$$\text{MCRC} = \frac{\text{MIM}}{\text{NC}} \times 100$$

MCRC = Medical checkup rate of children

MIM = Number of mothers who took their ill children to medical institute

NC = Number of children 0 – 4 years

Medical checkup rate of children by diseases

Diseases	Kavrepalanchok	Dhanusa
Diarrhoea	12.0 %	3.8 %
Measles	1.4	0.2
Worms	6.8	1.5
Whooping cough	5.9	0.8
ARI	4.8	1.3
Diphtheria	0.6	0.1

As shown in the above computation, it was found that the checkup rate of children when they are ill is extremely low in both districts, although the rate of Kavrepalanchok attributed to the same reason as in the case of the checkup rate of pregnant women.

(3) Immunization rate of children: Immunization is an important means to prevent communicable diseases in and death of children. It is necessary for the promotion of child health to find out what percentage of children has been immunized. The immunization rate is calculated based on the following formula.

$$\text{IRC} = \frac{\text{CI}}{\text{NC}} \times 100$$

IRC = Immunization rate of children

CI = Number of children immunized

NC = Number of children 0 – 4 years

Immunization rate of children

(%)

	BCG	Measles	DPT			Polio		
			1st time	2nd time	3rd time	1st time	2nd time	3rd time
Kavrepalanchok	18.7	18.5	14.9	6.2	3.9	10.1	4.4	3.3
Dhanusa	44.6	30.6	10.3	11.6	23.0	11.3	9.9	20.7

As shown in the above table, almost all the rates in Dhanusa are higher than those of Kavrepalanchok. As for BCG and measles a great difference is observed between the two districts. Also we can gain extremely interesting information from the rates of immunization against DPT (triple vaccine of diphtheria, whooping cough and tetanus) and polio. In both cases there is little difference in the rates of first inoculation between the two districts. However, in Kavrepalanchok District the rate drops the second time and further lower to 3.9 and 3.3%, respectively, the third time. In Dhanusa, in contrast, the rates increase to 23.0 and 20.7%, respectively, the third time. It implies that the number of drop-outs increases as inoculation advances in the Kavrepalanchok whereas in Dhanusa most children continue the inoculation to the third time.

(4) Incidence of diseases and their causes: The present survey, which places major emphasis on child health, also covered information on incidence of major diseases of children under five years in the last 12 months. On the basis of collected data, the disease incidence of diseases was calculated based on the following formula.

$$IDC = \frac{D}{NC} \times 100$$

IDC = Incidence of diseases of children 0 – 4 years

D = Number of children 0 – 4 years who suffered from each diseases

NC = Number of children 0 – 4 years

Incidence of diseases

Diseases	Kavrepalanchok	Dhanusa
Diarrhoea	46.7 %	41.2 %
Measles	12.1	6.6
Worms	25.8	18.5
Whooping cough	21.6	12.6
ARI	25.5	28.6
Diphtheria	3.2	1.3

The above table first shows that more than 40% of the children in both districts suffered from diarrhoea in the last 12 months. Other noteworthy features found in the table are that (1) when arranging diseases by rate, they are almost in the same order for both districts, and (2) most rates are higher in Kavrepalanchok than in Dhanusa. Also particular attention should be given to the incidence of contagious diseases such as measles, whooping cough and diphtheria as well as that of diarrhoea. The Table shows that the incidence of contagious diseases computed higher in Kavrepalanchok than in Dhanusa. However, from a common sense standpoint it is presumed that contagious diseases are not spread as rapidly or widely in Kavrepalanchok which is located in the hills, where houses are scattered and it is more difficult to come and go, than in Dhanusa which presents a geographical contrast¹⁾. One of the contributing factors to the above result is considered to be the effect of the immunization rates in the respective districts (see the immunization rates above).

The same tendency is observed in the germination rate of diarrhoea. Most diseases are spread through polluted water and food²⁾, and this is especially true in the case of diarrhoea. However, as explained in Section 1 of Chapter 4, the major sources of water in Kavrepalanchok, which is located in the hills, are springs and fountains, which are not readily polluted compared to wells which are the major source of drinking water in Dhanusa. Then why is the germination rate of diarrhoea higher in Kavrepalanchok than in Dhanusa? While this question requires further careful examination, it could be that diarrhoea in Kavrepalanchok is caused mainly by hard spring water which contains minerals and is different from the bacterial diarrhoea in Dhanusa.

(5) **Mortality:** The basic mortality indexes including infant mortality rate, child mortality rate and crude death rate are calculated based on the following formulas. Among these three, infant mortality is most sensitively affected by such factors as public health standards, nutrition, and social and economic conditions and therefore is an important index to the health and welfare standard of the society. Since it has a great effect on the birth rate, it is also an important index in analyzing fertility³⁾.

$$\text{IMR} = \frac{\text{NDI}}{\text{NB}} \times 1,000$$

$$\text{CMR} = \frac{\text{NDC}}{\text{NC}} \times 1,000$$

$$\text{CDR} = \frac{\text{TND}}{\text{TP}} \times 1,000$$

- IMR = Infant mortality rate
- NDI = Number of infant deaths
- NB = Number of live births
- CMR = Child mortality rate
- NDC = Number of deaths of children 1 – 4 years
- NC = Number of children 1 – 4 years
- CDR = Crude death rate
- TND = Total number of deaths
- TP = Total population

The computed mortality of each index is given below.

Death rates		
	Kavrepalanchok	Dhanusa
Infant mortality rate	148.1	170.6
Child mortality rate	11.6	17.5
Crude death rate	13.7	13.9

As shown in the above computation, although the crude death rate seems rather low, of 13.7 and 13.9 per 1000 persons respectively in the two districts, these figures are considered reasonable judging from the estimation of 13.5% in the 1971–81 statistics of the Central Statistic Bureau and that of 11.9 in 1984 by New ERA. Infant mortality rate in Kavrepalanchok is 148.1. This estimate would also be acceptable if compared with the UN's estimate of infant mortality rate in Nepal, 153 in 1980–85. However the infant mortality rate in Dhanusa is computed at 170.6, which may sound slightly too high. One of the reasons considered for this computation is the temporary birth change. As already explained in Chapter 4-(3) concerning death (Table 4-4-1), the number of infant deaths is almost the same, whereas the birth level is lower in Dhanusa (see the birth rate given later). Therefore this naturally produces a higher mortality rate. The index of infant mortality rate tends to be sensitively affected by births. However, if the birth level of Dhanusa is not a passing phenomenon, the mortality rate in Dhanusa proves high. This issue requires closer examination by a time-series analysis and deserves careful consideration in the future. Also the issue of infant mortality rate poses an important problem in relation to birth rate. This will be discussed later in more detail in a section on birth rate.

(6) **Causes of infant deaths:** This is a highly interesting theme. However, as stated in Chapter 4-4), most of the answers to the question about death causes were “other diseases’ and “other scientific reasons,” and while we obtained a sufficient number of samples with regard to the total number of deaths, the number of samples of infant and child deaths was too small to classify the causes of death. Accordingly, we could not clarify the causes of suckling deaths.

(7) **Prevalence rate of contraceptive methods:** The data on contraceptive methods unfortunately had a false setting. As is commonly know, the sterilization is a permanent contraceptive measure. The effect of sterilization once performed continues. Therefore these who answer “Have you been sterilized?” must automatically mark “sterilization’ as a method currently used. However, in the course of computer processing, it was discovered that some samples were not done in this way. Then, the number of persons who currently practice birth control by sterilization turned out to be smaller than the number of persons who had been sterilized. Therefore in this analysis, to estimate the prevalence rate of information on contraceptive methods, we used the number of persons who had been sterilized as a variable to replace the number of persons who practice birth control by sterilization at the time the survey was conducted. The rate is calculated based on the following formula.

$$CPR = \frac{PPC}{NWS} \times 100$$

CPR = Current prevalence rate of contraceptive methods

PPC = Number of persons who are currently practicing birth control

NWS = Number of women surveyed

Prevalence rate of contraceptive methods

Current prevalence rate	Kavrepalanchok	Dhanusa
Prevalence rate (total of all methods)	18.7 %	20.5 %
Male sterilization	9.9	2.5
Female sterilization	6.5	17.4
Pill	0.1	0.2
Condom	0.2	0.3
IUD	0.1	—
Injectable	0.9	0.1
Other method	0.9	—

As shown in the above table, the prevalence rate of information on contraceptive methods is approximately 20% in both districts. This figure is considered reasonable when compared with the findings of surveys undertaken thus far⁶⁾. However, because we have to expect duplication of answers in the present questionnaire as explained in Chapter 4-3, the figure given in the above table might have been slightly higher than the real value. The major contraceptive method, common to the two districts, is sterilization; however Kavrepalanchok is characterized by male sterilization whereas Dhanusa is by female sterilization. Traditional methods were found to be rarely used.

(8) **Birth rate:** The birth rate generally implies three indexes. Namely, crude birth rate, total fertility rate and total marital fertility rate. The respective rates are calculated based on the following formulas.

$$\text{CBR} = \frac{\text{TB}}{\text{TP}} \times 1,000$$

$$\text{TFR} = \sum \frac{\text{NBMA}}{\text{FPA}}$$

$$\text{TMFR} = \sum \frac{\text{NBMA}}{\text{LFP}}$$

CBR = Crude birth rate

TB = Total number of births

TP = Total population

TFP = Total fertility rate

NBMA = Number of births by mother's age

FPA = Female population by age

TMFR = Total marital fertility rate

LFP = Married female population by age

The crude birth rate is the most general index and indicates births per 1000 population. The total fertility rate represents the number of children a woman gives birth to between 15 and 49 years of age (reproductive period). The total marital fertility rate indicates the number of children a married woman gives birth to from 15 to 49 years of age. In a case such as Nepal where most women get married, the total marital fertility rate would be the most effective index among the three. The respective indexes were estimated as below.

Birth rates

	Kavrepalanchok	Dhanusa
Crude birth rate	31.97	27.53
Total fertility rate	4.62	3.89
Total marital fertility rate	6.40	4.95

As seen in the above table, every index proves the birth level is higher in Kavrepalanchok than in Dhanusa. What should be noted here is the relationship between the infant mortality rate and the birth rate. As mentioned several times in Chapter 1 and other places, it is known that a decrease in the infant mortality rate contributes to a decrease in the birth rate. However when comparing infant mortality rates and birth rates given in the above tables, it is found that in Kavrepalanchok the birth rate is higher while the death rate is lower and in Dhanusa the birth rate is lower while the death rate is higher. To determine the contributing factors to this trend, it is necessary to collect more information and to make a careful analysis. As for the reliability of the computed birth rates, they are considered fairly proper judging from the data that Nepal's legitimate birth rate in 1986 was 5.62⁷⁾.

(9) **Food habits:** One of the most important aspects in learning about maternal health is knowing what foods are eaten by pregnant women and breastfeeding mothers. In this context, we calculated the ratio of those who answered that they give mothers the food listed in the following table to the total number of women surveyed. It was found, as seen in the table, that every food item, other than milk, shows a higher ratio in Kavrepalanchok than in Dhanusa. Also noticed here is the difference in eating habits between the two districts.

Food for pregnant women

Item	Kavrepalanchok	Dhanusa
Animal Protein	16.4 %	8.0 %
Fruits	8.2	5.0
Green Vegetables	3.8	3.1
Beans	4.4	0.7
Eggs	3.2	1.0
Milk	9.5	12.7
Ghee	6.5	1.3
Others	16.5	10.7

Food for breastfeeding mothers

Item	Kavrepalanchok	Dhanusa
Animal Protein	22.2 %	4.5 %
Fruits	4.7	2.6
Green Vegetables	6.1	3.9
Beans	4.3	2.4
Eggs	2.1	1.1
Milk	12.8	22.0
Ghee	12.7	0.6
Others	27.3	25.1

(10) **Nutritional status of children:** In considering child health, nutrition is an important factor, in addition to immunization, medical institutions, and diseases. For, when an undernourished child catches a contagious disease, it is often fatal⁸⁾. This survey estimated the nutritional status of children six months old to five years under three conditions, namely, “malnourished,” “slightly undernourished,” and “well nourished” by using the arm circumference tape. Based on this estimation, the nutritional status of children in Kavrepalanchok and the Dhanusa is indexed based on the following formula.

$$NS = \frac{NEC}{NC} \times 100$$

NS = Distribution ratio of nutritional states of children

NEC = Number of children in each nutritional condition

NC = Number of children of 0 – 4 years

Ratio of nutritional status of children

(Kavrepalanchok District)

Nutritional Status	Malnutrition	Slightly undernourished	Well nourished
Percentage	9.8 %	27.2 %	45.8 %

(Dhanusa District)

Nutritional Status	Malnutrition	Slightly undernourished	Well nourished
Percentage	14.4 %	26.3 %	35.3 %

As the above estimate shows, about 10% or more of the total infant population suffer from malnutrition in both districts. When adding slightly undernourished children to the above, the percentage reaches about 40%. In other words, almost half of the total infant population suffer from imperfect nourishment. If converting the above estimate to ratio by birth order, we get more interesting information. (Given in the following table)

Ratio of nutritional status of children by birth order

(Kavrepalanchok District)

	Malnutrition	Slightly undernourished	Well nourished
Last Child	13.6 %	33.2 %	53.2 %
Last but one Child	6.8	32.0	61.3
Last but two Child	8.3	29.2	62.5

(Dhanusa District)

	Malnutrition	Slightly undernourished	Well nourished
Last Child	21.7 %	35.9 %	42.4 %
Last but one Child	6.8	29.3	63.9
Last but two Child	23.1	38.5	38.5

The percentage of children suffering from malnutrition in Kavrepalanchok is as low as 8.3% in the case of the last but two child, but increases to 13.6% in the case of the last child. The same trend is also observed in regard to slightly undernourished children. However, as for normal children, the percentage decreases from 62.5% in the case of the last but two child to 61.3% in the case of the last but one child and then to 53.2% in the case of the last child. In other words, as the number of children increases in a family, the percentage of undernourished children

increase. This is in agreement with some knowledge from a demographic study. For the more children there are in a family, the less food is distributed to each child and the less care given to each by parents. Under such circumstances the youngest and weakest child is placed in the most unfavorable situation. In Dhanusa, however, such a trend is not so clearly observed. Further study should be made to analyze the factors creating such regional differences. In this survey the analysis was made irrespective of the sex of children, but if taking sex into consideration, the results might be different. This question also requires careful analysis in the future.

(11) **Other indexes:** Oral Rehydration Therapy (ORT): As already explained in the section on disease, the incidence of diarrhoea is considerably high in Nepal and it might be said that major cause of infant deaths in diarrhoea. Strictly speaking, ORT is not a remedy for diarrhoea, but it is an effective symptomatic treatment. To find ways to eliminate the diarrhoea problem, it is important to know what percentage of women surveyed in Kavrepalanchok and Dhanusa has information about ORT. The present survey found what percentage of the women had heard of “Jeevan Jal,” that is, ORT.

$$PJJ = \frac{NWJJ}{NWI} \times 100$$

PJJ = Percentage of women who have heard of “Jeevan Jal”

NWJJ = Number of women who have heard of “Jeevan Jal”

NWI = Number of women surveyed

Percentage of women who have heard of ORT

Kavrepalanchok	Dhanusa
70.5 %	61.9 %

As seen in the above table, Kavrepalanchok shows a higher level. This result is considered to be related to sources of information discussed in paragraph 5 of Chapter 4. Radio is the source of information about ORT in Kavrepalanchok, whereas health workers are the source in Dhanusa. This proves the effectiveness of education via radio.

Note)

- 1) USAID & HMG, *NEPAL NUTRITION STATES SURVEY*, Kathmandu, 1975, p. 33.
- 2) Kenneth Lee and Ann Mills ed., *The Economics of Health in Developing Countries*, Oxford, Oxford University Press. 1983, p. 9.
- 3) Tomomi Otsuka, "On the Child Survival Hypothesis," *Keizai-Shushi*, Vol. 55, No. 3, 1985, pp. 67-73.
- 4) Bakta B. Gubhaju, *Mortality*, mimeo, p. 6.
- 5) United Nations, *World Population Prospects*, New York, 1986, p. 136.
- 6) New ERA, *Fertility and Mortality Rates in Nepal*, Kathmandu, 1984, pp. 70-79.
- 7) Ministry of Health, *FINDINGS FROM NEPAL FERTILITY AND FAMILY PLANNING SURVEY*, Ministry of Health, Kathmandu, p. 6.
- 8) Kenneth Lee and Ann Mills ed., *The Economics of Health in Developing Countries*, Oxford, Oxford University Press. 1983, p. 9.

SURVEY SCHEDULE,
LIST OF SURVEY TEAM MEMBERS,
AND SURVEY STAFF

**SURVEY SCHEDULE, LIST OF SURVEY TEAM MEMBERS,
AND SURVEY STAFF**

1. TIME SCHEDULE

August 25, 1986	Presentation of Survey Design
September 1–30	Questionnaire Design for Pre-test
October 22	Printing of Questionnaire Sheets for Pre-test (150 copies)
October 23	Agreement of Scope of Work between NFP/MCH project and JICA
October 26–31	Training for Supervisors and Editors
November 5–6	Pre-test combined with Field Practice for Supervisors and Editors
November 5–16	Recruitment of Interviewers in Kavrepalanchok
November 19	Interview to Applicants of Interviewer
November 7–10	Correction and Finalization of Questionnaire
November 10	Finalization of Survey Design
November 11–25	Printing of Questionnaire Sheets (5,000 copies)
November 12–21	Recruitment of Interviewers in Dhanusa
November 23	Interview to Applicants of Interviewer
November 20–21	Lectures on Methodology of Survey, Sampling and so on to Supervisors and Editors
November 24	Training for Interviewers in Kavrepalanchok
– December 6	
December 1–2	Field Practice
November 25	Training for Interviewers in Dhanusa
– December 6	
December 1–2	Field Practice
December 3	JICA Survey Team Arriving at Nepal
December 7, 1986	Field Survey in Kavrepalanchok
– January 14, 1987	
December 7, 1986	Field Survey in Dhanusa
– January 9, 1987	
December 17–26	Preparation of Code Book

December 25–26	Preparation of Coding Sheet
December 26–30	Printing for Coding Sheets
December 28	Training of Editors and Coders
January 1, 1987	Instruction to Editors and Coders
January 2–22	Coding and Office Editing
January 16–23	Coding Check
January 25	JICA Survey Team Leaving Nepal
February 1–28	Data Input to the Computer
March 1–31	Programming and Data Analysis
April 1 – May 10	Discussion of Results of Data Analysis and Draft Report Writing (English and Japanese)
April 7–21	M. Mool, NFP/MCH Project, Visiting Japan for Discussion of Results of Data Analysis
May 17–19	Dr. Tohru Sagara Visiting Nepal for Explanation and Discussion of Draft Report
May 21–27	Final Report Writing
May 28 – June 13	Printing of Final Report

2. SURVEY TEAM MEMBER

Name and Title	Assignment	Period of Field Survey
Tohru SAGARA, Expert Adviser, Asian Population and Development Association Associate Professor, Dept. of Hygienics & Dental Public Health, Nihon University	Supervision/ Demography/	From Dec. 2 to 26, 1986
	Hygienics and Public Health	From May 16 to 21, 1987
Yuiko NISHIKAWA Research Staff, Asian Population and Development Association	Demography/ Socio-Economics	From Dec. 2, 1986 To Jan. 26, 1987
Tomomi OHTSUKA Expert Adviser, Asian Population and Development Association Assistant, College of Economics, Nihon University	Demography/ Family Planning/	From Dec. 2, 1986 To Jan. 26, 1987
	Maternal and Child Health	

The Japan International Cooperation Agency (JICA) and NFP/MCH Project made an agreement on the Scope of Work for the complementary study. In accordance with the S/W, JICA entrusted this survey for the Asian Population and Development Association (APDA). JICA Organized the Japanese survey team as listed above, and carried out the survey and prepared this report in cooperation with NFP/MCH Project. This survey was administrated by a following staff member.

Name and Title	Assignment	Period of Field Survey
Hiroshi NIINO Medical Cooperation Department, Japan International Cooperation Agency	Administration of Field Survey	From Dec. 2 to 11, 1986

Following three experts who have been dispatched by Japan International Cooperation Agency cooperated in this survey.

Name	Title
Nobuyoshi WATAHIKI	Acting Team Leader, Public Health Expert
Teruko UI	Maternal and Child Health Expert
Akira NARUSE	Coordination Expert

3. STAFF LIST

(1) FP/MCH Project

Project chief	Dr. Tara B. Khatri
Deputy chief	Dr. Sham P. Bhattarai
	Dr. Madhav Joshi
	Dr. Pramila Sharma

Research, Planning, Evaluation Division

Acting chief	Mr. Gokarna Regmi
staff	Dr. Bhakta B. Gubhaju
staff	Mr. Muniswor Mool
staff	Mr. Tek B. Dangi
staff	Mr. Vinaya R. Dhakhwa

Service Division

Mr. Jiv K. Shrestha
Mr. Hari P. Koirala
Mr. Shyam K. Shrestha

(2) Kavrepalanchok District

FPO	Mr. Mohon K. Joshi
-----	--------------------

(3) Dhanusa District

FPO	Mr. Jagatananda P. Singh
-----	--------------------------

Kavrepalanchok District

Supervisor:

	Post
1. Mr. Mohan Bhattarai	Health Educator
2. Mr. Badri Narshing K.C.	F.P.O.
3. Mr. Nabin Pyakuryal	IEC Officer

Editor:

1. Miss Bimala Manandhar
2. Mrs. Sabari Badan Malla
3. Mr. Deepak Raj Giri

Interviewer/Coder
Research Assistant
Research Assistant

Interviewer:

Name

Female

1. Nagina Kokh Shrestha
2. Sakuntala Shrestha
3. Rasmi Devi Kayastha
4. Indra Kumari Khatri
5. Batu Devi Adhikari
6. Saraswati Tripathi
7. Omhari Awa
8. Biku Maya Shakya
9. Krishna Maya Toujali
10. Ramila Katila
11. Dev Laxmi Shayaula
12. Reeta Bade
13. Jyotsna Khadka
14. Jwala Khadka
15. Kalpana Sipkhan

Male

16. Suresh Khatri
17. Jaddu Nath Kapali
18. Sunil Malla
19. Hemanta Bahadur Pal
20. Torna Bahadur Lawati
21. Badri Prashad Sharma
22. Amar Bahadur Sharma
23. Fanindra Bahadur Chhetri
24. Prem Bahadur Khadka

Dhanusa District

Supervisor:		Post
	1. Mrs. Indu Devkota	Section Officer
	2. Mr. Sudarsan R. Gautam	Section Officer
Editor:	1. Mr. Durga B. Supedi	Interviewer/Coder
	2. Mr. Suman K. Sharma	Interviewer/Coder
Interviewer:	Name	
Female	1. Miss Binita Kumari Pokhrel	
	2. Mrs. Iswori Bajracharya	
	3. Mrs. Tank Kumari Basnet	
	4. Miss Bhes Kumary Adhikari	
Male	5. Mr. Devi Kant Misra	
	6. Mr. Siweswor Mandal	
	7. Mr. Sudhir Kumar Sharma	
	8. Mr. Jiwachha Raya	
	9. Mr. Achyut Raj Paudyal	
	10. Mr. Dhaneswor Yadab	
	11. Mr. Narendra Kumar Upadhyaya	
	12. Mr. Sushil Kumar Upadhyaya	
	13. Mr. Amar Bhadur Nyaupane	
	14. Mr. Manoj Kumar Datta	
	15. Mr. Lila Kant Jha	
	16. Mr. Ram Kumar Mahatha Sudi	

4. TRAINING SCHEDULE FOR SUPERVISORS/EDITORS

DATE	TOPICS	SPEAKER
Day 1		
10:30 – 11:00	Registration,	
11:00 – 11:30	Overview of FP/MCH, JICA Project,	Mr. Watahiki
11:30 – 12:00	Objective of Survey and Programme Introduction,	Mr. Regmi
12:00 – 01:00	General Introduction of Questionnaire, & Technique of Interview,	Mr. Dangi, Mool Dhakhwa & Dr. Gubhaju
01:00 – 01:30	Familiarization of Questionnaire Sec. 1. H.H. Questionnaire,	Mr. Dhakhwa
Day 2		
11:00 – 12:00	Sampling and Field Editing	Mr. Dhakhwa
12:00 – 01:00	Sec. 2. Socio-Economic Characteristic of the family, Sec. 3. Background Information of Respondent,	Mr. Mool Mr. Dangi & Mr. Mool
01:00 – 02:00	Tea Break,	
02:00 – 04:30	Sec. 4. Fertility, Sec. 5. Antenatal/Postnatal Care Sec. 6. Family Planning	Dr. Gubhaju Mr. Dhakhwa Mr. Mool
Day 3		
11:00 – 11:30	Sec. 7. Oral Rehydration Therapy,	Mr. Dangi
11:30 – 12:00	Sec. 8. Immunization,	Mr. Dangi & Mr. Mool
12:00 – 01:00	Sec. 9. Breast Feeding	Mr. Regmi
01:00 – 01:30	Tea Break,	
01:30 – 02:30	Sec. 10. Nutrition and Feeding Habit,	Dr. Gubhaju
02:30 – 04:30	Sec. 11. Mortality and Causes of Illness,	Mr. Dangi & Mr. Regmi
Day 4		
11:00 – 01:00	Questionnaire Practice,	All
01:00 – 01:30	Tea Break,	
01:30 – 02:00	Role/Responsibility of Supervisors	Mr. Regmi
02:00 – 04:30	Questionnaire Practice/Role Play,	All
Day 5		
	Field Practice.	

5. TRAINING SCHEDULE FOR INTERVIEWERS

Date/Time	Topics
Day 1	
10:30 – 11:00	Registration
11:00 – 12:00	Overview of FP/MCH, JICA Project
12:00 – 01:00	Objective of Survey and Programme Introduction
01:00 – 01:30	Tea Break
01:30 – 04:00	Introduction to Family Planning Methods
Day 2	
10:30 – 01:00	Introduction to Childhood Disease and Their Prevention (Immunization) and Treatment (Oral Rehydration Therapy and Sarbottam Pitho)
01:00 – 01:30	Tea Break
01:30 – 04:00	General Introduction of Questionnaire and Technique of Interview
Day 3	
10:30 – 01:00	Familiarization of Questionnaire Sections 1 – 3.
01:00 – 01:30	Tea Break
01:30 – 04:00	Sections 4 – 6.
Day 4	
10:30 – 01:00	Sections 7 – 9.
01:00 – 01:30	Tea Break
01:30 – 04:00	Sections 10 – 11.
Day 5	
10:30 – 01:00	Questionnaire Practice (in Group)
01:00 – 01:30	Tea Break
01:00 – 04:00	Role Play (in Group)
Day 6	
10:30 – 01:00	Questionnaire Practice (in Group)
01:00 – 01:30	Tea Break
01:30 – 04:00	Questionnaire Practice (in Group)

Day 7	
10:30 – 04:00	Field Practice
Day 8	
10:30 – 04:00	Field Practice
Day 9	
10:30 – 01:00	Group Discussion on Field Practice
01:00 – 01:30	Tea Break
01:30 – 04:00	General Discussion and Review
Day 10	
10:30 – 01:00	Final Review (in Group)
01:00 – 01:30	Tea Break
01:30 – 04:00	Preparation for Field Work

6. SCHEDULE OF FIELD WORK

(1) Kavrepalanchok

No. Panchayat	Date		Team	Supervisor's Name
	From	To		
1. Bhumlutar	7 Dec. 1986	18 Dec. 1986	B	Mr. Nabin P.
2. Goathpani Chour	7 Dec. 1986	16 Dec. 1986	A	Mr. Badri N. K.C.
3. Sallye Mulabari	7 Dec. 1986	15 Dec. 1986	C	Mr. Mohah Bhattarai
4. Balthali	19 Dec. 1986	28 Dec. 1986	A	Mr. Badri N. K.C.
5. Chalal Ganesthan	16 Dec. 1986	29 Dec. 1986	B	Mr. Nabin P.
6. Sunthan Sarada	17 Dec. 1986	1 Jan. 1987	C	Mr. Mohan Bhattarai
7. Dapcha Chatrebanjh	29 Dec. 1986	6 Jan. 1987	A	Mr. Badri N. K.C.
8. Khanalthok	30 Dec. 1986	7 Jan. 1987	B	Mr. Nabin P.
9. Nayagaun Deupur	2 Jan. 1987	9 Jan. 1987	C	Mr. Mohan Bhattarai
10. Ugrachandi Nala	7 Jan. 1987	14 Jan. 1987	A+B+C	

(2) Dhanusa

No. Panchayat	Date		Team	Supervisor's Name
	From	To		
1. Mithileswor Mahubhi	7 Dec. 1986	14 Dec. 1986	A	Mrs. Indu Devkota
2. Sabaila	7 Dec. 1986	12 Dec. 1986	B	Mr. S. R. Gautam
3. Kajura Ramol	15 Dec. 1986	18 Dec. 1986	A	Mrs. Indu Devkota
4. Balabakhar	13 Dec. 1986	19 Dec. 1986	B	Mr. S. R. Gautam
5. Bhutahi Paterba	19 Dec. 1986	25 Dec. 1986	A	Mrs. Indu Devkota
6. Raghunathpur	20 Dec. 1986	24 Dec. 1986	B	Mr. S. R. Gautam
7. Devapura Rupaitha	26 Dec. 1986	1 Jan. 1987	A	Mrs. Indu Devkota
8. Bharatpur	25 Dec. 1986	1 Jan. 1987	B	Mr. S. R. Gautam
9. Lohana	2 Jan. 1987	9 Jan. 1987	A	Mrs. Indu Devkota
10. Uma Prempur	2 Jan. 1987	9 Jan. 1987	B	Mr. S. R. Gautam

APPENDICES

tables

Questionnaires

Table 1 : Population Distribution by Age, Sex and Marital Status

DISTRICT : KAVREPALANCHOK

AGE	M A L E									F E M A L E									T O T A L											
	EVER MARRIED?			CURRENT MARITAL STATUS						H	EVER MARRIED?			CURRENT MARITAL STATUS						H	EVER MARRIED?			CURRENT MARITAL STATUS						H
	TOTAL	A	B	C	D	E	F	G	TOTAL		A	B	C	D	E	F	G	TOTAL	A		B	C	D	E	F	G	H			
0	151	128	-	23	151	-	-	-	-	146	110	1	35	145	1	-	-	-	237	238	1	58	296	1	-	-	-			
1 - 4	533	383	1	149	531	-	2	-	-	483	350	1	148	496	1	2	-	-	1,032	733	2	297	1,027	1	4	-	-			
5 - 9	617	423	1	193	613	1	3	-	-	638	422	-	216	635	-	3	-	-	1,255	845	1	409	1,248	1	6	-	-			
10 - 14	605	19	12	574	555	10	40	-	-	576	6	13	557	525	12	39	-	-	1,181	25	25	1,131	1,080	22	79	-	-			
15 - 19	408	-	61	347	322	61	25	-	-	473	3	182	308	294	161	15	2	1	881	3	223	655	616	222	40	2	1			
20 - 24	320	4	193	123	122	189	7	-	2	401	4	341	56	57	339	3	-	2	721	8	554	179	179	528	10	-	4			
25 - 29	250	1	212	37	37	205	7	-	1	317	3	303	11	12	239	-	4	2	567	4	515	48	40	504	7	4	3			
30 - 34	217	1	203	13	12	201	2	-	2	261	4	248	9	8	237	-	9	7	478	5	451	22	20	438	2	9	9			
35 - 39	201	3	193	5	6	189	3	-	3	237	6	228	3	4	211	-	17	5	438	9	421	8	10	400	3	17	8			
40 - 44	225	2	217	6	7	214	3	-	1	227	8	208	11	8	188	1	29	1	452	10	425	17	15	402	4	29	2			
45 - 49	162	1	159	2	1	153	7	-	1	135	5	128	2	2	99	2	28	4	297	6	287	4	3	252	9	28	5			
50 - 54	170	3	165	2	3	148	17	-	2	227	9	212	6	3	170	1	50	3	397	12	377	8	6	318	18	50	5			
55 - 59	127	2	121	4	4	110	13	-	-	104	4	97	3	2	57	1	39	5	231	6	218	7	6	167	14	39	5			
60 - 64	90	-	89	1	1	79	9	1	-	135	6	125	4	3	75	-	56	1	225	6	214	5	4	154	9	57	1			
65 +	188	6	180	2	1	126	55	5	1	169	11	156	2	5	55	3	105	1	357	17	336	4	6	181	58	110	2			
UNKNOWN	6	1	3	2	1	2	2	-	1	5	1	4	-	1	-	-	4	-	11	2	7	2	2	2	2	4	1			
TOTAL	4,270	977	1,810	1,483	2,367	1,688	195	6	14	4,550	952	2,227	1,371	2,200	1,905	70	343	32	8,820	1,929	4,037	2,854	4,367	3,593	265	349	45			

DISTRICT : DHANUSA

AGE	M A L E									F E M A L E									T O T A L											
	EVER MARRIED?			CURRENT MARITAL STATUS						H	EVER MARRIED?			CURRENT MARITAL STATUS						H	EVER MARRIED?			CURRENT MARITAL STATUS						H
	TOTAL	A	B	C	D	E	F	G	TOTAL		A	B	C	D	E	F	G	TOTAL	A		B	C	D	E	F	G	H			
0	120	114	-	6	120	-	-	-	-	132	122	-	10	129	-	3	-	-	252	236	-	16	249	-	3	-	-			
1 - 4	521	462	-	59	515	-	6	-	-	506	446	-	60	497	-	9	-	-	1,027	908	-	119	1,012	-	15	-	-			
5 - 9	689	583	1	105	674	1	14	-	-	606	534	6	66	595	6	5	-	-	1,235	1,117	7	171	1,289	7	19	-	-			
10 - 14	513	19	13	481	446	11	56	-	-	414	9	36	349	307	56	51	-	-	927	28	69	830	753	67	107	-	-			
15 - 19	304	3	76	225	202	75	27	-	-	259	2	195	62	49	194	15	-	1	563	5	271	287	251	269	42	-	1			
20 - 24	275	1	198	76	71	195	7	1	1	574	1	365	8	8	366	-	-	-	649	2	593	84	79	561	7	1	1			
25 - 29	378	-	343	35	27	332	15	-	4	356	-	351	5	5	346	-	3	2	734	-	634	40	32	678	15	3	6			
30 - 34	290	-	283	7	4	277	6	1	2	320	-	319	1	1	311	1	6	1	610	-	602	8	5	588	7	7	3			
35 - 39	327	-	322	5	3	318	4	2	-	223	-	223	-	1	208	-	14	-	550	-	545	5	4	526	4	16	-			
40 - 44	186	-	185	1	1	176	8	1	-	177	1	176	-	-	163	-	12	2	363	1	361	1	1	339	8	13	2			
45 - 49	167	2	165	-	2	156	8	1	-	128	2	126	-	-	101	-	26	1	295	4	291	-	2	257	8	27	1			
50 - 54	147	-	147	-	-	135	9	2	1	232	2	229	1	2	183	1	45	1	379	2	376	1	2	318	10	47	2			
55 - 59	139	-	138	1	1	128	8	2	-	132	1	129	2	-	96	2	34	-	271	1	267	3	1	224	10	36	-			
60 - 64	153	-	152	1	-	134	14	4	1	118	4	113	1	1	43	2	66	-	271	4	265	2	1	183	16	70	1			
65 +	130	1	128	1	-	110	20	-	-	105	2	101	2	1	26	1	77	-	235	9	229	3	1	136	21	77	-			
UNKNOWN	4	1	2	1	2	1	1	-	-	2	-	2	-	-	2	-	-	-	6	1	4	1	2	3	1	-	-			
TOTAL	4,343	1,186	2,153	1,004	2,068	2,049	203	14	9	4,084	1,128	2,591	567	1,596	2,107	90	283	6	8,427	2,312	4,544	1,571	3,654	4,156	293	297	17			

A ; Inapplicable, B ; Married, C ; Unmarried, D ; Inapplicable, E ; Currently Married, F : Widower, G : Widow, H : Divorce/Separated

Table 2: Distribution by Type of Family and Number of Persons in the Family

DISTRICT : KAVREPALANCHOK

FAMILY SIZE	FAMILY TYPE				TOTAL
	NUCLEAR	STEM	JOINT	UNKNOWN	
1	60	1	-	1	62
2	106	14	2	1	123
3	112	21	8	2	143
4	151	41	11	1	204
5	164	66	25	1	256
6	127	78	32	-	237
7	90	56	31	-	177
8	44	60	34	-	138
9	18	30	24	-	72
10	7	23	22	-	52
11	1	7	16	-	24
12	1	4	15	-	20
13	-	2	9	-	11
14	1	3	5	-	9
15	-	-	2	-	2
16	1	-	3	-	4
17	-	1	3	-	4
18	-	-	-	-	-
19	-	-	1	-	1
20	-	-	-	-	-
21	-	-	1	-	1
22	-	-	1	-	1
23	-	-	1	-	1
24	-	-	1	-	1
25	-	-	-	-	-
26	-	-	1	-	1
27	-	-	-	-	-
28	-	-	-	-	-
29	-	-	-	-	-
30	-	-	-	-	-
UNKNOWN	-	-	-	49	49
TOTAL	883	407	248	55	1,593

DISTRICT : DHANUSA

FAMILY SIZE	FAMILY TYPE				TOTAL
	NUCLEAR	STEM	JOINT	UNKNOWN	
1	35	-	-	4	39
2	115	7	2	2	126
3	190	29	2	-	221
4	168	75	11	-	254
5	175	85	23	-	283
6	131	102	16	-	249
7	49	80	35	1	165
8	15	38	35	-	88
9	7	28	26	-	61
10	1	17	18	-	36
11	-	7	17	-	24
12	-	5	8	-	13
13	-	1	4	-	5
14	-	2	4	-	6
15	-	-	5	-	5
16	-	-	-	-	-
17	-	-	3	-	3
18	-	-	1	-	1
19	-	-	1	-	1
20	-	-	-	-	-
21	-	-	-	-	-
22	-	1	-	-	1
23	-	-	1	-	1
24	-	-	-	-	-
25	-	-	-	-	-
26	-	-	1	-	1
27	-	-	-	-	-
28	-	-	-	-	-
29	-	-	-	-	-
30	-	-	-	-	-
UNKNOWN	-	-	-	31	31
TOTAL	886	477	213	38	1,614

Table 3 : Distribution of Head of the Household by Educational Attainment and Occupation

DISTRICT : KAVREPALANCHOK										DISTRICT : DHANUSA											
EDUCATION OF H.H.	TOTAL	OCCUPATION								H	EDUCATION OF H.H.	TOTAL	OCCUPATION								H
		A	B	C	D	E	F	G	A				B	C	D	E	F	G			
INAPPLICABLE	693	24	566	38	10	8	31	8	8		INAPPLICABLE	1,116	24	468	565	6	34	7	5	7	
ONE YEAR	570	14	405	29	68	26	7	18	3		ONE YEAR	257	2	161	42	10	32	2	5	3	
TWO YEARS	16	-	12	2	1	1	-	-	-		TWO YEARS	12	-	8	3	-	1	-	-	-	
THREE YEARS	28	-	21	1	2	4	-	-	-		THREE YEARS	15	-	8	4	-	3	-	-	-	
FOUR YEARS	30	-	20	2	5	2	1	-	-		FOUR YEARS	18	-	14	1	1	2	-	-	-	
FIVE YEARS	31	-	18	1	8	3	-	1	-		FIVE YEARS	17	-	10	5	1	1	-	-	-	
SIX YEARS	20	-	13	1	1	3	-	1	1		SIX YEARS	17	-	8	3	2	3	-	-	1	
SEVEN YEARS	28	-	20	1	5	2	-	-	-		SEVEN YEARS	28	-	20	2	4	1	-	1	-	
EIGHT YEARS	26	-	16	-	2	8	-	-	-		EIGHT YEARS	14	1	7	2	2	2	-	-	-	
NINE YEARS	8	-	6	-	1	1	-	-	-		NINE YEARS	9	-	8	-	1	-	-	-	-	
TEN YEARS OR S.L.C	65	1	19	-	38	6	1	-	-		TEN YEARS OR S.L.C	56	1	27	2	17	7	1	1	-	
I.A.	16	-	1	-	14	1	-	-	-		I.A.	13	-	6	-	5	1	-	-	1	
B.A.	7	-	-	-	7	-	-	-	-		B.A.	5	-	2	-	3	-	-	-	-	
M.A.	-	-	-	-	-	-	-	-	-		M.A.	1	-	-	-	1	-	-	-	-	
NOT STATED	55	-	5	1	-	-	-	-	49		NOT STATED	36	-	1	1	-	-	-	-	34	
TOTAL	1,593	39	1,122	76	162	65	40	28	61		TOTAL	1,614	28	748	630	53	87	10	12	46	

A : No Job, B : Agriculture, C : Labour, D : Service, E : Business, F : House Work, G : Others
H : Not Stated

Table 4 : Distribution of Household by Possession of Land, Source of Drinking Water and Availability of Latrine

DISTRICT : KAVREPALANCHOK

ROPANIES	TOTAL	WATER									LATRINE		
		A	B	C	D	E	F	G	H	I	J	K	L
0	34	13	-	16	-	-	1	-	-	4	5	24	5
1 ~ 4	486	156	37	185	1	3	77	2	25	-	80	406	-
5 ~ 9	366	140	29	143	-	-	42	-	12	-	74	290	2
10 ~ 14	230	74	14	102	-	-	36	1	2	1	60	170	-
15 ~ 19	153	60	15	49	-	-	26	1	2	-	26	127	-
20 ~ 24	87	32	7	36	-	-	11	1	-	-	20	67	-
25 ~ 29	53	12	5	24	-	-	9	1	2	-	17	36	-
30 ~ 34	37	10	1	16	-	-	9	-	1	-	13	24	-
35 ~ 39	15	4	-	7	-	1	1	-	2	-	2	13	-
40 ~ 44	29	12	-	13	-	1	2	-	1	-	8	21	-
45 ~ 49	6	-	-	4	-	-	2	-	-	-	-	6	-
50 ~ 54	15	6	1	5	-	-	3	-	-	-	3	12	-
55 ~ 59	1	1	-	-	-	-	-	-	-	-	-	1	-
60 ~ 64	7	4	-	1	-	-	2	-	-	-	-	7	-
65 ~ 69	5	-	-	4	-	-	1	-	-	-	-	5	-
70 ~ 74	3	1	-	2	-	-	-	-	-	-	2	1	-
75 ~ 79	2	1	-	1	-	-	-	-	-	-	1	1	-
80 ~ 84	3	1	-	2	-	-	-	-	-	-	2	1	-
85 ~ 89	-	-	-	-	-	-	-	-	-	-	-	-	-
90 ~ 94	1	1	-	-	-	-	-	-	-	-	-	1	-
95 ~ 97	1	1	-	-	-	-	-	-	-	-	-	1	-
98	-	-	-	-	-	-	-	-	-	-	-	-	-
99	59	1	-	4	-	-	3	-	1	50	-	9	50
TOTAL	1,593	530	109	614	1	5	225	6	48	55	313	1,223	57

- A : Kuwa
- B : Khola
- C : Kaldhara
- D : Pokhari
- E : Tubewell
- F : Dhungedhara
- G : Inar
- H : Others
- I : Not Stated
- J : Yes
- K : No
- L : Not Stated

DISTRICT : DHANUSA

ROPANIES	TOTAL	WATER									LATRINE		
		A	B	C	D	E	F	G	H	I	J	K	L
0	443	-	6	-	-	239	1	184	11	2	1	436	6
1 ~ 4	318	2	-	21	-	128	1	151	14	1	1	316	1
5 ~ 9	222	2	4	4	-	95	1	104	12	-	1	218	3
10 ~ 14	156	2	4	7	-	72	-	67	4	-	5	150	1
15 ~ 19	50	-	-	-	-	27	1	21	1	-	1	49	-
20 ~ 24	61	1	3	1	-	26	-	30	-	-	-	61	-
25 ~ 29	98	1	5	2	-	33	1	53	2	1	4	93	1
30 ~ 34	40	1	-	-	-	10	-	27	2	-	2	37	1
35 ~ 39	69	1	2	1	-	39	1	25	-	-	7	62	-
40 ~ 44	-	-	-	-	-	-	-	-	-	-	-	-	-
45 ~ 49	3	-	-	-	-	3	-	-	-	-	-	3	-
50 ~ 54	41	1	1	2	-	19	-	18	-	-	6	35	-
55 ~ 59	2	-	-	-	-	1	-	1	-	-	1	1	-
60 ~ 64	1	-	-	1	-	-	-	-	-	-	-	1	-
65 ~ 69	23	-	-	2	-	9	1	11	-	-	4	19	-
70 ~ 74	-	-	-	-	-	-	-	-	-	-	-	-	-
75 ~ 79	12	-	-	-	-	8	-	4	-	-	3	9	-
80 ~ 84	-	-	-	-	-	-	-	-	-	-	-	-	-
85 ~ 89	-	-	-	-	-	-	-	-	-	-	-	-	-
90 ~ 94	-	-	-	-	-	-	-	-	-	-	-	-	-
95 ~ 97	35	-	-	-	-	16	-	19	-	-	11	24	-
98	3	-	-	-	-	-	-	2	1	-	-	3	-
99	37	-	-	-	-	2	-	1	-	34	-	3	34
TOTAL	1,614	11	25	41	-	727	7	718	47	38	47	1,520	47

Table 5 : Distribution of Eligible Women by 5 Year Age Group, Literacy and Educational Attainment

DISTRICT : KAVREPALANCHOK

AGE	READ & WRITE		SCHOOL		YEARS OF SCHOOLING										I.A.	B.A.	M.A.+	NOT STATED		
	NO	NOT STATED	YES	NO	0	1	2	3	4	5	6	7	8	9					10 (s.l.c.)	
~14	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 ~ 19	114	-	15	3	116	-	3	3	3	1	-	1	1	-	3	-	-	-	-	1
20 ~ 24	243	-	23	6	250	1	2	3	4	3	4	-	1	-	4	-	-	-	-	-
25 ~ 29	260	-	20	8	268	-	2	3	4	5	2	-	-	2	2	-	-	-	-	1
30 ~ 34	219	-	9	3	224	-	-	2	1	1	1	1	1	1	1	-	-	-	-	-
35 ~ 39	179	-	4	9	188	1	1	-	1	1	-	-	-	1	-	-	-	-	-	1
40 ~ 44	170	1	1	2	176	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1
45 ~ 49	85	-	1	-	85	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
50+	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOT STATED	3	83	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83
TOTAL	1,279	84	73	31	1,316	4	8	11	14	11	7	2	3	4	10	-	-	-	-	88

DISTRICT : DHANUSA

AGE	READ & WRITE		SCHOOL		YEARS OF SCHOOLING										I.A.	B.A.	M.A.+	NOT STATED		
	NO	NOT STATED	YES	NO	0	1	2	3	4	5	6	7	8	9					10 (s.l.c.)	
~14	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 ~ 19	124	-	13	-	124	-	2	2	3	1	2	1	-	1	1	-	-	-	-	-
20 ~ 24	259	-	21	3	260	-	1	3	1	4	3	6	1	-	2	-	-	-	-	-
25 ~ 29	293	-	10	1	294	1	-	2	-	2	1	2	-	2	-	1	-	-	-	-
30 ~ 34	267	-	11	3	269	-	2	2	2	1	1	1	-	-	1	-	-	-	-	1
35 ~ 39	188	1	5	2	190	-	1	-	2	1	-	1	-	-	1	-	-	-	-	-
40 ~ 44	132	-	4	2	142	-	-	1	1	1	-	1	-	-	-	-	-	-	-	1
45 ~ 49	94	-	1	1	95	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
50+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOT STATED	3	32	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
TOTAL	1,361	33	65	12	1,378	1	6	10	9	11	7	12	1	3	5	1	-	-	-	34

Table 6 : Distribution of Eligible Women by 5 Year Age Group and Occupation

DISTRICT : KAVREPALANCHOK

AGE	TOTAL	O C C U P A T I O N								
		A	B	C	D	E	F	G	H	I
~14	3	-	3	-	-	-	-	-	-	-
15 ~ 19	132	1	115	-	2	1	13	-	-	-
20 ~ 24	272	-	244	2	1	1	23	1	-	-
25 ~ 29	289	-	256	1	2	-	29	1	-	-
30 ~ 34	233	-	205	3	-	5	20	-	-	-
35 ~ 39	194	2	174	2	-	6	10	-	-	-
40 ~ 44	179	5	158	1	-	5	9	-	-	1
45 ~ 49	87	-	78	1	-	3	5	-	-	-
50+	3	-	3	-	-	-	-	-	-	-
NOT STATED	86	-	2	-	-	-	1	-	-	83
TOTAL	1,478	8	1,238	10	5	21	110	2	-	84

DISTRICT : DHANUSA

AGE	TOTAL	O C C U P A T I O N								
		A	B	C	D	E	F	G	H	I
~14	1	-	-	-	-	-	1	-	-	-
15 ~ 19	137	-	3	10	1	2	121	-	-	-
20 ~ 24	281	-	10	21	1	-	246	-	1	2
25 ~ 29	305	1	3	26	-	-	274	-	-	1
30 ~ 34	280	-	9	26	2	3	237	2	-	1
35 ~ 39	196	-	4	14	1	3	174	-	-	-
40 ~ 44	147	8	3	20	1	-	114	-	-	1
45 ~ 49	96	-	3	6	-	3	83	1	-	-
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	35	-	-	-	-	-	3	-	-	32
TOTAL	1,478	9	35	123	6	11	1,253	3	1	37

A : No Job, B : Agriculture, C : Labour, D : Service, E : Business, F : House Work, G : Others, H : Don't Know, I : Not Stated

Table 8 : Distribution of Respondents' Husbands by Occupation

DISTRICT : KAVREPALANCHOK

AGE OF HUSBAND	O C C U P A T I O N O F H U S B A N D									
	TOTAL	A	B	C	D	E	F	G	H	I
~14	1	-	1	-	-	-	-	-	-	-
15 ~ 19	50	8	29	1	6	1	3	2	-	-
20 ~ 24	202	10	117	9	52	9	1	2	-	2
25 ~ 29	218	3	128	17	58	7	1	3	-	1
30 ~ 34	210	1	127	13	55	9	-	4	-	1
35 ~ 39	203	3	135	14	40	8	-	3	-	-
40 ~ 44	214	1	163	10	24	13	-	3	-	-
45 ~ 49	132	-	103	3	17	5	-	2	-	2
50+	148	2	112	4	18	7	3	1	-	1
NOT STATED	100	6	7	1	2	-	-	-	-	84
TOTAL	1,478	34	922	72	272	59	8	20	-	91

DISTRICT : DHANUSA

AGE OF HUSBAND	O C C U P A T I O N O F H U S B A N D									
	TOTAL	A	B	C	D	E	F	G	H	I
~14	-	-	-	-	-	-	-	-	-	-
15 ~ 19	30	5	10	12	-	3	-	-	-	-
20 ~ 24	130	4	50	58	6	8	1	2	-	1
25 ~ 29	253	5	112	93	25	15	1	1	-	1
30 ~ 34	268	3	105	128	14	15	-	3	-	-
35 ~ 39	295	3	135	108	20	24	2	2	-	1
40 ~ 44	158	1	86	50	9	8	1	3	-	-
45 ~ 49	139	1	79	42	7	10	-	-	-	-
50+	153	1	97	45	-	6	2	1	-	1
NOT STATED	52	9	4	4	2	-	-	-	-	33
TOTAL	1,478	32	678	540	83	89	7	12	-	37

A : No Job, B : Agriculture, C : Labour, D : Service, E : Business, F : House Work, G : Others, H : Don't Know, I : Not Stated

Table 9: Age at Marriage and Number of Years of Cohabitation of Respondents by Education.

DISTRICT : KAVREPALANCHOK

EDUCATION READ & WRITE	TOTAL	AGE AT MARRIAGE											MEAN	TOTAL	LIVE TOGETHER											MEAN
		10	11	12	13	14	15	16	17	18	19	20			0	1	2	3	4	5	6	7	8	9		
NO	845	33	34	52	84	86	141	116	97	101	48	53	15.42	1,279	1,171	19	15	15	19	7	5	5	1	22	0.22	
NOT STATED	-	-	-	-	-	-	-	-	-	-	-	-	-	84	-	-	-	-	-	-	-	-	-	84	-	
SCHOOL YES	32	-	2	3	5	-	6	6	6	2	1	1	15.19	73	70	-	-	-	1	-	-	-	-	2	0.06	
NO	18	1	-	-	1	3	1	3	2	3	3	1	16.28	31	28	-	-	-	-	-	-	1	1	1	0.50	

DISTRICT : DHANUSA

EDUCATION READ & WRITE	TOTAL	AGE AT MARRIAGE											MEAN	TOTAL	LIVE TOGETHER											MEAN
		10	11	12	13	14	15	16	17	18	19	20			0	1	2	3	4	5	6	7	8	9		
NO	946	231	38	150	80	127	126	84	33	35	10	32	13.32	1,361	543	170	163	115	78	108	45	36	29	74	1.90	
NOT STATED	1	1	-	-	-	-	-	-	-	-	-	-	10.00	33	-	-	-	-	-	1	-	-	-	32	5.00	
SCHOOL YES	38	3	3	2	4	2	9	8	1	3	3	-	14.68	65	54	8	1	1	-	-	-	1	-	-	0.31	
NO	7	2	-	3	-	1	-	-	-	1	-	-	12.57	12	6	-	2	2	-	1	1	-	-	-	1.75	

Table 10 : Number of Live Births of Last Year of Respondents by 5 Year Age Group and Age Specific Fertility Rate, and Proportion of Respondents Who Are Currently Pregnant by 5 Year Age Group

DISTRICT : KAVREPALANCHOK

AGE	NO. OF LIVE BIRTHS LAST YEAR				ASFR	P R E G N A N C Y			
	TOTAL	A	B	C		YES	NO	DON'T KNOW	NOT STATED
~14	2	1	1	-	0.50	-	1	-	1
15 ~ 19	128	102	25	1	0.21	21	103	3	4
20 ~ 24	271	190	80	1	0.30	46	221	2	1
25 ~ 29	287	200	86	1	0.31	43	237	4	-
30 ~ 34	232	190	42	-	0.18	28	201	-	-
35 ~ 39	194	163	30	1	0.16	14	177	2	-
40 ~ 44	176	162	13	1	0.09	5	164	1	3
45 ~ 49	87	84	3	-	0.03	-	86	-	-
50+	3	2	1	-	0.33	-	3	-	-
NOT STATED	3	2	1	-	0.33	-	3	-	83
TOTAL	1,383	1,096	282	5	0.21	157	1,196	12	92

A : Inapplicable

B : Yes

C : No

DISTRICT : DHANUSA

AGE	NO. OF LIVE BIRTHS LAST YEAR				ASFR	P R E G N A N C Y			
	TOTAL	A	B	C		YES	NO	DON'T KNOW	NOT STATED
~14	1	1	-	-	-	-	1	-	-
15 ~ 19	130	114	16	-	0.12	14	110	1	6
20 ~ 24	281	216	64	1	0.23	35	241	5	-
25 ~ 29	305	233	70	2	0.24	32	270	1	1
30 ~ 34	278	229	48	1	0.18	23	254	1	1
35 ~ 39	195	174	21	-	0.11	18	176	1	-
40 ~ 44	141	133	8	-	0.06	2	133	1	6
45 ~ 49	96	91	5	-	0.05	2	94	-	-
50+	-	-	-	-	-	-	-	-	-
NOT STATED	3	3	-	-	-	-	3	-	32
TOTAL	1,430	1,194	232	4	0.17	126	1,282	10	46

Table 11: Number of Live Births, Currently Living Children, Miscarriages and Still Births by 5 Year Age Group of Respondents

DISTRICT : KAVREPALANCHOK

AGE	LIVE BIRTH							NO. OF CURRENTLY LIVING CHILDREN							MISCARRIAGE							STILL BIRTH										
	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
<14	1	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-	1	-	1	-	-	-	-	-
15 ~ 19	86	34	6	1	-	-	-	-	86	34	6	1	-	-	-	127	1	-	-	-	-	-	-	126	1	1	-	-	-	-	-	
20 ~ 24	65	95	77	24	8	1	1	-	80	103	67	17	3	-	-	257	13	1	-	-	-	-	-	262	7	1	-	-	-	-	-	
25 ~ 29	13	36	73	65	57	31	11	1	17	46	86	85	38	13	2	258	25	5	1	-	-	-	-	277	8	4	-	-	-	-	-	
30 ~ 34	5	4	19	47	64	37	29	13	5	14	33	65	64	27	17	209	16	5	1	1	-	-	1	215	14	3	1	-	-	-	-	
35 ~ 39	7	6	7	21	28	35	38	21	8	7	17	37	38	43	26	159	23	7	4	-	-	-	-	179	15	-	-	-	-	-	-	
40 ~ 44	7	4	4	20	14	24	28	27	9	7	10	28	27	41	25	134	26	8	6	1	1	-	-	161	9	5	1	-	-	-	-	
45 ~ 49	1	-	7	11	5	12	8	15	3	1	14	11	14	17	11	71	11	4	-	1	-	-	-	80	4	2	-	1	-	-	-	
50+	-	-	1	-	-	1	-	-	-	1	-	-	-	1	-	1	2	-	-	-	-	-	-	3	-	-	-	-	-	-	-	
NOT STATED	-	1	-	-	1	1	-	-	-	1	-	-	1	1	-	3	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	
TOTAL	185	160	195	189	177	142	115	77	209	214	234	244	185	143	81	1,220	117	31	12	3	1	-	1	1,307	58	17	2	1	-	-	-	

DISTRICT : DHANUSA

AGE	LIVE BIRTH							NO. OF CURRENTLY LIVING CHILDREN							MISCARRIAGE							STILL BIRTH									
	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6
<14	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
15 ~ 19	84	37	7	2	1	-	-	-	89	38	3	-	1	-	-	129	2	-	-	-	-	-	-	131	-	-	-	-	-	-	-
20 ~ 24	73	107	63	22	12	1	2	-	87	113	58	21	1	-	1	264	15	2	-	-	-	-	-	268	9	2	-	1	1	-	-
25 ~ 29	26	40	70	87	46	25	8	2	35	60	83	86	34	6	1	284	11	7	2	-	-	-	-	297	5	2	-	-	-	-	-
30 ~ 34	12	18	40	53	64	44	24	15	18	26	61	74	66	25	8	249	23	4	3	-	-	-	-	257	13	5	1	1	-	1	1
35 ~ 39	5	8	18	22	42	39	26	22	6	21	25	52	44	28	14	178	14	2	2	-	-	-	-	184	9	2	1	-	-	-	-
40 ~ 44	9	-	7	15	18	27	24	21	14	3	19	24	34	25	12	131	9	1	-	-	-	-	-	126	13	2	-	-	-	-	-
45 ~ 49	1	1	8	8	10	22	22	13	2	3	17	22	24	14	11	90	3	3	-	-	-	-	-	88	5	2	-	1	-	-	-
50+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOT STATED	2	-	1	-	-	-	-	-	2	-	1	-	-	-	-	3	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-
TOTAL	212	211	214	203	193	159	106	73	253	264	267	279	205	98	47	1,329	77	19	7	-	-	-	-	1,355	54	15	2	3	1	1	1

Table 12 : Distribution of Respondents Who Are Currently Pregnant by Their Preference for The Place of Delivery

DISTRICT : KAVREPALANCHOK

PLACE OF DELIVERY	P R E G N A N C Y				
	YES	(%)	NO	DON' T KNOW	NOT STATED
0	2	(1.3)	1,191	12	-
HOSPITAL	8	(5.1)	-	-	-
HEALTH POST	-	(-)	2	-	-
AT HOME	138	(87.9)	3	-	-
OTHERS	-	(-)	-	-	-
NOT STATED	9	(5.7)	-	-	92
TOTAL	157	(100.0)	1,196	12	92

DISTRICT : DHANUSA

PLACE OF DELIVERY	P R E G N A N C Y				
	YES	(%)	NO	DON' T KNOW	NOT STATED
0	-	(-)	1,281	10	-
HOSPITAL	1	(0.8)	-	-	-
HEALTH POST	3	(2.4)	1	-	-
AT HOME	111	(88.1)	-	-	-
OTHERS	-	(-)	-	-	-
NOT STATED	11	(8.7)	-	-	46
TOTAL	126	(100.0)	1,282	10	46

Table 13 : Ideal Number of Children (Sons and Daughters) by 5-Year Age Group of Respondents

DISTRICT : KAVREPALANCHOK

A G E	IDEAL NO. OF CHILDREN								IDEAL NO. OF SONS							IDEAL NO. OF DAUGHTERS								
	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
~14	-	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-
15 ~ 19	1	2	46	53	19	5	2	-	1	47	73	6	1	-	-	-	3	98	24	3	-	-	-	-
20 ~ 24	-	4	86	130	44	4	1	-	1	77	184	5	2	-	-	1	25	188	55	1	-	-	-	1
25 ~ 29	1	5	92	125	51	10	4	-	2	89	179	16	3	-	-	-	27	194	61	7	-	-	-	-
30 ~ 34	1	1	53	89	70	10	3	1	1	55	153	18	4	-	-	1	14	127	79	8	3	-	-	1
35 ~ 39	-	1	58	67	50	9	6	2	1	53	120	15	3	1	1	-	10	119	54	8	1	-	-	1
40 ~ 44	2	2	39	71	50	4	4	2	1	38	123	10	1	1	-	-	13	99	53	7	1	1	-	-
45 ~ 49	1	-	16	31	31	5	2	1	-	17	59	9	1	1	-	-	-	50	33	3	-	1	-	-
50+	-	-	1	1	1	-	-	-	-	1	2	-	-	-	-	-	-	2	1	-	-	-	-	-
UNKNOWN	-	-	1	1	-	1	-	-	-	1	1	1	-	-	-	-	-	2	1	-	-	-	-	-
TOTAL	6	15	392	570	316	48	22	6	7	378	896	80	15	3	1	2	92	881	361	37	5	2	-	3

DISTRICT : DHANUSA

A G E	IDEAL NO. OF CHILDREN								IDEAL NO. OF SONS							IDEAL NO. OF DAUGHTERS								
	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7	0	1	2	3	4	5	6	7
~14	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-
15 ~ 19	4	1	12	84	26	1	1	-	4	10	98	16	-	-	-	-	7	103	16	2	1	-	-	-
20 ~ 24	-	1	37	179	49	7	1	3	-	29	213	24	7	3	-	3	17	224	32	2	1	-	-	3
25 ~ 29	1	6	28	169	79	12	2	2	4	31	222	33	7	2	1	1	17	217	59	5	2	-	-	1
30 ~ 34	2	5	25	137	87	15	4	-	1	26	194	45	8	2	1	-	9	188	71	5	4	-	-	-
35 ~ 39	-	1	18	113	50	12	1	-	-	22	138	32	3	-	-	-	8	141	45	1	-	-	-	-
40 ~ 44	4	-	6	79	38	10	1	2	4	8	97	25	5	1	-	1	8	96	33	2	-	1	-	1
45 ~ 49	-	3	7	48	25	11	1	-	1	7	64	18	4	1	-	-	1	69	21	4	-	-	-	-
50+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UNKNOWN	-	-	-	1	1	-	-	-	-	-	2	-	-	-	-	-	-	1	1	-	-	-	-	-
TOTAL	11	17	133	811	355	68	11	7	14	133	1,029	193	34	9	2	5	67	1,040	278	21	8	1	-	5

Table 14 : Mean and Currently Living Number of Children and Mean and Desired Number of Children by Educational Level of Respondents

DISTRICT : KAVREPALANCHOK

EDUCATION READ & WRITE	TOTAL	NO. OF CURRENTLY LIVING CHILDREN									MEAN	TOTAL	DESIRED NO. OF CHILDREN									MEAN	DIFFERENCE
		0	1	2	3	4	5	6	7+	0			1	2	3	4	5	6	7				
NO	1,275	178	191	226	219	172	139	76	74	2.90	1,266	5	14	353	519	301	46	22	6	3.07	0.17		
NOT STATED	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
SCHOOL YES	71	21	18	6	12	9	-	3	2	2.68	71	-	1	29	31	9	1	-	-	2.72	0.04		
NO	31	7	4	3	11	2	2	2	-	2.35	31	-	-	9	16	5	1	-	-	2.94	0.59		

DISTRICT : DHANUSA

EDUCATION READ & WRITE	TOTAL	NO. OF CURRENTLY LIVING CHILDREN									MEAN	TOTAL	DESIRED NO. OF CHILDREN									MEAN	DIFFERENCE
		0	1	2	3	4	5	6	7+	0			1	2	3	4	5	6	7				
NO	1,354	238	250	260	259	193	90	44	20	2.35	1,335	8	14	119	767	344	66	10	7	3.27	0.92		
NOT STATED	1	-	-	-	-	-	1	-	-	5.00	1	-	-	-	1	-	-	-	-	3.00	2.00		
SCHOOL YES	65	12	13	6	15	9	7	3	-	2.45	64	-	3	12	38	8	2	1	-	2.95	0.50		
NO	12	-	2	2	6	2	-	-	-	2.67	12	-	-	3	7	2	-	-	-	2.92	0.25		

Table 16 : Additional Number of Children Desired (Sons and Daughters) by Number of Living Children (Sons and Daughters)

DISTRICT : KAVREPALANCHOK

NO. OF ADDITIONAL CHILDREN	NO. OF CURRENTLY CHILDREN								NO. OF CURRENTLY SONS								NO. OF CURRENTLY DAUGHTERS							
	0	1	2	3	4	5	6	7+	0	1	2	3	4	5	6	7+	0	1	2	3	4	5	6	7+
0	21	38	120	180	148	132	79	73	41	194	301	166	53	23	9	4	135	260	186	124	56	20	8	2
1	5	47	59	46	23	9	2	2	64	93	21	12	2	-	-	1	54	58	43	23	10	4	1	-
2	69	80	41	11	10	2	-	1	141	59	10	4	-	-	-	-	113	61	25	9	5	1	-	-
3	63	32	7	2	1	-	-	-	85	13	7	-	-	-	-	-	80	22	2	1	-	-	-	-
4	36	10	4	2	2	-	-	-	42	10	2	-	-	-	-	-	43	6	4	1	-	-	-	-
5	8	3	-	2	-	-	-	-	10	2	1	-	-	-	-	-	9	3	1	-	-	-	-	-
6	1	1	1	-	-	-	-	-	1	1	1	-	-	-	-	-	3	-	-	-	-	-	-	-
7	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
SONS																								
0	19	46	130	194	151	132	79	75	40	202	315	179	54	23	9	4	162	266	186	125	56	21	8	2
1	61	69	60	34	21	9	2	1	128	117	8	2	1	-	-	1	105	71	43	23	10	4	1	-
2	107	70	38	13	10	2	-	-	193	32	14	1	-	-	-	-	134	61	29	11	5	-	-	-
3	8	4	-	1	-	-	-	-	10	3	-	-	-	-	-	-	11	1	1	-	-	-	-	-
4	1	4	-	-	-	-	-	-	4	1	-	-	-	-	-	-	2	3	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-
7	7	20	4	1	3	-	-	-	11	18	6	-	-	-	-	-	24	8	3	-	-	-	-	-
DAUGHTERS																								
0	34	97	192	220	175	143	81	74	168	278	311	169	54	23	9	4	165	340	249	156	70	25	9	1
1	116	82	30	17	3	-	-	2	153	62	21	12	1	-	-	1	191	54	3	2	-	-	-	-
2	44	11	5	3	3	-	-	-	50	13	3	-	-	-	-	-	53	6	5	1	1	-	-	-
3	2	1	-	1	1	-	-	-	2	1	1	1	-	-	-	-	3	2	-	-	-	-	-	-
4	-	1	1	-	-	-	-	-	1	-	1	-	-	-	-	-	1	1	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	7	20	5	2	3	-	-	-	12	19	6	-	-	-	-	-	24	8	5	-	-	-	-	-

DISTRICT : DHANUSA

NO. OF ADDITIONAL CHILDREN	NO. OF CURRENTLY CHILDREN								NO. OF CURRENTLY SONS								NO. OF CURRENTLY DAUGHTERS							
	0	1	2	3	4	5	6	7+	0	1	2	3	4	5	6	7+	0	1	2	3	4	5	6	7+
0	31	36	105	196	170	92	41	19	54	157	293	131	42	10	3	-	155	249	171	70	32	9	3	1
1	5	11	57	40	20	2	5	1	22	89	25	2	1	2	-	-	25	54	33	22	4	1	-	2
2	30	124	67	26	9	2	1	-	132	113	14	-	-	-	-	-	104	94	36	18	5	1	-	1
3	127	67	21	4	1	1	-	-	166	47	7	-	1	-	-	-	169	40	11	1	-	-	-	-
4	42	16	9	7	2	-	-	-	55	15	3	3	-	-	-	-	53	15	6	2	-	-	-	-
5	8	2	-	2	-	-	-	-	9	3	-	-	-	-	-	-	10	-	1	1	-	-	-	-
6	-	1	1	-	-	-	-	-	-	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-
7	2	2	2	1	-	-	-	-	2	4	1	-	-	-	-	-	4	3	-	-	-	-	-	-
SONS																								
0	26	38	116	198	169	92	40	17	50	162	302	130	40	9	3	-	159	252	171	70	31	9	3	1
1	24	64	56	35	18	1	3	1	52	134	14	1	-	1	-	-	81	62	33	20	3	1	-	2
2	144	117	64	30	9	3	-	-	269	82	15	-	1	-	-	-	194	106	42	20	5	-	-	-
3	26	12	3	3	3	-	-	-	33	7	3	3	1	-	-	-	36	9	2	-	-	-	-	-
4	2	3	1	1	-	-	-	-	3	3	-	1	-	-	-	-	5	2	-	-	-	-	-	-
5	-	2	-	1	-	-	-	-	-	2	1	-	-	-	-	-	2	1	-	-	-	-	-	-
6	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-
7	23	26	27	10	4	2	3	2	37	47	9	1	1	2	-	-	46	28	13	5	3	1	-	1
DAUGHTERS																								
0	37	100	186	249	192	94	43	18	162	266	309	131	38	10	3	-	176	354	230	105	38	10	3	-
1	161	127	39	8	1	1	-	-	206	107	20	3	1	-	-	-	269	61	6	1	-	-	-	-
2	23	7	11	6	4	-	-	-	35	11	4	-	1	-	-	-	27	11	10	3	-	-	-	-
3	2	2	2	3	2	1	-	1	5	4	-	2	2	-	-	-	5	4	1	1	2	-	-	-
4	-	-	1	2	-	-	-	-	-	2	1	-	-	-	-	-	-	2	1	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	23	26	28	10	4	2	3	1	37	47	10	-	1	2	-	-	47	28	13	5	2	1	-	-

Table 17: Distribution of Respondents Who Had Ever Been Pregnant by Place They Went for Check-up and Whether or Not They Were Satisfied with the Check-up

PANCHAYAT CODE & SATISFACTION	C H E C K U P P L A N					TOTAL (1~4)	
	INAPPLI- CABLE (0)	HOSPITAL (1)	HEALTH POST (2)	T. B. A. (3)	OTHERS (4)		
1 ~ 3							
A	354	-	-	-	-	-	1 - 3 : Bhumlutar
B	-	19	4	-	1	24	4 - 5 : Dapcha
C	-	4	-	-	-	4	6 - 8 : Khopasi
4 ~ 5							9 - 10 : Nala
A	243	1	3	-	-	4	11 - 13 : Godar
B	-	7	1	-	2	10	14 - 15 : Godhaghas
C	-	1	-	-	-	1	16 - 18 : Sabaila
6 ~ 8							19 - 20 : Tarapatti
A	391	-	2	-	1	3	
B	-	30	1	1	3	35	A : Inapplicable
C	1	2	2	-	-	4	B : Yes
9 ~ 10							C : No
A	276	-	-	-	-	-	
B	-	18	-	1	1	20	
C	-	1	-	-	1	2	
SUB-TOTAL							
A	1,264	1	5	-	1	7	
B	-	74	6	2	7	89	
C	1	8	2	-	1	11	
11~13							
A	368	-	-	-	-	-	
B	-	9	1	-	2	12	
C	-	1	-	-	-	1	
14~15							
A	284	4	3	-	-	7	
B	-	7	-	-	8	15	
C	-	2	1	-	-	3	
16~18							
A	426	-	7	-	-	7	
B	1	6	5	-	9	20	
C	-	1	1	1	-	3	
19~20							
A	259	-	1	-	-	1	
B	-	7	3	-	4	14	
C	1	5	-	-	2	7	
SUB-TOTAL							
A	1,337	4	11	-	-	15	
B	1	29	9	-	23	61	
C	1	9	2	1	2	14	
TOTAL							
A	2,601	5	16	-	1	22	
B	1	103	15	2	30	150	
C	2	17	4	1	3	25	

Table 18 : Distribution of Respondents by Place of Delivery of Last Child

PANCHAYAT CODE	THE PLACE OF DELIVERY OF LAST CHILD					
	TOTAL	HOSPITAL	HEALTH POST	HOME	OTHERS	
1 ~ 3	337	17	1	319	-	
4 ~ 5	223	8	2	213	-	1 - 3 : Bhumlutar
6 ~ 8	369	14	4	351	-	4 - 5 : Dapcha
9 ~ 10	261	9	1	251	-	6 - 8 : Khopasi
SUB-TOTAL	1,190	48	8	1,134	-	9 - 10 : Nala
11 ~ 13	336	4	-	331	1	11 - 13 : Godar
14 ~ 15	262	8	1	252	1	14 - 15 : Godhaghas
16 ~ 18	389	12	2	374	1	16 - 18 : Sabaila
19 ~ 20	241	12	3	226	-	19 - 20 : Tarapatti
SUB-TOTAL	1,228	36	6	1,183	3	
TOTAL	2,418	84	14	2,317	3	

Table 19 : Distribution of Respondents by Reasons for Having Check-up

PANCHAYAT CODE	THE REASON TO GO				
	TOTAL	A	B	C	
1 ~ 3	28	10	16	2	1 - 3 : Bhumlutar
4 ~ 5	13	7	6	-	4 - 5 : Dapcha
6 ~ 8	41	17	21	3	6 - 8 : Khopasi
9 ~ 10	23	12	7	4	9 - 10 : Nala
SUB-TOTAL	105	46	50	9	11 - 13 : Godar
11 ~ 13	14	9	2	3	14 - 15 : Godhaghas
14 ~ 15	23	14	8	1	16 - 18 : Sabaila
16 ~ 18	23	11	10	2	19 - 20 : Tarapatti
19 ~ 20	21	10	11	-	
SUB-TOTAL	81	44	31	6	
TOTAL	186	90	81	15	

A : Regular Check-up
 B : Due to Complication
 C : Regular Check-up and
 Complication

Table 20 : Distribution of Respondents by Types of Check-up Done (Multiple Answer)

PANCHAYAT CODE	TOTAL	Type of Check-up						
		A	B	C	D	E	F	
1 ~ 3	84	16	18	18	13	16	3	1 - 3 : Bhumlutar
4 ~ 5	45	10	11	9	11	2	2	4 - 5 : Dapcha
6 ~ 8	110	21	26	24	21	11	7	6 - 8 : Khopasi
9 ~ 10	62	12	11	10	16	9	4	9 - 10 : Nala
SUB-TOTAL	301	59	66	61	61	38	16	11-13 : Godar
11 ~ 13	42	7	10	9	10	6	-	14-15 : Godhaghas
14 ~ 15	44	5	11	7	7	9	5	16-18 : Sabaila
16 ~ 18	58	7	10	9	16	9	7	19-20 : Tarapatti
19 ~ 20	42	4	8	7	9	12	2	A : Weighted
SUB-TOTAL	186	23	39	32	42	36	14	B : Blood Pressure
TOTAL	487	82	105	93	103	74	30	C : Urine Exam.
								D : Chest
								E : Use of Stethoscope
								F : Others

Table 21 : Distribution of Respondents by Type of Persons Who Advised for Medical Check-up During Pregnancy

PANCHAYAT CODE	TOTAL	Advisor								
		HEALTH WORKER	SPOUSE	FAMILY MEMBER	FRIEND	RADIO	NEWS- PAPER	MOTHER'S CLUB	OTHERS	
1 ~ 3	29	2	2	18	4	-	-	-	3	1 - 3 : Bhumlutar
4 ~ 5	12	-	3	5	3	-	-	-	1	4 - 5 : Dapcha
6 ~ 8	40	2	4	26	3	-	-	-	5	6 - 8 : Khopasi
9 ~ 10	22	1	4	16	-	-	-	-	1	9 - 10 : Nala
SUB-TOTAL	103	5	13	65	10	-	-	-	10	11-13 : Godar
11 ~ 13	13	4	1	7	1	-	-	-	-	14-15 : Godhaghas
14 ~ 15	18	1	4	12	-	-	-	-	1	16-18 : Sabaila
16 ~ 18	24	1	3	19	-	-	-	-	1	19-20 : Tarapatti
19 ~ 20	21	-	2	15	1	-	-	-	3	
SUB-TOTAL	76	6	10	53	2	-	-	-	5	
TOTAL	179	11	23	118	12	-	-	-	15	

Table 22 : Distribution of Respondents by Type of Persons Who Assisted at the Time of Last Delivery

TYPE OF PERSON	DISTRICT	
	KAVREPALANCHOK	DHANUSA
DOCTOR/ NURSE	7	24
T.B.A.	71	1026
FAMILY MEMBER	717	69
NEIGHBORS	145	21
OTHERS	24	1

Table 23 : Distribution of Respondents by Whether or Not They had Post-Natal Check-up for the Last Child

CHECK-UP	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	46	30
No	1151	1188

Table 24 : Distribution of Respondents (Who Had Post-natal Check-up after the Last Delivery) by Whether or Not They Were Satisfied with the Check-up

SATISFACTION	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	40	23
No	7	9

Table 25 : Distribution of Respondents by Knowledge of Family Planning, Different Methods of Contraceptive and At Least One Modern Method of Contraceptive by 5 Year Age Group

DISTRICT : KAVREPALANCHOK

AGE	KNOWLEDGE FOR FAMILY PLANNING									AT LEAST ONE
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	
~14	2	1	-	1	1	2	2	1	-	2
15 ~ 19	99	83	38	39	56	83	84	2	-	94
20 ~ 24	242	197	77	81	142	206	213	8	2	234
25 ~ 29	251	209	79	87	155	223	226	8	-	245
30 ~ 34	202	162	74	74	124	176	171	8	4	195
35 ~ 39	176	146	52	58	94	158	153	5	3	175
40 ~ 44	154	131	46	51	74	139	130	5	3	154
45 ~ 49	67	55	20	23	37	59	58	2	1	67
50+	2	2	1	-	2	2	2	-	-	2
NOT STATED	3	2	-	-	1	3	3	-	-	3
TOTAL	1,198	988	387	414	686	1,051	1,042	39	13	1,171

DISTRICT : DHANUSA

AGE	KNOWLEDGE FOR FAMILY PLANNING									AT LEAST ONE
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	
~14	1	-	-	-	-	1	1	-	-	1
15 ~ 19	115	60	38	11	39	95	111	4	-	113
20 ~ 24	261	145	82	31	107	232	260	4	1	260
25 ~ 29	282	163	79	27	106	255	281	6	2	285
30 ~ 34	268	179	78	20	107	247	268	8	-	269
35 ~ 39	183	91	41	15	59	156	182	1	-	182
40 ~ 44	129	71	27	8	56	117	125	7	-	126
45 ~ 49	90	43	20	7	35	84	91	2	1	91
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	2	-	-	-	-	1	2	-	-	2
TOTAL	1,331	752	365	119	509	1,188	1,321	32	4	1,329

Table 26 : Distribution of Respondents by Knowledge of Family Planning, Different Methods of Contraceptive by Educational Level

DISTRICT : KAVREPALANCHOK

	KNOWLEDGE FOR FAMILY PLANNING								
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	1,093	887	325	351	604	956	946	30	11
NOT STATED	-	-	-	-	-	-	-	-	-
SCHOOL YES	70	68	44	44	57	64	65	5	1
NO	30	28	14	15	21	26	25	2	1
READ & WRITE NO	-	54	6	4	17	127	78	-	-
NOT STATED	-	-	-	-	-	-	-	-	-
SCHOOL YES	-	6	2	-	2	5	7	-	-
NO	-	2	1	1	2	4	4	-	1

DISTRICT : DHANUSA

	KNOWLEDGE FOR FAMILY PLANNING								
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	1,257	695	319	89	466	1,123	1,249	30	4
NOT STATED	1	-	-	-	1	1	1	-	-
SCHOOL YES	64	48	38	24	34	55	62	1	-
NO	11	9	7	6	7	11	11	1	-
READ & WRITE NO	-	33	10	2	8	30	229	1	-
NOT STATED	-	-	-	-	-	-	1	-	-
SCHOOL YES	-	1	1	-	-	4	16	-	-
NO	-	-	-	-	-	3	5	-	-

Table 27 : Distribution of Respondents by Ever-Use of Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	EVER USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	3	-	-	-	1	1	-	-
20 ~ 24	10	5	-	6	8	6	-	-
25 ~ 29	13	1	-	5	26	20	-	-
30 ~ 34	10	-	1	4	27	25	-	-
35 ~ 39	10	1	1	3	36	21	-	1
40 ~ 44	12	2	2	1	35	14	-	-
45 ~ 49	4	-	1	2	3	3	-	-
50+	-	-	-	-	1	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
TOTAL	62	9	5	21	137	90	-	1

DISTRICT : DHANUSA

AGE	EVER USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	1	1	-	1	4	8	1	-
20 ~ 24	7	4	-	1	6	19	-	-
25 ~ 29	5	-	1	2	2	39	-	-
30 ~ 34	12	3	1	2	3	78	-	-
35 ~ 39	5	2	-	2	8	56	-	-
40 ~ 44	4	1	-	-	9	30	-	-
45 ~ 49	-	-	-	-	4	19	-	-
50+	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
TOTAL	34	11	2	8	36	249	1	-

Table 28 : Distribution of Respondents by Current Use of Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	METHOD CURRENTLY USED									
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	NOT STATED
~14	-	-	-	-	-	-	-	-	-	1
15 ~ 19	-	-	-	-	-	-	-	-	43	8
20 ~ 24	1	2	-	6	7	4	-	-	76	8
25 ~ 29	2	1	-	3	20	14	-	-	68	10
30 ~ 34	3	-	-	2	24	23	-	-	59	5
35 ~ 39	3	-	-	-	32	17	-	1	50	3
40 ~ 44	3	-	1	-	34	11	-	-	39	13
45 ~ 49	2	-	-	2	3	3	-	-	25	3
50+	-	-	-	-	-	-	-	-	-	1
NOT STATED	-	-	-	-	-	-	-	-	3	83
TOTAL	14	3	1	13	120	72	-	1	363	135

DISTRICT : DHANUSA

AGE	METHOD CURRENTLY USED									
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	NOT STATED
~14	-	-	-	-	-	-	-	-	-	-
15 ~ 19	-	2	-	-	-	1	-	-	10	8
20 ~ 24	-	2	-	1	2	11	-	-	32	3
25 ~ 29	-	-	-	-	1	36	-	-	13	4
30 ~ 34	2	-	-	-	1	75	-	-	15	4
35 ~ 39	1	-	-	1	3	50	-	-	6	2
40 ~ 44	-	-	-	-	10	27	-	-	6	8
45 ~ 49	-	-	-	-	3	17	-	-	2	1
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	-	33
TOTAL	3	4	-	2	20	217	-	-	84	63

Table 29 : Distribution of Respondents by Current Use of Contraception by Methods and Educational Level

DISTRICT : KAVREPALANCHOK

	METHOD CURRENTLY USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	13	1	-	11	112	64	-	-
NOT STATED	-	-	-	-	-	-	-	-
SCHOOL YES	1	2	-	1	5	6	-	-
NO	-	-	1	1	2	1	-	1

DISTRICT : DHANUSA

	METHOD CURRENTLY USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	3	4	-	2	17	196	-	-
NOT STATED	-	-	-	-	-	1	-	-
SCHOOL YES	-	-	-	-	2	16	-	-
NO	-	-	-	-	1	4	-	-

Table 30 : Distribution of Respondents by Current Use of Contraception by Methods and Number of Living Children

DISTRICT : KAVREPALANCHOK

NO. OF LIVING CHILDREN	METHOD CURRENTLY USED									NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	
0	-	-	-	-	3	-	-	-	61	6
1	1	1	-	4	2	1	-	-	59	9
2	2	1	-	2	14	9	-	-	54	9
3	2	1	1	2	35	21	-	1	64	9
4	3	-	-	3	30	15	-	-	50	3
5	-	-	-	1	24	13	-	-	33	4
6	2	-	-	-	9	8	-	-	21	2
7+	4	-	-	1	3	5	-	-	20	2
NOT STATED	-	-	-	-	-	-	-	-	1	91
TOTAL	14	3	1	13	120	72	-	1	363	135

DISTRICT : DHANUSA

NO. OF LIVING CHILDREN	METHOD CURRENTLY USED									NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	
0	-	-	-	-	-	2	-	-	20	5
1	-	2	-	1	1	4	-	-	25	2
2	1	1	-	-	3	23	-	-	17	5
3	-	1	-	1	5	69	-	-	10	1
4	1	-	-	-	6	67	-	-	4	2
5	1	-	-	-	4	30	-	-	4	3
6	-	-	-	-	1	16	-	-	3	-
7+	-	-	-	-	-	6	-	-	1	-
NOT STATED	-	-	-	-	-	-	-	-	-	45
TOTAL	3	4	-	2	20	217	-	-	84	63

Table 31 : Distribution of Respondents by Their Future Intentions to Use Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	METHOD OF FUTURE USE								NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	OTHERS	(8)	
~14	1	-	-	-	-	-	-	-	1
15 ~ 19	16	-	1	9	14	20	-	2	6
20 ~ 24	25	2	-	12	44	52	3	3	11
25 ~ 29	27	1	-	19	25	48	4	2	7
30 ~ 34	14	2	1	10	20	20	1	2	7
35 ~ 39	11	1	-	9	8	12	-	-	4
40 ~ 44	6	-	1	6	1	2	1	-	7
45 ~ 49	1	1	-	2	-	-	-	-	3
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	83
TOTAL	101	7	3	67	112	154	9	9	129

DISTRICT : DHANUSA

AGE	METHOD OF FUTURE USE								NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	OTHERS	(8)	
~14	-	-	-	-	-	-	-	-	-
15 ~ 19	2	-	-	-	5	42	2	3	8
20 ~ 24	3	-	-	4	3	117	1	5	4
25 ~ 29	7	-	-	5	6	97	3	5	4
30 ~ 34	5	-	1	5	2	66	2	2	1
35 ~ 39	3	-	-	2	2	38	-	-	1
40 ~ 44	3	-	-	1	2	11	-	-	9
45 ~ 49	1	-	1	-	-	2	1	-	-
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	33
TOTAL	24	-	2	17	20	373	9	15	60

Table 32 : Distribution of Respondents by Reason for Not Using Any Methods of Contraception

DISTRICT : KAVREPALANCHOK

AGE	TOTAL	THE REASON FOR NOT USING FAMILY PLANNING											
		A	B	C	D	E	F	G	H	I	J	K	
~14	2	1	1	-	-	-	-	-	-	-	-	-	A : Desire of Additional Children
15 ~ 19	91	80	7	1	1	-	-	-	-	1	-	1	B : Desire of Sons
20 ~ 24	204	132	40	5	1	1	2	5	2	-	6	10	C : Desire of Daughters
25 ~ 29	191	83	59	5	22	5	5	3	-	2	13	14	D : Health Reason
30 ~ 34	129	13	22	7	37	1	3	5	-	3	17	21	E : Religious Reason
35 ~ 39	113	8	15	2	36	2	7	4	2	8	11	18	F : Husband's Disapproval
40 ~ 44	92	4	3	-	24	6	1	2	12	10	13	17	G : Husband Away
45 ~ 49	50	1	3	-	8	3	-	1	19	10	4	1	H : Menopause
50+	-	-	-	-	-	-	-	-	-	-	-	-	I : No Fertility
NOT STATED	3	1	1	-	-	-	-	-	1	-	-	-	J : Contraception Not Available
TOTAL	875	303	151	20	129	18	18	20	36	34	64	82	K : Other Reason

DISTRICT : DHANUSA

AGE	TOTAL	THE REASON FOR NOT USING FAMILY PLANNING											
		A	B	C	D	E	F	G	H	I	J	K	
~14	1	-	-	-	-	-	-	-	-	1	-	-	-
15 ~ 19	110	85	3	-	-	1	1	2	-	-	-	18	
20 ~ 24	243	169	43	2	-	7	5	-	-	1	2	14	
25 ~ 29	237	113	67	4	13	8	7	-	-	4	3	18	
30 ~ 34	184	68	36	3	21	8	8	-	1	10	3	26	
35 ~ 39	122	23	19	2	22	10	8	-	12	7	1	18	
40 ~ 44	82	11	9	2	5	5	8	-	21	13	-	8	
45 ~ 49	69	3	8	-	6	3	4	-	27	12	-	6	
50+	-	-	-	-	-	-	-	-	-	-	-	-	
NOT STATED	2	1	-	-	-	-	-	-	-	-	-	1	
TOTAL	1,050	473	185	13	67	42	41	2	62	47	9	109	

Table 33 : Distribution of Respondents With Regard to What They Usually Do When Someone in The Household Is Sick and by Reasons for Not Treating the Patient

PANCHAYAT CODE	TREATMENT			TOTAL	THE REASON FOR NOT (MULTIPLE ANSWER)				TOTAL
	TO TREAT	NOT TO TREAT	NOT STATED		A	B	C	D	
1 ~ 3	380	7	19	406	6	3	1	2	12
4 ~ 5	255	1	23	279	1	-	-	1	2
6 ~ 8	430	5	42	477	4	2	2	1	9
9 ~ 10	299	-	5	304	-	1	-	1	2
SUB-TOTAL	1,364	13	89	1,466	11	6	3	5	25
11 ~ 13	379	7	5	391	5	1	-	-	6
14 ~ 15	305	2	2	309	1	-	-	1	2
16 ~ 18	448	9	11	468	5	2	1	2	10
19 ~ 20	278	6	19	303	4	-	-	2	6
SUB-TOTAL	1,410	24	37	1,471	15	3	1	5	24
TOTAL	2,774	37	126	2,937	26	9	4	10	49

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

A : Financial Problems. B : No Belief In Treatment. C : Long Distance.
 D : Bad Treatment In Health Institution

Table 34 : Distribution of Respondents by Places Contacted for Treatment

PANCHAYAT CODE	THE PLACE TO TREAT							
	A	B	C	D	E	F	G	H
1 ~ 3	9	234	4	139	-	-	3	19
4 ~ 5	1	160	10	85	1	4	-	22
6 ~ 8	6	267	20	130	6	7	3	41
9 ~ 10	1	138	12	124	13	11	2	4
SUB-TOTAL	17	799	46	478	20	22	8	86
11 ~ 13	8	155	133	5	-	48	39	6
14 ~ 15	4	136	156	1	10	4	2	1
16 ~ 18	9	198	195	3	-	48	9	10
19 ~ 20	2	133	137	2	3	5	1	20
SUB-TOTAL	23	622	621	11	13	105	51	37
TOTAL	40	1,421	667	489	33	127	59	123

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

A : Inapplicable, B : Hospital/Health Center, C : Doctor/Other Health Worker/Nurse, D : Dhami/Jankri,
 E : Kaviraj, F : Quack, G : Others, H : Not Stated

Table 35 : Distribution of Respondents by Frequency of Health Workers Visit Reported

PANCHAYAT CODE	FREQUENCY OF VISIT OF HEALTH WORKER							
	A	B	C	D	E	F	G	H
1 ~ 3	1	9	9	23	343	-	-	23
4 ~ 5	4	4	9	10	234	-	-	22
6 ~ 8	4	22	25	29	353	-	-	47
9 ~ 10	1	5	8	5	281	-	-	5
SUB-TOTAL	10	40	51	67	1,211	-	-	97
11 ~ 13	3	291	17	12	61	-	-	10
14 ~ 15	4	83	34	30	156	-	2	5
16 ~ 18	4	237	43	36	134	-	-	18
19 ~ 20	-	85	40	59	99	-	-	20
SUB-TOTAL	11	696	134	137	450	-	2	53
TOTAL	21	736	185	204	1,661	-	2	150

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 8 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti
 A : Inapplicable
 B : Once a Month
 C : Once Every Three Months
 D : Once A Year
 E : Does Not Come
 F : Others
 G : Don't Know
 H : Not Stated

Table 36 : Distribution of Respondents Who Talked with Health Worker by Contents Talked with Health Worker and Frequency of His/Her Visit

DISTRICT : KAVREPALANCHOK

TALK ABOUT	FREQUENCY OF VISIT OF HEALTH WORKER				
	A	B	C	D	E
F.P.	34	28	39	4	-
HEALTH OF CHILDREN	32	19	32	1	-
ARI	23	14	22	-	-
WORMS	22	19	22	-	-
BREASTFEEDING	21	11	17	-	-
BIRTH SPACING	23	16	17	1	-
DIARRHOEA/ORT	27	24	27	1	-
IMMUNIZATION	29	24	50	1	-
HEALTH EDUCATION	24	15	26	-	-
NUTRITION	20	8	20	1	-
PRE & POSTNATAL CARE	24	12	18	-	-
MEDICINE	25	17	25	1	-
POSTERS/PAMPHLETS	8	1	10	-	-

A : Once A Month
 B : Once Every Three Months
 C : Once A Year
 D : Does Not Come
 E : Others

DISTRICT : DHANUSA

TALK ABOUT	FREQUENCY OF VISIT OF HEALTH WORKER				
	A	B	C	D	E
F.P.	661	129	134	2	-
HEALTH OF CHILDREN	414	44	23	1	-
ARI	218	21	9	1	-
WORMS	308	59	40	-	-
BREASTFEEDING	268	18	13	1	-
BIRTH SPACING	281	34	31	1	-
DIARRHOEA/ORT	381	64	47	1	-
IMMUNIZATION	366	47	27	1	-
HEALTH EDUCATION	242	13	9	-	-
NUTRITION	255	13	9	1	-
PRE & POSTNATAL CARE	278	17	17	-	-
MEDICINE	337	37	18	1	-
POSTERS/PAMPHLETS	106	26	7	-	-

Table 37 : Distribution of Respondents by Knowledge of Diarrhoea by 5 Year Age Group

DISTRICT : KAVREPALANCHOK

KNOWLEDGE OF DIARRHOEA

AGE	YES	NO
~14	2	-
15 ~ 19	105	16
20 ~ 24	252	18
25 ~ 29	277	12
30 ~ 34	220	12
35 ~ 39	188	5
40 ~ 44	167	6
45 ~ 49	80	7
50+	3	-
NOT STATED	2	1
TOTAL	1,296	77

DISTRICT : DHANUSA

KNOWLEDGE OF DIARRHOEA

AGE	YES	NO
~14	-	1
15 ~ 19	91	34
20 ~ 24	235	43
25 ~ 29	255	45
30 ~ 34	235	39
35 ~ 39	171	22
40 ~ 44	114	22
45 ~ 49	78	16
50+	-	-
NOT STATED	1	1
TOTAL	1,180	223

Table 38 : Distribution of Respondents by Their Knowledge About Causes of Diarrhoea by 5 Year Age Group

DISTRICT : KAVREPALANCHOK

AGE	THE REASON									
	A	B	C	D	E	F	G	H	I	J
~14	1	-	1	-	-	-	-	-	-	-
15 ~ 19	36	5	9	-	10	4	4	1	34	-
20 ~ 24	92	21	19	6	20	14	12	1	57	-
25 ~ 29	101	16	25	4	20	14	19	2	72	1
30 ~ 34	70	17	15	3	18	12	9	3	63	2
35 ~ 39	60	12	19	2	15	15	11	1	52	-
40 ~ 44	43	14	17	2	16	8	15	1	41	1
45 ~ 49	22	5	5	2	7	2	6	1	29	-
50+	1	1	-	-	1	-	-	-	-	-
NOT STATED	1	-	-	-	-	-	-	-	1	-
TOTAL	427	91	110	19	107	69	76	10	349	4

A : Inapplicable
 B : Indigestible Food Eaten/Over Eating
 C : Superstition
 D : Stomach Disorder
 E : Stale Food
 F : Dirty Food
 G : Food With Flies
 H : Stagnant Water
 I : Don't Know
 J : Not Stated

DISTRICT : DHANUSA

AGE	THE REASON									
	A	B	C	D	E	F	G	H	I	J
~14	-	-	-	-	-	-	-	-	-	-
15 ~ 19	64	6	1	-	7	2	-	-	8	-
20 ~ 24	142	18	11	-	11	5	-	-	42	-
25 ~ 29	174	14	8	-	15	2	-	1	37	-
30 ~ 34	127	21	15	1	20	3	1	-	42	-
35 ~ 39	97	14	7	3	11	5	-	-	31	-
40 ~ 44	72	5	6	1	7	3	-	-	18	-
45 ~ 49	48	9	4	1	5	-	-	1	8	-
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	1	-	-	-	-	-	-	-	-	-
TOTAL	725	87	52	6	76	20	1	2	186	-

Table 39 : Distribution of Respondents by Their Attitude Towards Types of Treatment of Diarrhoea

DISTRICT : KAVREPALANCHOK

AGE	TREATMENTS								
	A	B	C	D	E	F	G	H	I
~14	-	-	-	2	-	-	-	-	-
15 ~ 19	5	11	5	20	6	30	12	13	3
20 ~ 24	12	40	16	62	16	63	22	16	5
25 ~ 29	9	49	18	70	26	68	30	5	1
30 ~ 34	6	33	6	46	19	76	28	5	1
35 ~ 39	12	15	3	60	14	46	29	6	3
40 ~ 44	5	16	5	42	7	58	26	7	1
45 ~ 49	4	6	1	23	6	27	12	-	1
50+	-	-	-	2	-	1	-	-	-
NOT STATED	-	-	-	-	-	1	1	-	-
TOTAL	53	170	54	327	94	370	160	52	15

- A : No Treatment
- B : Rehydration With Jeevan Jal
- C : Rehydration(With Salt Sugar Water)Solution
- D : Medicine(Modern)
- E : Medicine(Ayurvedic)
- F : Other Traditional Treatment
- G : Other Treatment
- H : Don't Know
- I : Not Stated

DISTRICT : DHANUSA

AGE	TREATMENTS								
	A	B	C	D	E	F	G	H	I
~14	-	-	-	-	-	-	-	-	-
15 ~ 19	3	15	1	32	6	3	13	15	3
20 ~ 24	13	46	3	99	16	9	27	17	4
25 ~ 29	14	44	3	117	16	8	37	13	3
30 ~ 34	10	47	5	100	19	6	30	14	4
35 ~ 39	7	37	1	72	10	3	25	12	4
40 ~ 44	2	18	3	56	6	6	20	2	1
45 ~ 49	3	9	-	43	3	2	11	6	1
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	1	-	-
TOTAL	52	216	16	519	76	37	164	79	20

Table 40 : Distribution of Respondents by Their Knowledge of "Jeevan Jal"

PANCHAYAT CODE	HEARD OF "JEEVAN JAL"		
	YES	NO	NOT STATED
1 ~ 3	232	154	22
4 ~ 5	193	66	23
6 ~ 8	356	73	48
9 ~ 10	195	104	5
SUB-TOTAL	976	397	98
11 ~ 13	229	151	10
14 ~ 15	228	76	5
16 ~ 18	240	214	17
19 ~ 20	190	89	20
SUB-TOTAL	887	530	52
TOTAL	1,863	927	150

1 - 3 : Bhumlutar
4 - 5 : Dapcha
6 - 8 : Khopasi
9 - 10 : Nala
11 - 13 : Godar
14 - 15 : Godhaghas
16 - 18 : Sabaila
19 - 20 : Tarapatti

Table 41 : Distribution of Respondents (Who Knew About "Jeevan Jal") by Source of Information about "Jeevan Jal" and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

SOURCE OF INFORMATION (JEEVAN JAL)

AGE	HEALTH WORKER	SPOUSE	FAMILY MEMBER	FRIENDS	RADIO	NEWS-PAPER	MOTHERS' CLUB	OTHERS
~14	-	-	1	-	-	-	-	1
15 ~ 19	2	2	2	2	66	-	-	8
20 ~ 24	7	2	9	5	163	-	-	25
25 ~ 29	23	8	3	3	142	1	2	31
30 ~ 34	12	7	4	2	104	-	-	38
35 ~ 39	8	5	4	3	78	-	-	29
40 ~ 44	8	-	3	2	86	-	-	15
45 ~ 49	2	1	5	4	34	-	-	9
50+	-	-	-	-	1	-	-	-
NOT STATED	-	-	-	-	1	-	-	1
TOTAL	62	25	31	21	675	1	2	157

DISTRICT : DHANUSA

SOURCE OF INFORMATION (JEEVAN JAL)

AGE	HEALTH WORKER	SPOUSE	FAMILY MEMBER	FRIENDS	RADIO	NEWS-PAPER	MOTHERS' CLUB	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	24	1	3	2	22	-	1	12
20 ~ 24	72	4	19	2	32	-	1	42
25 ~ 29	59	1	21	7	43	2	2	47
30 ~ 34	75	4	16	10	30	-	4	47
35 ~ 39	54	-	12	2	23	-	3	35
40 ~ 44	31	-	6	9	13	1	3	24
45 ~ 49	19	-	9	4	3	1	-	17
50+	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	1
TOTAL	334	10	86	36	166	4	14	225

Table 42 : Distribution of Respondents (Who Knew About "Jeevan Jal") by Whether Or Not They Have Right Knowledge of Preparing It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	156	136
WRONG WAY	245	384
DON'T KNOW	581	366
NOT STATED	95	51

Table 43 : Distribution of Respondents (Who Knew About "Jeevan Jal") by Their Knowledge About Amount to Be Given to Diarrhoea Patients

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	98	123
WRONG WAY	302	446
DON'T KNOW	585	319
NOT STATED	95	54

Table 44 : Distribution of Respondents (Who Knew About Medicine Water) by Their Source of Information about Medicine Water and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

SOURCE OF INFORMATION (SALT, SUGAR, WATER SOLUTION)

AGE	INAPPLI- CABLE (0)	NOT STATED (9)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	OTHERS (8)	TOTAL (1-8)
~14	1	1	-	-	1	-	-	-	-	-	1
15 ~ 19	31	4	1	2	1	3	89	-	-	1	97
20 ~ 24	44	4	2	1	1	1	210	-	-	9	224
25 ~ 29	58	1	2	1	4	1	199	-	2	21	230
30 ~ 34	46	1	6	1	3	1	163	-	-	12	186
35 ~ 39	50	2	3	-	3	2	123	-	-	11	142
40 ~ 44	39	4	-	-	1	2	125	-	-	8	136
45 ~ 49	23	-	1	1	4	-	53	-	-	5	64
50+	1	-	-	-	-	-	2	-	-	-	2
NOT STATED	2	83	-	-	-	-	1	-	-	-	1
TOTAL	295	100	15	6	18	10	965	-	2	67	1,083

DISTRICT : DHANUSA

SOURCE OF INFORMATION (SALT, SUGAR, WATER SOLUTION)

AGE	INAPPLI- CABLE (0)	NOT STATED (9)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	OTHERS (8)	TOTAL (1-8)
~14	1	-	-	-	-	-	-	-	-	-	-
15 ~ 19	82	10	10	-	5	2	20	-	-	8	45
20 ~ 24	181	-	34	2	12	1	34	-	1	16	100
25 ~ 29	201	1	41	-	6	3	34	1	2	16	103
30 ~ 34	168	2	35	2	11	7	36	-	1	18	110
35 ~ 39	116	1	24	1	4	2	27	-	2	19	79
40 ~ 44	86	9	18	2	2	2	15	1	1	11	52
45 ~ 49	62	1	12	1	3	2	10	-	-	5	33
50+	-	-	-	-	-	-	-	-	-	-	-
NOT STATED	2	33	-	-	-	-	-	-	-	-	-
TOTAL	899	57	174	8	43	19	176	2	7	93	522

Table 45: Distribution of Respondents (Who Knew About Medicine Water) by Whether or Not They Have Right Knowledge of Preparing It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	195	109
WRONG WAY	347	175
DON'T KNOW	538	229
NOT STATED	101	67

Table 46: Distribution of Respondents by Their Attitude Towards Giving Fluid to Diarrhoea Patient As Usual

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1185	927
NO	193	417
DON'T KNOW	2	64
NOT STATED	94	57

Table 47: Distribution of Respondents (Who Said That Fluids Should Not Be Given To Diarrhoea Patients) by Reason for Not Giving Fluids

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
WORSEN DIARRHOEA	146	372
CUSTOMARY	3	3
UNADVISABLE TO GIVE	1	4
DON'T KNOW	6	23
NOT STATED	129	98

Table 48: Distribution of Respondents by Their Attitude Towards Breastfeeding to Diarrhoea Patients

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
ADVISABLE TO BREASTFEED		
YES	1344	1324
NO	30	29
DON'T KNOW	2	51
NOT STATED	96	57

Table 49 : Distribution of Respondents by Knowledge Of Immunization

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1110	1210
NO	267	206
DON'T KNOW	1	2
NOT STATED	97	52

Table 50 : Distribution of Respondents by Knowledge of Preventable Disease Through Immunization

DISTRICT: KAVREPALANCHOK

	YES	NO	DON'T KNOW	NOT STATED
TETANUS	110	871	125	96
POLIO	113	870	124	95
DIPHTHERIA	112	871	124	95
WHOOPING COUGH	277	707	124	95
MEASLES	499	485	124	95
TUBERCULOSIS	186	797	124	96
OTHERS	142	527	432	98

DISTRICT: DHANUSA

	YES	NO	DON'T KNOW	NOT STATED
TETANUS	592	473	135	65
POLIO	133	933	127	64
DIPHTHERIA	68	999	127	64
WHOOPING COUGH	142	923	127	64
MEASLES	188	878	127	64
TUBERCULOSIS	121	945	127	64
OTHERS	3	682	512	67

Table 51 : Distribution of Respondents by Source of Information About Immunization

PANCHAYAT CODE	SOURCE OF INFORMATION (IMMUNIZATION)										TOTAL (1-9)	
	INAPPLI- CABLE (0)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	IMMUNI. CAMP (8)	OTHERS (9)		
1 ~ 3	114	38	4	4	2	10	-	1	154	81	294	
4 ~ 5	51	24	8	4	2	18	-	-	117	59	232	1 - 3 : Bhumlutar
6 ~ 8	68	24	14	7	5	32	-	1	222	107	412	4 - 5 : Dapcha
9 ~ 10	42	16	10	3	6	24	-	-	151	53	263	6 - 8 : Khopasi
SUB-TOTAL	275	102	36	18	15	84	-	2	644	300	1,201	9 - 10 : Nala
11 ~ 13	69	23	5	7	2	-	-	2	262	24	325	11 - 13 : Godar
14 ~ 15	34	24	4	3	2	1	-	1	177	68	280	14 - 15 : Godhaghas
16 ~ 18	94	17	9	3	1	-	1	2	305	40	378	16 - 18 : Sabaila
19 ~ 20	30	27	1	-	2	-	-	-	170	73	273	19 - 20 : Tarapatti
SUB-TOTAL	227	91	19	13	7	1	1	5	914	205	1,256	
TOTAL	502	193	55	31	22	85	1	7	1,558	505	2,457	

Table 52 : Incidence of Immunization of B. C. G., D. P. T., Polio and Measles

PANCHAYAT CODE	B. C. G.				D. P. T.				POLIO					MEASLES				
	A	B	C	D	E	F	G	H	D	E	F	G	H	D	A	B	C	D
1 ~ 3	3	67	61	30	41	56	20	7	38	66	38	14	4	40	2	61	70	29
4 ~ 5	2	43	48	22	32	41	11	9	22	39	28	14	8	26	6	54	33	22
6 ~ 8	16	84	67	50	40	69	33	21	54	77	45	19	17	59	14	87	65	51
9 ~ 10	19	54	31	6	36	32	18	15	9	51	23	11	15	10	19	44	41	6
SUB-TOTAL	40	248	207	108	149	198	82	52	123	233	134	58	44	135	41	246	209	108
11 ~ 13	3	161	12	21	12	46	40	79	20	15	49	34	78	21	16	121	39	21
14 ~ 15	4	127	13	19	21	20	29	73	20	25	25	28	65	20	10	72	61	20
16 ~ 18	5	152	31	29	22	46	50	69	30	45	45	39	57	31	10	120	55	32
19 ~ 20	5	131	4	28	17	20	30	73	28	22	26	26	65	29	20	79	42	27
SUB-TOTAL	17	571	60	97	72	132	149	294	98	107	145	127	265	101	56	392	197	100
TOTAL	57	819	267	205	221	330	231	346	221	340	279	185	309	236	97	638	406	208

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

A : Inapplicable
 B : Yes
 C : No
 D : Not Stated
 E : Never Done
 F : Once
 G : Twice
 H : Three Times

Table 53 : Distribution of Children Immunized by Place of Taking Immunization

PANCHAYAT CODE	THE PLACE FOR IMMUNIZATION						NOT STATED
	INAPPLI- CABLE	HOSPITAL	HEALTH POST	IMMUNI. CAMP	FP CLINIC	OTHERS	
1 ~ 3	245	13	16	102	-	-	31
4 ~ 5	172	4	21	58	-	1	23
6 ~ 8	271	8	8	138	1	1	53
9 ~ 10	199	10	10	75	-	3	8
SUB-TOTAL	887	35	55	373	1	5	115
11 ~ 13	198	11	7	161	-	1	15
14 ~ 15	150	25	4	123	-	1	11
16 ~ 18	260	5	3	180	-	2	22
19 ~ 20	129	14	3	133	-	-	24
SUB-TOTAL	737	55	17	597	-	4	72
TOTAL	1,624	90	72	970	1	9	187

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

Table 54 : Distribution of Respondents (Who Had at Least A Child Under 5 and Have Not Immunized Their Child/ren) by Reasons for Not Immunizing the Children (Multiple Answer)

PANCHAYAT CODE	THE REASON FOR NOT IMMUNIZATION						TOTAL
	A	B	C	D	E	F	
1 ~ 3	44	2	5	3	7	3	64
4 ~ 5	28	1	2	2	3	2	38
6 ~ 8	52	4	2	6	7	3	74
9 ~ 10	50	-	5	1	1	2	59
SUB-TOTAL	174	7	14	12	18	10	235
11 ~ 13	14	-	-	1	6	1	22
14 ~ 15	9	2	3	2	7	-	23
16 ~ 18	18	1	4	3	8	3	37
19 ~ 20	6	1	3	2	8	3	23
SUB-TOTAL	47	4	10	8	29	7	105
TOTAL	221	11	24	20	47	17	340

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

A : Service Not Available
 B : Cost
 C : Not Accessible
 D : Don't Know The Source
 E : Service Not Needed
 F : Don't Know Its Need

Table 55 : Duration of Breastfeeding of Respondents by Months and Age of Respondents
(5 Year Age Group)

DISTRICT : KAVREPALANCHOK											STILL CONT.	TOTAL
MONTHS	A G E											
	~14	15~19	20~24	25~29	30~34	35~39	40~44	45~49	50+			
1	-	-	4	3	-	2	-	-	-	-	-	9
2	-	-	1	2	1	-	-	1	-	-	-	5
3	-	-	-	1	-	-	-	1	-	-	-	2
4	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	1	1	-	-	-	-	-	-	2
7	-	-	-	1	-	-	1	-	-	-	-	2
8	-	-	2	-	-	-	-	-	-	-	-	2
9	-	-	-	3	1	-	-	1	-	-	-	5
10	-	-	-	-	-	-	-	-	-	-	-	-
11	-	-	1	1	-	-	-	-	-	-	-	2
12	-	-	3	4	2	2	3	2	-	-	-	16
13	-	-	2	-	-	-	-	-	-	-	-	2
14	-	-	-	-	-	-	-	-	-	-	-	-
15	-	-	-	1	-	-	-	-	-	-	-	1
16	-	-	-	-	1	-	-	-	-	-	-	1
17	-	-	-	-	-	-	1	-	-	-	-	1
18	-	-	1	2	4	4	6	2	-	-	-	19
19	-	-	-	-	-	-	-	-	-	-	-	-
20	-	-	-	1	-	1	1	-	-	-	-	3
21	-	-	-	-	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-	-	-	-	-
24	-	2	9	20	16	20	17	8	-	-	-	92
25	-	-	-	-	1	-	-	-	-	-	-	1
26	-	-	1	1	1	1	1	-	-	-	-	5
27	-	-	-	-	-	-	-	-	-	-	-	-
28	-	-	-	1	-	1	-	-	-	-	-	2
29	-	-	-	-	-	-	-	-	-	-	-	-
30	-	-	2	3	1	5	1	-	-	-	-	12
31	-	-	-	-	-	-	-	-	-	-	-	-
32	-	-	-	-	1	-	-	-	-	-	-	1
33	-	-	-	-	-	-	-	-	-	-	-	-
34	-	-	-	1	-	1	-	-	-	-	-	2
35	-	-	-	-	-	-	-	-	-	-	-	-
36	-	1	3	21	24	26	21	29	1	-	-	126
88	1	38	170	191	149	98	64	12	1	2	-	726
TOTAL	1	41	199	258	203	161	116	56	2	2	-	1,039

DISTRICT : DHANUSA											STILL CONT.	TOTAL
MONTHS	A G E											
	~14	15~19	20~24	25~29	30~34	35~39	40~44	45~49	50+			
1	-	1	1	3	-	1	-	-	-	-	-	6
2	-	-	1	1	-	1	2	-	-	-	-	5
3	-	1	1	-	-	-	1	1	-	-	-	4
4	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-	-	-	-	1
6	-	-	-	-	2	-	1	-	-	-	-	3
7	-	-	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	1	-	-	-	-	-	1
9	-	-	1	-	-	1	-	1	-	-	-	3
10	-	-	1	-	-	1	-	-	-	-	-	2
11	-	-	1	1	-	-	1	-	-	-	-	3
12	-	-	1	1	5	2	1	1	-	-	-	11
13	-	-	-	-	1	-	-	-	-	-	-	1
14	-	-	-	-	-	-	-	-	-	-	-	-
15	-	-	1	-	-	-	1	-	-	-	-	2
16	-	-	-	-	-	-	-	-	-	-	-	-
17	-	-	-	1	-	-	-	-	-	-	-	1
18	-	1	2	5	4	4	3	1	-	-	-	20
19	-	-	-	-	-	-	-	-	-	-	-	-
20	-	-	2	-	-	-	-	-	-	-	-	2
21	-	-	-	-	-	-	-	-	-	-	-	-
22	-	-	-	-	1	-	-	-	-	-	-	1
23	-	-	-	1	-	-	-	-	-	-	-	1
24	-	-	10	10	15	10	11	5	-	-	-	61
25	-	-	-	-	-	1	1	-	-	-	-	2
26	-	-	-	1	-	-	-	-	-	-	-	1
27	-	-	-	-	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	3	-	-	-	3
29	-	-	-	1	-	-	1	1	-	-	-	3
30	-	-	2	4	3	5	1	3	-	-	-	18
31	-	-	-	-	-	-	-	-	-	-	-	-
32	-	-	-	1	-	-	-	-	-	-	-	1
33	-	-	-	-	-	-	-	-	-	-	-	-
34	-	-	-	1	-	-	-	-	-	-	-	1
35	-	-	-	-	-	-	-	-	-	-	-	-
36	-	-	2	15	26	35	26	19	-	-	-	123
88	-	41	163	195	171	86	39	19	-	1	-	715
TOTAL	-	44	190	241	228	148	89	54	-	1	-	995

Table 56 : Distribution of Respondents by Practice of Breastfeeding to the Last Child

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1186	1191
NO	13	22
NOT STATED	96	54

Table 57 : Distribution of Respondents by Reasons for Discontinuing Breastfeeding

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CHILD GREW UP	204	207
MOTHER'S MILK DRIED OUT	54	66
MOTHER'S POOR HEALTH	29	13
MOTHER'S CONCERN FOR BEAUTY	-	1
CHILD DIED	40	49
WORKING MOTHER	4	3
DUE TO NEXT PREGNANCY	53	49
DON'T KNOW	66	80
NOT STATED	106	57

Table 58 : Distribution of Respondents by Reasons for Not Breastfeeding the Last Child

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CHILD DIED	18	9
MOTHER'S HEALTH	13	4
NO MILK	-	2
DON'T KNOW	-	1
NOT STATED	100	64

Table 59 : Distribution of Respondents by Their Attitudes Towards Feeding the First Milk

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	846	434
NO	335	778
DON'T KNOW	-	4
NOT STATED	98	54

Table 60 : Distribution of Respondents by Practice of Feeding the Colostrum

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	833	421
NO	19	24
DON'T KNOW	3	7
NOT STATED	110	95

Table 61 : Distribution of Respondents by Reasons for the Colostrum

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
NOT GOOD FOR HEALTH	165	259
NOT CUSTOMARY	26	25
NOT GOOD APPEAL	31	305
DIFFICULT TO DIGEST	20	32
UNADVISABLE TO FEED	37	14
DON'T KNOW	12	48
NOT STATED	160	117

Table 62 : Distribution of Respondents by Performance of Rice-feeding Ceremony

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1198	89
NO	173	1327
DON'T KNOW	2	-
NOT STATED	99	54

Table 63 : Distribution of Respondents by Incidence of Giving Supplementary Food Before the Ceremony

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	829	27
NO	351	55
DON'T KNOW	1	1
NOT STATED	117	59

Table 64 : Distribution of Respondents by Types of Solid Foods Given to Children

PANCHAYAT CODE	SARBOTTAM PITHO	KHIR	SOLID FOODS								MEATS & FISH	
			EGGS	DRIED BEANS	FRUITS	RICE WITH MILK	DAL & RICE	GREEN VEGETABLE	KHICHADI JAULO, KHOLE			
1 ~ 3	29	1	14	24	11	287	309	81	79	22		
4 ~ 5	6	4	2	20	4	194	213	102	54	3	1 - 3 : Bhumlutar	
6 ~ 8	28	3	12	19	13	312	336	132	86	18	4 - 5 : Dapcha	
9 ~ 10	7	6	7	15	3	259	249	70	31	11	6 - 8 : Khopasi	
SUB-TOTAL	70	14	35	78	31	1,052	1,107	385	250	54	9 - 10 : Nala	
11 ~ 13	50	19	22	36	40	198	365	70	155	53	11 - 13 : Godar	
14 ~ 15	-	1	-	1	2	101	299	53	46	1	14 - 15 : Godhaghas	
16 ~ 18	24	58	11	15	26	296	442	76	109	45	16 - 18 : Sabaila	
19 ~ 20	5	5	-	1	7	135	264	38	78	7	19 - 20 : Tarapatti	
SUB-TOTAL	79	83	33	53	75	730	1,370	237	388	106		
TOTAL	149	97	68	131	106	1,782	2,477	622	638	160		

Table 65 : Distribution of Respondents by Their Attitude Towards Breastfeeding after the Child Has Started Taking Solid Food

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1320	1247
NO	32	31
DON'T KNOW	20	72
NOT STATED	98	56

Table 66 : Distribution of Respondents by Their Attitude Towards Giving Additional Food to Pregnant Women and by Type of Food

PANCHAYAT CODE	SUPPLEMENTARY FOOD FOR PREGNANT WOMAN							
	PROTEIN	FRUITS	GREEN VEGETABLES	BEANS	EGGS	MILK	GHEE	OTHERS
1 ~ 3	66	28	11	14	7	37	40	62
4 ~ 5	33	21	6	10	6	23	11	45
6 ~ 8	87	40	26	29	26	45	27	80
9 ~ 10	41	25	10	8	5	26	12	41
SUB-TOTAL	227	114	53	61	44	131	90	228
11 ~ 13	43	16	25	-	5	30	8	12
14 ~ 15	19	22	5	1	6	47	2	48
16 ~ 18	31	19	10	4	1	56	6	50
19 ~ 20	22	15	5	5	2	50	2	43
SUB-TOTAL	115	72	45	10	14	183	18	153
TOTAL	342	186	98	71	58	314	108	381

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

Table 67 : Distribution of Respondents by Their Attitude Towards Giving Additional Food to Breastfeeding Mother by Type of Food

PANCHAYAT CODE	SUPPLEMENTARY FOOD FOR BREASTFEEDING MOTHER							
	PROTEIN	GREEN FRUITS	GREEN VEGETABLES	BEANS	EGGS	MILK	GHEE	OTHERS
1 ~ 3	83	16	23	12	8	48	51	84
4 ~ 5	46	14	22	11	7	35	31	82
6 ~ 8	102	29	29	28	11	55	56	120
9 ~ 10	76	6	11	9	3	39	37	91
SUB-TOTAL	307	65	85	60	29	177	175	377
11 ~ 13	21	9	21	1	4	35	3	49
14 ~ 15	9	8	4	11	7	106	1	126
16 ~ 18	15	9	24	7	2	85	2	96
19 ~ 20	20	11	7	15	3	89	3	88
SUB-TOTAL	65	37	56	34	16	315	9	359
TOTAL	372	102	141	94	45	492	184	736

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

Table 68 : Distribution of Respondents by Knowledge About "Runche" or "Sukenash"

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1054	843
NO	326	574
DON'T KNOW	-	1
NOT STATED	97	56

Table 69 : Distribution of Respondents by Their Knowledge of Knowing "Runche" or "Sukenash" and by Reasons for Having It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
PHYSICAL CONTACT WITH PREGNANT MOTHER	358	21
PHYSICAL CONTACT WITH AN INFANT	52	12
OTHER SUPERSTITIOUS REASON	381	316
CHILD IF MALNOURISHED	25	53
DON'T KNOW	5	7
NOT STATED	120	86

Table 70 : Distribution of Respondents by Their Knowledge About Treatment of "Runche" or "Sukenash" and by Type of Treatment

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
MORNING BATH	47	13
SPRINKLING COWS' URINE	25	6
SPRINKLING COWS' MILK	11	16
FAITH HEALER/TRADITIONAL TREAT.	724	461
MODERN TREATMENT	65	86
AYURVEDIC TREATMENT	5	23
PROVIDE NOURISHMENT	9	14
DON'T KNOW	13	10
NOT STATED	105	58

Table 71 : Distribution of Respondents by Incidence of Eye Problem and Nightblindness to Children

PANCHAYAT CODE	EYE PROBLEM YES	THE KIND OF EYE PROBLEM								NOT STATED	NIGHT BLINDNESS			
		0	1	2	3	4	5	6	0		1	2	9	
1 ~ 3	44	335	19	1	-	-	-	24	29	52	1	326	29	
4 ~ 5	27	218	17	1	1	-	1	7	38	27	3	215	38	
6 ~ 8	29	379	11	-	-	1	1	14	74	49	4	355	72	
9 ~ 10	31	266	16	1	-	-	3	12	7	44	1	249	11	
SUB-TOTAL	131	1,198	63	3	1	1	5	57	148	172	9	1,145	150	
11 ~ 13	7	339	1	1	-	1	-	4	48	50	5	284	55	
14 ~ 15	27	273	12	1	-	-	-	14	13	47	16	237	14	
16 ~ 18	31	399	15	3	3	-	-	10	42	85	12	333	42	
19 ~ 20	32	244	10	1	-	-	1	20	27	45	22	210	26	
SUB-TOTAL	97	1,255	38	6	3	1	1	48	130	227	55	1,064	137	
TOTAL	228	2,453	101	9	4	2	6	105	278	399	64	2,209	287	

1 - 3 : Bhumltar, 4 - 5 : Dapcha, 6 - 8 : Khopasi, 9 - 10 : Nala, 11 - 13 : Godar, 14 - 15 : Godhaghas, 16 - 18 : Sabaila, 19 - 20 : Tarapatti

Table 72 : Distribution of Nutritional Status of Children

DISTRICT : KAVREPALANCHOK

	NUTRITIONAL STATUS		
	A	B	C
LAST CHILD	110	269	431
LAST BUT ONE CHILD	18	85	163
LAST BUT TWO CHILD	2	7	15
TOTAL	130	361	609

DISTRICT : DHANUSA

	NUTRITIONAL STATUS		
	A	B	C
LAST CHILD	166	275	325
LAST BUT ONE CHILD	13	56	122
LAST BUT TWO CHILD	3	5	5
TOTAL	182	336	452

A : Malnourished
 B : Slightly Undernourished
 C : Well Nourished

Table 73 : Number of Deaths by 5 Year Age Group

AGE	DISTRICT	
	KAVREPALANCHOK	DHANUSA
0	44	43
1~4	12	18
5~9	7	6
10~14	4	4
15~19	2	1
20~24	3	2
25~29	2	-
30~34	1	1
35~39	2	4
40~44	1	3
45~49	3	4
50~54	7	1
55~59	4	1
60~64	9	1
65+	19	27
UNKNOWN	1	1
TOTAL	121	117

Table 74 : Incidence of Diarrhoea, Measles, Worms, Whooping Cough, A. R. I. and Diphtheria among Children under Five

PANCHAYAT CODE	DIARRHOEA		MEASLES		WORMS		WHOOPIG COUGH		A. R. I.		DIPHTHERIA	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1 ~ 3	174	77	31	217	105	144	98	152	115	135	15	234
4 ~ 5	111	48	28	129	59	99	66	92	61	97	5	152
6 ~ 8	188	75	55	203	98	163	69	192	100	158	11	247
9 ~ 10	147	41	47	140	81	107	54	133	63	124	12	173
SUB-TOTAL	620	241	161	689	343	513	287	569	339	514	43	806
11 ~ 13	141	79	18	197	47	173	26	194	39	180	3	217
14 ~ 15	123	52	22	151	80	92	44	130	135	40	8	157
16 ~ 18	149	113	28	229	56	206	52	208	82	180	4	243
19 ~ 20	114	61	17	156	53	123	39	136	110	65	2	163
SUB-TOTAL	527	305	85	733	236	594	161	668	366	465	17	780
TOTAL	1,147	546	246	1,422	579	1,107	448	1,237	705	979	60	1,586

1-3 : Bhumlutar. 4-5 : Dapcha. 6-8 : Khopasi. 9-10 : Nala. 11-13 : Godar. 14-15 : Godhaghas.
16-18 : Sabaila. 19-20 : Tarapatti

Table 75 : Distribution of Children by Type of Treatment Received for Diarrhoea, Measles, Worms, Whooping Cough, A. R. I. and Diphtheria

DISTRICT : KAVREPALANCHOK

	THE PLACE FOR TREATMENT						
	NOT TREATED AT HOME	H. P. / HOSPITAL	FP CLINIC	DHAMI/ JHANKRI	KAVIRAJ/ VAIDYA	OTHERS	
DIARRHOEA (LAST BUT TWO CHILD)	112	96	158	2	121	39	43
MEASLES (ANY CHILDREN)	72	37	19	-	8	5	7
WORMS (LAST CHILD)	47	35	68	22	17	19	42
WHOOPIG COUGH(LAST CHILD)	74	44	78	1	6	18	20
A. R. I. (LAST CHILD)	134	48	63	1	27	16	18
DIPHThERIA (LAST CHILD)	8	7	8	-	3	4	5

DISTRICT : DHANUSA

	THE PLACE FOR TREATMENT						
	NOT TREATED AT HOME	H. P. / HOSPITAL	FP CLINIC	DHAMI/ JHANKRI	KAVIRAJ/ VAIDYA	OTHERS	
DIARRHOEA (LAST BUT TWO CHILD)	72	185	41	8	2	52	127
MEASLES (ANY CHILDREN)	38	30	3	-	-	1	5
WORMS (LAST CHILD)	29	62	16	3	8	22	50
WHOOPIG COUGH(LAST CHILD)	34	42	10	-	1	22	34
A. R. I. (LAST CHILD)	96	133	15	2	4	23	63
DIPHThERIA (LAST CHILD)	4	7	1	-	-	-	2

1 HOUSEHOLD INFORMATION

Name of Panchayat: _____ District: _____

Ward No: _____ Questionnaire No: _____

Household No: _____ Sample No: _____

Attempt No.	1	2	3	4
Date				
Interviewer				
Result (In code)*				

- * Result type Code
- Interview completed 1
 - No responsible respondent at house 2
 - Appointment for later date fixed 3
 - (Note time & date of appointment)
 - Refuse (also specify reason if possible) 4
 - Other (specify) 5

HOUSEHOLD SCHEDULE:

NAMES OF USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE		SEX	AGE IN COMPLETED YEARS	MARITAL STATUS (ASK ONLY TO THOSE AGED 16 YEARS AND ABOVE)		ELIGIBILITY
PLEASE GIVE ME THE NAME OF THE PERSON WHO USUALLY LIVE IN YOUR HOUSEHOLD ?	WHAT IS THE RELATIONSHIP OF THIS PERSON TO THE HEAD OF THE HOUSEHOLD ?	DOES THIS PERSON USUALLY LIVE HERE (YES/ NO) (3)	DID THIS PERSON SLEEP HERE LAST NIGHT? (YES/ NO) (4)	IS THIS PERSON MALE OR FEMALE? (MALE FEMALE) (5)	HOW OLD IS THIS PERSON ? (6)	IS THIS PERSON MARRIED (YES/ NO) (7)	IS THIS PERSON MARRIED ? UNMARRIED - U MARRIED - M WIDOWED - W DIVORCED - D SEPERATED - S (8)	TICK ALL MARRIED WOMEN ELIGIBLE FOR INTERVIEW. (9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

* IF CONTINUATION SHEET USED, TICK HERE []

2 SOCIO-ECONOMIC STATUS OF THE HOUSEHOLD:

INTERVIEWER: INFORMATION IN THIS SECTION OF THE QUESTIONNAIRE SHOULD BE COLLECTED FROM ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD WHO CAN PROVIDE THESE INFORMATION.)

2.1 What is the level of education (i.e. highest grade passed) of the head of the household ? _____

2.2 What is the highest level of education ever received by a member of the family ? _____

2.3 What is the occupation of the head of the household (i.e. The activity he or she spent most of his time ?

2.4 Do you or your family have own land ?
Yes !___! No !___!
↓ (Skip to Q. 2.5)

2.4.1 How much ? _____
(specify the unit)

2.5 What is the main source of drinking water ?
Tube Well !___! Tap !___!
Spring !___! Lake !___!
River !___! Well !___!
Deep Well !___! Other (specify) _____

2.6 Is there a fixed latrine for the exclusive use of this household?
Yes !___! No !___!

2.7 Has there been any live birth in this house during the past 12 months ? Yes !___! No !___!
↓

2.7.1 How many ? _____

2.8 Has there been any death in this house during the past 12 months?
Yes !___! No !___!
↓

2.8.1 How many ? _____

INSTRUCTION: If there are any deaths reported please fill in the following table .

Items	Number of deceased	1	2	3
Age at death				
Sex				
Cause of death				

INDIVIDUAL QUESTIONNAIRE.

(Only for 15 to 49 aged married women)

Name of Panchayat: _____ District: _____
 Ward No: _____ Respondent's serial No: _____
 Household No: _____ Questionnaire No: _____

Attempt No	1	2	3	4
Date				
Interviewer				
Result (in code)*				

* Result type	Code
Interview completed	1
Respondent not at home	2
Appointment for later date fixed (note time & date of appointment)	3
Refusal (also specify reason if possible)	4
Incomplete interview	5
Other (specify)	6

Form Checked Supervisor present Edited Coded
 Name of _____ at the time of
 Editor: _____ interview / _____
 Date: _____ reinterview By: _____ By: _____
 Name of Super- Name of Supervisor: Date: _____ Date: _____
 visor: _____
 Date: _____ Date: _____

3 BACKGROUND INFORMATION OF THE RESPONDENT.

- 3.1 What is your date of birth ? (to write in B.S. Era.)
 _____ Year _____ month, Don't Know
 †
- 3.1.1 How old are you ? _____ (Age in completed years).
- 3.2 Can you read and write ?
 Yes No
 †
- 3.2.1 Have you ever attended school ?
 Yes No
 †
- 3.2.1.1 What was the highest class attended ? _____
- 3.3 What is your occupation ? _____
- 3.4 How old is your husband ? _____ (Age in completed years).
- 3.5 Can he read and write ?
 Yes No
 †
- 3.5.1 Did he attend school ?
 Yes No
 †
- 3.5.1.1 What was the highest class attended ? _____
- 3.6 What is his occupation ? _____

3.7 Which is the nearest Hospital / Health centre / Health post from here ?

Name: _____ Don't know !___!
Distance (in mile) _____

3.8 What do you usually do when someone in this house becomes ill ?

Go for treatment !___! Don't go for treatment !___!

Why ? _____

(skip to Section 4.)

3.9 Where do you take the patient for treatment ?

1. Hospital / Health centre / Health post !___! Skip to 3.10.
2. Doctor / Health Assistant / Nurse !___! -
3. Dhami / Jhankri !___! ! skip to
4. Kabiraj !___! ! Section 4.
5. Other (Specify) _____ !

3.10 Are you satisfied or not from the service you receive from Hospital / Health centre / Health post ?

Yes !___! No !___!

4 FERTILITY HISTORY.

4.1 How old were you when you had your first menstruation ?

_____ Don't know !___!
Completed age. Not yet started !___!

(Stop to take interview).

4.2 In what month and year did you get married ?

_____ Don't know !___!
year. month.

↓

4.2.1 How old were you when you got married ?

_____ Completed age.

4.3 Did you start living with your husband immediately after marriage?

Yes !___! No !___!

↓

4.3.1 After how many years did you start living together ?

_____ Years. (If they are still not live together, then stop to take Interview).

4.4 Have you ever had any live born child ?

Yes !___! No !___!

(Skip to Q.No 4.6)

4.4.1 How many of your children were born alive ?

(Total _____, Sons _____, Daughters _____).

4.4.2 How many of them are now alive ?

(Total _____, Sons _____, Daughters _____).

4.5 In the past one year (from 16th Nov. 1985 to 15th Nov. 1986) did you have any live born child ?

Yes {___} No {___}

↓

4.5.1 How many _____ .

4.5.2 In what month and year were they born ?

1st born, _____ month _____ year.

2nd born, _____ month _____ year.

4.6 Did any of your pregnancy result in non-live birth ?

Yes {___} No {___}

↓

4.6.1 Number of miscarriages _____ .

4.7 Did you have any still birth ?

Yes {___} No {___}

↓

4.7.1 How many ? _____

4.8 Are you pregnant now ?

Yes {___} No {___} Don't know {___}

↓

4.8.1 For how long have you been pregnant ? _____ months.

4.8.2 Where would you go for delivery ? _____

(Skip to Q No. 4.10)

4.9 When did you have your last menstruation ?

(Year _____ month _____)

4.10 Do you want to have (additional) children ?

Yes {___} No {___} Don't know {___}

↓

4.10.1 How many (additional) children do you want to have?

(Total _____ , Sons _____ , Daughters _____ .)

Don't know {___}

4.11 In your opinion what would be an ideal number of children for a couple ?

(Total _____ , Sons _____ , Daughters _____ .)

4.12 In your opinion what will be correct spacing between two children ?

_____ .

5 ANTE-NATAL AND POST-NATAL CARE:

[FILTER: If 'No' in Q.4.4; 'No' in Q. 4.6; 'No' in 4.7; and 'No' or Don't know in 4.8; then tick in "Never pregnant" box otherwise tick in "ever pregnant" box.]

Ever pregnant {___}; Never pregnant {___};
↓
(Skip to next section)

5.1 Did you go for medical check-up due to pregnancy ?

Yes {___}; No {___};

↓
(Skip to Q.No 5.4)

5.1.1 Where did you go for check-up ?

Hospital, {___};
Health Post, {___}; (ask Q.No 5.1.2)
T.B.A. {___}; (ask Q.No 5.2)
Other (specify) _____

5.1.2 What for ?

Routine, {___};
Complication, {___};
Both, {___};

5.1.3 What kind of check-up did you have ?

Weight, {___};
Blood Pressure, {___};
Urene test, {___};
Palpation, {___};
Other (specify) _____

5.2 Who advised you to have check-up ?

Health Worker {___}; Family Member {___};
Friend {___}; Other (specify) _____

5.3 Is the check-up satisfactory ?

Yes {___}; No {___};

5.4 Did you take Tetanus Toxoid immunization ?

Yes {___}; No {___};

[FILTER: If 'No' in Q. 4.4; and Q. 4.7; then tick in "No delivery" otherwise tick in "at least one delivery" box.]

At least one delivery {___}; No delivery {___};
↓
(Skip to section 6)

5.5 Where did you go for last delivery ? _____

[FILTER: If they give answer at 'hospital' in Q.5.5, ask Q.5.7]

5.6 Did anybody assist you in the last delivery ?

Yes {___}; No {___};

↓
(skip to Q. __)

5.6.1 Who assisted you ?

Doctor/ Nurse {___};
T.B.A. {___};
Other (specify) _____

5.7 Did you go to Hospital / Health centre / Health post for check-up after delivery ?

Yes No

4

5.7.1 Were you satisfied with it ?

Yes No

6 FAMILY PLANNING

1. Have you heard of Family Planning ?

Yes No

TABLE NO 1

Q 6.2, Have you heard of _____ ? Q6.3, Have you or your spouse ever used the method _____ ? Q6.4, Are you or your spouse currently using any of the following methods? (read out all the methods one by one serially). Marked by "Yes" only in Q6.2. If 'No' tick () the appropriate box.

METHOD	Yes	No	Yes	No	Yes	No
01Pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02Condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04Injectable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06Female sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07Traditional (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Currently using	
					no method.	<input type="checkbox"/>

[FILTER: If they are still using any FP methods then don't have to ask Q.No. 6.5 and 6.6.

[FILTER: Ask the following questions to those who have knowledge of Family Planning Methods, but have never used F.P. methods]

6.5 What is the reason for not using any F.P. methods till now ?

- 6.5.1 Desire for more children.
- 6.5.2 Want to have son.
- 6.5.3 Want to have daughter.
- 6.5.4 Due to health reason.
- 6.5.5 Due to religion.
- 6.5.6 Husband does not like.
- 6.5.7 husband away.
- 6.5.8 Too old.
- 6.5.9 Due to infecundity.
- 6.5.10 Unavailability of F.P. methods.
- 6.5.11 Others (specify) _____

6.6 Do you expect to use any F.P. methods in future ?

Yes No

†

6.6.1 what method do you want to use ?

- Pill, Depoprovera,
- Condom, Male Sterilization,
- IUD, Female Sterilization,
- Other (specify) _____

6.7 How often does the health worker visit you ?

Once a month Once three months
 Once a year Never visited

(Skip to next Section).

6.8 Does he talk about F.P. methods ?

Yes No

6.9 Does he talk about child care ?

Yes No

6.10 Does he talk about ARI ?

Yes No

6.11 Does he talk about Deworming ?

Yes No

6.12 Does he talk about Breastfeeding ?

Yes No

6.13 Does he talk about child spacing ?

Yes No

6.14 Does he talk about O.R.T. ?

Yes No

6.15 Does he talk about immunization ?

Yes No

6.16 Does he talk about health education ?

Yes No

6.17 Does he talk about Nutrition ?

Yes No

6.18 Does he talk about Ante-natal and Post-natal care of the mother?

Yes !___! No !___!

6.19 Does he distribute the medicine ?

Yes !___! No !___!

6.20 Does he show the pictures when he talk about above subjects ?

Yes !___! No !___!

7 O.R.T.

7.1 Do you know what diarrhoea is ?

Yes !___! No !___!

(Skip to Q No 7.4)

7.1.1 What is diarrhoea ?

7.2 Do you know what can cause diarrhoea ?

Yes !___! No !___!

†

7.2.1 What are these ?

7.3 What treatment would you give when your child suffers from diarrhoea ?

7.4 Have you ever heard of "Jeevan Jul" ?

Yes !___! No !___!

†

(Ask Q.No 7.5)

7.4.1 How did you come to know about it ?

7.4.2 How do you prepare it ?

7.4.3 In what quantity will you provide the solution to the sick ?

7.5 Have you ever heard of medicine water (sugar salt solution) ?

Yes {___} No {___}

ψ

7.5.1 How did you come to know about it ?

7.5.2 How do you prepare it ?

7.6 Do you provide the child with regular amount of liquid food / water when your child is suffering from diarrhoea ?

Yes {___} No {___}

ψ

7.6.1 Why ?

7.7 Do you continue breastfeeding if the child suffers from diarrhoea?

Yes {___} No {___}

ψ

7.7.1 Why ?

8 IMMUNIZATION

8.1 Have you ever heard of immunization ?

Yes {___} No {___}

(Skip to next Section)

8.2 How did you know about it ?

8.3 What are the disease that can be prevented from immunization ?

Tetanus, {___} Whooping cough, {___}

Polio, {___} Measles, {___}

Diphtheria, {___} T.B. {___}

Other (specify). _____

[INTERVIEWER: If the respondent has the children below 5 year of age, ask following questions, otherwise skip to Section 9.

8.4 Have you immunized your children ?

Yes {___} No {___}

ψ

(Skip to Q.No 8.5)

8.4.1 What are they and how many times did you immunized ?

[INTERVIEWER: Write the name of childrens orderly from young one.]

Immunization History

Name of child:	D.C.G.	D.P.T.	Polio.	Measles.
01. _____	---	1.2.3.	1.2.3.	---
02. _____	---	1.2.3.	1.2.3.	---
03. _____	---	1.2.3.	1.2.3.	---

9.3 After delivery is the first milk (Colostrum) usually feed to the child ?

Yes {___} No {___}

✓ ✓

9.3.1 Did you feed the first milk to your child ?

9.3.2.Why ? _____

Yes {___} No {___}

9.4. What are the advantages of Breastfeeding ?

10 NUTRITION, FOOD AND FEEDING HABIT

10.1 Do you perform a rice feeding ceremony in your family ?

Yes {___} No {___}

✓ (Skip to Q.No 10.2)

10.1.1 At what age do you usually perform this ceremony ?

1) Boy _____ months, 2) Girl _____ months,

10.1.2 Do you provide any supplementary food (Naram khana) before the rice feeding ceremony ?

Yes {___} No {___}

10.2 After how many months do you usually start giving solid food ?

_____ months.

10.3 What kind of foods do you usually give as supplementary food?

[Tick mark in appropriate box.]

ITENS		ITENS	
Sarbottam pitho,	{___}	Milk/ Rice,	{___}
Rice Pudding,	{___}	Dal/ Bhat,	{___}
Legums,	{___}	Green Vegetable,	{___}
Egg,	{___}	Khichadi/ Jaulo/	
Fresh Fruit	{___}	Khole,	{___}
		Meat/ Fish	{___}
Other (Specify)	_____		

10.4 Should a mother continue breast-feeding even after the child starts taking solid food ?

Yes {___} No {___} Don't know {___}

↓

10.4.1 How long should the mother continue breastfeeding after giving solid food ?
_____ months.

10.4.2 Why do you think so ?

10.5 Do you supplement the child with other milk ?

Yes {___} No {___}

↓

10.5.1 What kind of milk ?

Cow {___}
Buffalo {___}
Goat {___}
Tin(commercial) {___}
Other. _____ {___}

10.6 Are pregnant mothers provided with special food during the pregnancy period ?

Yes {___} No {___} Don't know {___}

↓

10.6.1 What food do you usually provide ?

1. _____
2. _____
3. _____

10.7 What kind of food is usually not given to pregnant mothers ?

a) Name of food:

b) Reason ?

1. _____ 1. _____
2. _____ 2. _____
3. _____ 3. _____

Don't know {___}

10.8 Are lactating mothers provided with extrafood ?

Yes {___} No {___} Don't know {___}

↓

10.8.1 What food items ?

1. _____
2. _____
3. _____

10.9 What kind of foods are usually not given to lactating mothers ?

a) Name of food:

b) Reason ?

1. _____ 1. _____
2. _____ 2. _____
3. _____ 3. _____

Don't know {___}

10.10 Have you heard of "Runche" or "Sukenash" ?

Yes ; No ; Don't Know

;
;
;
;
;
;

Note:- INTERVIEWERS; show photograph of malnourished child, and ask local name and repeat the earlier question again ?

10.10.1 Do you know why this "Runche" or "Sukenash" happens ?

Yes ; No

;

10.10.1.1 Why ?

1) _____

2) _____

10.10.1.2 Do you know how to prevent "Runche" and "Sukenash" ?

Yes ; No

;

10.10.1.2.1 Do you know how to treat "Runche" and "Sukenash" ?

Yes ; No

10.11 Do you know how to prepare weaning food ?

Yes ; No

;

10.11.1 What is the composition of weaning food;

Name of food:

Proportion:

1, _____ 1, _____

2, _____ 2, _____

3, _____ 3, _____

[INTERVIEWER: Ask mothers, who have children.]

10.12 Does your child have any eye vision problem ?

Yes ; No

;

10.12.1 What problem ?

10.13 Do you think your child's vision in the evening or night is normal ?

Yes ; No

10.13.1 How many children have night vision problem ?

10.14 Measure the nutritional status of the each child (6 months - under 5 years) using arm circumference tape. If there are no children in this age group tick the box; No children

(Skip to next Section)

Age	(1)Red	(2)Yellow	(3)Green
Name ; Year/month; Sex; malnourished; slightly ; well			
	undernourished;	Nourished	

11 MORBIDITY AND CAUSES OF ILLNESS.

Tick () appropriate box:

The woman:-

has children under
five years.

Does not have children
under five years.

{___}

{___}

↓

(Terminate Interview).

Name (orderly from young one), age,

1. _____
2. _____
3. _____

11.1 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have diarrhoea ?

Yes {___}

No {___}

↓

11.1.1 How many of them had diarrhoea ? _____

11.1.2 How many times did they have diarrhoea ?

	1st	2nd	3rd
	{___}	{___}	{___}

11.1.3 Where did you go for the treatment ?

No treatment,	{___}	{___}	{___}
At home,	{___}	{___}	{___}
H.P./ Hospital,	{___}	{___}	{___}
MCH Clinic,	{___}	{___}	{___}
Faith healers,	{___}	{___}	{___}
other(specify), _____			

11.2 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have measles ?

Yes {___}

No {___}

↓

11.2.1 How many of them had measles ? _____

11.2.2 Where did you go for treatment ?

	1st	2nd	3rd
No treatment,	{___}	{___}	{___}
At home,	{___}	{___}	{___}
H.P./ Hospital,	{___}	{___}	{___}
MCH Clinic,	{___}	{___}	{___}
Faith healers,	{___}	{___}	{___}
other(specify) _____			

11.3 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have worms ?

Yes {___}

No {___}

↓

11.3.1 How many of them had worms ? _____

11.3.2 How many time did they have worms ?

	1st	2nd	3rd
	{___}	{___}	{___}

11.3.3 Where did you go for treatment ?

No treatment,	{___}	{___}	{___}
At home,	{___}	{___}	{___}
H.P./ Hospital,	{___}	{___}	{___}
MCH Clinic,	{___}	{___}	{___}
Faith healers,	{___}	{___}	{___}
other(specify) _____			

11.4 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)
 did any of your children have whooping cough ?

Yes { } No { }

↓

11.4.1 How many of them had whooping cough ? _____

11.4.2 How many times did they have whooping cough ?

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
	{ }	{ }	{ }

11.4.3 Where did you go for treatment ?

No treatment,	{ }	{ }	{ }
At home,	{ }	{ }	{ }
H.P./ Hospital,	{ }	{ }	{ }
MCH Clinic,	{ }	{ }	{ }
Faith healers,	{ }	{ }	{ }
other(specify) _____			

11.5 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)
 did any of your children have ARI (explain) ?

Yes { } No { }

↓

11.5.1 How many of them had ARI ? _____

11.5.2 How many times did they have ARI ?

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
	{ }	{ }	{ }

11.5.3 Where did you go for treatment ?

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
No treatment,	{ }	{ }	{ }
At home,	{ }	{ }	{ }
H.P./ Hospital,	{ }	{ }	{ }
MCH Clinic,	{ }	{ }	{ }
Faith healers,	{ }	{ }	{ }
other(specify) _____			

11.6 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)
 did any of your children have diphtheria (explain) ?

Yes { } NO { }

↓

11.6.1 How many of them had diphtheria ? _____

11.6.2 How many times did they have diphtheria ?

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
	{ }	{ }	{ }

11.6.3 Where did you go for treatment ?

No treatment,	{ }	{ }	{ }
At home,	{ }	{ }	{ }
H.P./ Hospital,	{ }	{ }	{ }
MCH Clinic,	{ }	{ }	{ }
Faith healers,	{ }	{ }	{ }
other(specify) _____			

11.7 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have any diseases other than mentioned above ?

Yes No

↓

11.7.1 What sort of disease ? _____

11.7.2 How many of them had ? _____

11.7.3 How many times did they have

<u>1st</u>	<u>2nd</u>	<u>3rd</u>
_____	_____	_____

 ?

11.7.4 Where did you go for treatment ?

<u>1st</u>	<u>2nd</u>	<u>3rd</u>
_____	_____	_____

No treatment,

At home,

H.P./ Hospital,

MCH clinic,

Faith healers,

other,(specify) _____

12 HEALTH POST INFORMATION.

Background Information.....

Name :- _____

Designation :- _____

Total Number of years served in different Post :- _____

Duration of stay in this Health Post :- _____

Qualifications :- _____

Information of Health Post/Centre;

1. How many panchayats does this Health post serve for ?
No of panchayats: _____.
2. What is the farthest Panchayat served by this health post ?
Panchayat _____ Distance _____ Km.
3. Does this health post have its own building ?
Yes No
4. On an average, how many patients visit this health post per day ?
Average No _____.

5. What are the most common diseases in this area among children

- five ?
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

6. What is the major cause of death of children under five ?

- 1) Diarrhoea 2) Measles
- 3) Tetanus 4) A R I
- 5) Other (specify) _____

7. In your opinion, is the drug supply adequate at this health post?

- Yes No Don't know

8. Is there any drug store in this locality ?

- Yes No

9. Are there private practitioners in this locality ?

- Yes No

10. Is there a health committee in this locality ?

- Yes No

10.1 Is this helpful or not ?

- Yes No

11. Do you practice outside the health post ?

- Yes No

12. How many posts are sanctioned and filled in at this health post/now ?

Post:	Number Sanctioned:	Number Filled in:	Number Vacant:
1. _____	---	---	---
2. _____	---	---	---
3. _____	---	---	---
4. _____	---	---	---
5. _____	---	---	---
6. _____	---	---	---
7. _____	---	---	---

13. Do you think the existing manpower is enough ?

- Yes No

14. Do you have storage facility in your health post ?

- Yes No

15. Do you have necessary equipment in your health post ?

- Yes No

16. Is there any problem at your health post ?

- Yes No

16.1 What are they ?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

खण्ड १. घर लगत प्रश्नावली

पंचायत:-

जिल्ला:-

वार्ड नं:-

प्रश्नावली नं:-

घर नं:-

समूह संख्या:-

अन्तरवार्ता लिन गएको पटक	१	२	३	४
भित्त				
अन्तरवार्ता लिनेको नाम				
परिणाम (संकेतमा)				

परिणामको संकेत

परिणाम	संकेत
अन्तरवार्ता पूरा भएको	१
बयस्क उत्तरदाता घरमा नभएको	२
पछि अन्तरवार्ता लिनको लागि समय लिएको	३
अन्तरवार्ता दिन नचाहेको	४
अन्य (खुलाउने)	५

घरमा प्राय जसो बस्ने तथा आगन्तुकहरूको नाम	नाता (सम्बन्ध)	बसोबास स्थिति		लिंग	उमेर	वैवाहिक स्थिति (१५ वर्ष भन्दा माथिकालाई मात्र सोध्ने)			
		निज सधैं जसो यहाँ नै बस्नु हुन्छ? हुन्छ/ हुँदैन	निज हिजो राती घरमा गल्नु भएको थियो? थियो/ थिएन			निज पुरुष कि महिला प./म.	निजको उमेर कति भयो?	निजको के विवाह भएको छ? (छ/छैन) (१० वर्ष भन्दा मुनिको लागि नसोध्ने)	विवाह भएको छ भने निजको वैवाहिक स्थिति के छ? विधुर विधवा पारपाचुके अथवा छुटी बसेकी युवाएर लेख्ने
१	२	३	४	५	६	७	८	९	
०१									०१
०२									०२
०३									०३
०४									०४
०५									०५
०६									०६
०७									०७
०८									०८
०९									०९
१०									१०

घर लगतको लागि कन्टीन्युएसन सीट प्रयोग गरेको भए यस बाकसमा चिन्ह लगाउनु होस

खण्ड २ . परिवारको सामाजिक तथा आर्थिक विवरण

- २.१ घर मूलीले कति पढ्नु भएको छ?.....
- २.२ यो घरमा सब भन्दा धेरै पढ्नेले कति कक्षा सम्म पढ्नु भएको छ?.....
- २.३ घर मूलीले काम गर्नु हुन्छ? (विभिन्न काम गर्ने भए कुन चाहि काम बढी समय गर्नु हुन्छ उल्लेख गर्नुोस).....
- २.४ तपाईंहरूको आफ्नै जग्गा छ?

छ

↓

छैन

↓

(२.५ मोड्युल)

२.४.१. जग्गा कति छ?.....

२.५ पिउने पानी कहाँबाट ल्याउनुहुन्छ?

कुवा

खोला

कलधारा

पोखरी

ट्युबवेल

दुगेधारा

इमार

अन्य.....

२.६ तपाईंको आफ्नै चर्पी छ?

छ

छैन

२.७ गएको १ वर्षमा (०४२ साल मंसिर १ गते देखी ०४३ साल कार्तिक मसान्त सम्म) यस घरमा कुनै बच्चा (जिवीत) जन्मेको थियो?

थियो थिएन

२.७.१ कति जना?.....

२.८ गएको १ वर्षमा (०४२ साल मंसिर १ गते देखी ०४३ साल कार्तिक मसान्त सम्म) यस घरमा कुनै ध्याँक मरेको थियो?

थियो थिएन

२.८.१ कति जना?.....

नोट:- यदि कसैको मृत्यु भएको भए, तलको तालिका भर्ने:-

विवरण	मृतकको क्रमांक		
	१	२	३
मृतकको उमेर			
मृतकको लिंग			
मृत्युको कारण			

व्यक्तिगत प्रश्नावली
(१५ वर्षदेखि ४९ वर्ष सम्मको विवाह भइसकेका महिलाहरूको लागिमान)

परिचयात्मक विवरण

गाउँ नं: _____ गाउँ पन्चायत: _____
जिल्ला: _____ घर संख्या: _____
समूह संख्या: _____
उक्त महिलाको क्रमांक: _____

अन्तरवार्ता लिन गएको पटक	१	२	३	४
मिति				
परिणाम				

परिणाम संकेत:—
१. अन्तरवार्ता पुरा भएको
२. उक्त व्यक्ति घरमा नभएको
३. अन्तरवार्ता पछि दिने
४. अन्तरवार्ता दिन नमानेको
५. आधा मात्र सकिएको
६. अन्य (खुलाएर लेख्ने)

अन्तरवार्ता फारमको जोड गरेको इडिटरको नाम: _____ मिति: _____ सुपरभाइजरको नाम: _____ मिति: _____	पुनः अन्तरवार्ता गरेको वा अन्तर्वार्ता गरेको ठाउँमा आफै उपस्थित भएको नाम: _____ मिति: _____	केन्द्रमा सम्पादन नाम: _____ मिति: _____	कोड गरेको नाम: _____ मिति: _____
--	---	--	--

खण्ड ३. उत्तरदाताको पृष्ठभूमि

३.१ तपाईंको जन्म कहिले भएको हो? (बिक्रम सम्मतमा लेख्ने)

साल..... महिना..... याहा छैन

३.१.१ तपाईं कति वर्षको हुनु भयो?
(पुरा गरेको वर्ष लेख्ने)

३.२ तपाईं लेख पढ गर्न सक्नु हुन्छ?

सक्छु सक्तीन

३.२.१ तपाईंले कहिल्यै स्कूलमा पढ्नु भएको थियो?

थियो थिएन

३.२.१.१ तपाइले कति कक्षा पास गर्नु भएको छ?.....

३.३ तपाईं के काम गरि जिबिका चलाउनु हुन्छ?

३.४ तपाईंको श्रीमानको उमेर कति भयो?

३.५ के वहाँ लेख पढ गर्न सक्नु हुन्छ?

सक्नु हुन्छ सक्नु हुन्न

३.५.१ के वहाँले स्कूलमा पढ्नु भएको थियो?

थियो थिएन

३.५.१.१. वहाँले कति कक्षा पास गर्नु भएको छ?.....

३.६ तपाईंको श्रीमान के काम गर्नु हुन्छ?.....
 ३.७ यहाँबाट सबभन्दा नजिकको स्वास्थ्य केन्द्र कुन हो र यहाँबाट त्यो कति टाढा पर्दछ?
 नाम..... दुरि (माइलमा)..... याहा छैन

३.८ घरमा केही बिरामी हुँदा तपाईं प्रायः के गर्नु हुन्छ?

उपचार गर्ने केही पति नगर्ने

३.८.१ किन?.....
 खण्ड ४ मा जाने

३.९ बिरामीलाई औषधी गराउन कहाँ सै जानु हुन्छ?

- १) स्वास्थ्य केन्द्र । अस्पताल ३.१० मा जाने
 २) डाक्टर । अरु स्वास्थ्य कार्यकर्ता । नर्स
 ३) घामी । झान्नी खण्ड ४ मा जाने
 ४) कविराज । बैद्य
 ५) अरु (उल्लेख गर्ने)

३.१० स्वास्थ्य केन्द्रबाट पाएको सेवाबाट के तपाईं सन्तुष्ट हुनुहुन्छ?

छु छैन

खण्ड ४. प्रजनन

४.१ पहिलो पटक महिनावारी हुँदा तपाईं कति वर्षको हुनुहुन्थ्यो?

वर्ष..... याहा छैन शुरू नै भएको
 (अन्तरवार्ता टुग्याउने)

४.२ तपाईंको विवाह कुन साल र महिनामा भएको हो?

साल..... महिना..... याहा छैन.....
 ↓

४.२.१ कति वर्षको हुँदा तपाईंको विवाह भएको थियो?
 वर्ष

४.३ विवाह भएको लगत्तै पछि तपाईं आफ्नो श्रीमान संगै बस्नु भयो कि वस्तु भएन?

बसे बसिन

४.३.१ विवाह भएको कति वर्ष पछि संगै बस्नु भएको हो?
 वर्ष/महिना
 (हाल सम्म पनि संगै नबसेको भए अन्तरवार्ता टुग्याउने)

४.४ तपाईंले (जिवित) बच्चा जन्माउनु भएको छ?

छ छैन
 प्र.नं. ४.६ सोध्ने

४.४.१ तपाइने हाल सम्म कति जना (जिवित) छोरा छोरी जन्माउनु भएको छ जम्मा..... छोरा..... छोरी.....
 ४.४.२ तपाईंको हाल कति जना छोरा छोरीहरू छन्? जम्मा..... छोरा..... छोरी.....

४.५. गएको एक वर्ष भित्रमा (०४२ साल मंसिर १ गते देखि ०४३ साल कार्तिक मसान्त सम्ममा तपाईंले कुनै जिवीत बच्चा जन्माउनु भएको छ?

छ छैन

४.५.१ कति जना.....
 ४.५.२ कुन साल र महिनामा जन्मेको थिए?
 १ साल ----- महिना-----
 २ साल ----- महिना-----

४.६. तपाईंको कुनै गर्भरू खेर गएको थियो?

थियो थिएन

४.६.१ कति वटा गर्भरू खेर गएको थियो?

४.७. तपाईंको कुनै बच्चा मरेको जन्मेको पनि थियो?

थियो थिएन

४.७.१ कति जना?.....

४.८. तपाईं हाल गर्भवती हुनु हुन्छ?

छु छैन याहा छैन

४.८.१ तपाईंको गर्भ रहेको कति महिना भयो?.....
 ४.८.२ तपाईंले यो बच्चा जन्माउन कहाँ जाने विचार गर्नु भएको छ?.....
 प्र. नं. ४.१० सोध्ने

४.९. तपाईंको पछिल्लो महिनाचारी कहीले भएको थियो?

 साल महिना

४.१०. तपाईंलाई (अरू) सन्तानको इच्छा छ?

छ छैन याहाछैन

४.१०.१ तपाईंलाई (अरू) कति जना सन्तानको इच्छा छ?
 जम्मा..... छोरा..... छोरी.....
 जे भए पनि हुन्छ

४.११. तपाईंको विचारमा एउटा दम्पतीको कति जना छोरा छोरी भए बेस होला?
 जम्मा..... छोरा..... छोरी.....

४.१२. तपाईंको विचारमा कति कति वर्षको फरकमा बच्चा जन्माउनु बेस होला?

खण्ड ५ गर्भवती तथा सुत्केरी महिलाहरूको हेरचाह

प्रश्नकर्ता: यदि प्रश्न नं. ४.४, ४.६, ४.९, ४.१० मा 'छैन' वा 'थाहाछैन' भन्ने बाकसमा चिन्हो लगाएको भए तलको 'कहिल्यै' 'गर्भवती नभएको' बाकसमा चिन्हो लगाउने नत्र भने 'कुनै बेला गर्भवती भएको' भन्ने बाकसमा चिन्हो लगाउने।

कुनै बेला गर्भवती भएको कहिल्यै गर्भवती नभएको
(खण्ड ६ सोध्ने)

५.१ गर्भवती हुँदा तपाईं गर्भ सम्बन्धी जाँच गराउन जानु भएको थियो
थियो थिएन
प्र.नं. ५.४ सोध्नुस्

५.१.१ कहाँ जानु भएको थियो?

अस्पताल	-----	प्र.नं. ५.१.२ सोध्ने
स्वास्थ्य चौकी	-----	प्र.नं. ५.१.२ सोध्ने
सुडेनी	-----	प्र.नं. ५.२ सोध्ने
अन्य (उल्लेख गर्ने).....		

५.१.२ के समस्या भएर जाँच गराउनु भएको थियो?

गर्भ सम्बन्धी साधारण जाँच	<input type="checkbox"/>
गर्भ सम्बन्धी समस्या भएर	<input type="checkbox"/>
माथिका दुवै कारणले	<input type="checkbox"/>

५.१.३ के के जाँच गरेको थियो?

१ तौल लिएको	<input type="checkbox"/>
२ रक्त चाँप	<input type="checkbox"/>
३ पिसाब	<input type="checkbox"/>
४ छाती तथा पेटमा	<input type="checkbox"/>
आला लगाएको	<input type="checkbox"/>
५ अन्य (खुलाउने)	<input type="checkbox"/>

५.२ तपाईंलाई गर्भ सम्बन्धि स्वास्थ्य जाँचाउने सल्लाह कसले दिएको थियो?

स्वास्थ्य कार्यकर्ता घरको परिवार
साथी अन्य (उल्लेख गर्ने).....

५.३ स्वास्थ्य जाँचबाट तपाईं संतोष हुनु भयो?

भए भएन

५.४ के तपाईंले धनुटकारको सुई लिनु भएको थियो?

थिए थिएन

प्रश्नकर्ता: यदि प्रश्न नं. ४.४ र ४.९ मा 'छिइन' भन्ने जवाफ आएको भए 'सुत्केरी नभएको' भन्ने 'बाकसमा' चिन्हो (✓) दिने अन्यथा 'कतिनामा एक पटक सुत्केरी भएकी' भन्ने बाकसमा चिन्हो (✓) लगाउने।

कतिनामा एकपटक

सुत्केरी भएकी सुत्केरी नभएकी
खण्ड ६ सोध्नुस्

५.५ सबभन्दा पहिलो बच्चा तपाईंले कहाँ जन्माउनु भयो?.....

प्रश्नकर्ता: प्र.नं. ५.५ मा अस्पताल भन्ने जवाफ आएमा प्र.नं. ५.७ सोध्ने।

५.६ सबभन्दा पहिलो पटक सुत्केरी हुँदा तपाईंलाई कसले मद्दत गरेको थियो?

थियो थिएन

५.६.१ कसले मद्दत गरेको थियो?

डाक्टर । नर्स	<input type="checkbox"/>
सुडेनी	<input type="checkbox"/>
अन्य (खुलाउने).....	

५.७ के तपाईले सुत्केरी भए पछि स्वास्थ्य जाँच गराउन अस्पताल। स्वास्थ्य केन्द्र। स्वास्थ्य चौकीमा जानु भएको थियो।

भए गइन

↓

५.७.१ स्वास्थ्य जाँचबाट तपाई सन्तुष्ट हुनु भयो?

भए भएन

खण्ड ६. परिवार नियोजन

६.१ के तपाईने परिवार नियोजन बारे सुन्न भएको छ?

सुन्नेको छु सुन्नेको छैन

तालिका १

साधन	६.२ के तपाईने..... (प्रत्येक साधनको नाम लिएर एक एक गरि सोध्यौं) बारे सुन्न भएको छ। "छु" भने उत्तर आएमा "छु" मा गोलो लगाउने र "छैन" भने जङ्गु आएमा "छैन" मा गोलो लगाउने	६.३ के तपाई वा तपाईको जहानले प्रयोग गर्नुभएको थियो? (प्र.नं. ६.२ मा सुन्नेको छु मा गोलो घेरेको प्रत्येक साधनबारे एक एक गरी सोध्यौं)	६.४ के तपाई वा तपाईको जहानले हाल कुनै साधन प्रयोग गरिरहनु भएको छ? छ भने कुन साधन हो सो साधनको "छु" भनेमा गोलोले घेरी दिने यदि हाल कुनै साधन नअपनाएको भए हाल कुनै साधन प्रयोग नगरेको बाकसमा चिन्हो लगाउने।
०.१ स्थाने चक्की	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.२ कण्डोम	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.३ लुप	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.४ मुई	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.५ पुरुष बन्ध्या करण	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
भ्यासेक्टोमी	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.६ म. बन्ध्या (त्यापोस्कोपी)	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.७ गाउँ घरमा पाइने	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/>
०.८ अन्य.... उल्लेख गर्ने	छु <input type="checkbox"/> छैन <input type="checkbox"/>	धिए <input type="checkbox"/> धिएन <input type="checkbox"/>	छु <input type="checkbox"/> हाल कुनै साधन प्रयोग नगरेको <input type="checkbox"/>

प्रतिक्रिया: हालसम्म कुनै साधन प्रयोग गरिराखेको भए
वा प्र.नं. ६.२ को कुनै पनि उत्तरको "छु" मा
गोलो नलगाएको भए प्र.नं. ६.७ मा जाने।

प्रश्नकर्ता:- परिवार नियोजनको कुनै साधनबारे ज्ञान भएका तर कहिल्यै पनि प्रयोग नगरेका महिलाहरूलाई निम्न प्रश्नहरू सोध्नुस्।

६.५ हाल सम्म परिवार नियोजनको कुनै पनि साधन प्रयोग नगर्नाको कारण के होला?

- ६.५.१ अरु सन्तानको इच्छा भएकोले
- ६.५.२ छोराको इच्छा भएकोले
- ६.५.३ छोरीको इच्छा भएकोले
- ६.५.४ स्वास्थ्यको कारणले
- ६.५.५ धर्मको कारणले
- ६.५.६ श्रीमानले मन नपराउने
- ६.५.७ श्रीमान यहाँ नभएकोले
- ६.५.८ बूढी मै सकेकोले
- ६.५.९ बच्चा नै नहुने
- ६.५.१० प.नि. साधन प्राप्त नहुने
- ६.५.११ अन्य (उल्लेख गर्ने).....

६.६ के तपाईं वा तपाईंको श्रीमानले भविष्यमा परिवार नियोजनको कुनै साधन अपनाउने विचार गर्नु भएको छ?

छ छैन

६.६.१ कुन साधन अपनाउने विचार गर्नु भएको छ?

खाने चक्की <input type="checkbox"/>	सुई <input type="checkbox"/>
कण्डोम <input type="checkbox"/>	पु. बन्ध्याकरण <input type="checkbox"/>
लुप <input type="checkbox"/>	म. बन्ध्याकरण <input type="checkbox"/>
अन्य (उल्लेख गर्ने)..... <input type="checkbox"/>	

६.७ कति दिनको फरकमा स्वास्थ्य कार्यकर्ता तपाईंकहाँ आउछ?

महिनामा एकपटक तिन महिना एक पटक
 सालमा एक पटक कहिले पनि नआउने

खण्ड ७ मा जाने

- ६.८ के उसले परिवार नियोजन बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.९ के उसले बच्चाको स्वास्थ्य बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१० के उसले स्वास्थ्य प्रस्ताव सम्बन्धी रोग बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.११ के उसले ब्रूकाको औषधी बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१२ के उसले बच्चालाई आमाको दूध खाउने बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१३ के उसले गर्भलाई पर सार्ने बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१४ के उसले विशा पखाला बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१५ के उसले खोप सम्बन्धी कुरा गर्छ?
- गर्छ गर्दैन
- ६.१६ के उसले स्वास्थ्य शिक्षा बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१७ के उसले पोषण बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१८ के उसले गर्भवती तथा सुत्केरी आमाहरूको स्वास्थ्य बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१९ के उसले कुनै औषधि पनि बाँड्छ?
- बाँड्छ बाँड्दैन
- ६.२० माथिको विषयमा कुरा गर्दा कुनै धिक्कहरू पनि देखाउँछ?
- देखाउँछ देखाउँदैन

खण्ड ७ पुर्नजलिय उपचार

७.१ तपाईलाई दिसा । पखाला बारे थाहा छ?

थाहा छ

थाहा छैन

प्र.नं. ७.४ सोध्ने

७.१.१ दिसा । पखाला लाग्दा के हुन्छ?

.....

.....

७.२ दिसा पखाला के कारणले लाग्छ तपाईलाई थाहा छ?

थाहा छ

थाहा छैन

७.२.१ के कारणले लाग्छ?

.....

७.३ बच्चालाई दिसा पखाला लागेकोमा के उपचार गरिन्छ?

.....

.....

७.४ के तपाईले जीवन जलबारे सुनु भएको छ?

छ

छैन

प्र.नं. ७.५ सोध्ने

७.४.१ तपाईले यो कसरी थाहा पाउनु भयो?

७.४.२ जीवनजल कसरी बनाउनु पर्छ?

७.४.३ दिसा । पखाला लागेको विरामीलाई जीवनजल कति कति खाउनु पर्छ?

.....

.....

.....

७.५ तपाईले औषधी पानी (तुन । चिनी । पानी) बारे सुनु भएको छ?

छ

छैन

७.५.१ तपाईले यो कसरी थाहा पाउनु भयो?

७.५.२ तुन । चिनी । पानी, कसरी बनाउनु पर्छ?

.....

.....

७.६ बच्चालाई दिसा । पखाला लागेको बेलामा पानी । शोल खाना साबिक र्थि खाउनु हुन्छ कि हुँदैन?

हुन्छ

हुँदैन

७.६.१ किन खाउनु हुन्न?

.....

७.७ बच्चालाई दिसा । पखाला लागेको बेलामा आमाको दुध खाउनु हुन्छ कि हुँदैन?

हुन्छ

हुँदैन

७.७.१ किन खाउनु हुन्न?

.....

खण्ड ८. खोप

८.१ तपाईंले खोप बारे सुन्नु भएको छ

छ छैन
(खण्ड ९ सोध्ने)

८.२ तपाईंले यो कसरी थाहा पाउनु भयो? -----

८.३ खोपबाट रोकथाम गर्न सकिने रोगहरू कुन कुन हुन्?
टिटानस लहरे खोकी
पोलियो दादुरा
भ्यागुतेरोग क्षयरोग
अन्य (खुलाउने)

प्रश्नकर्ता: ५ वर्ष मुनीको केटाकेटीहरू भएका महिलाहरूलाई तलका प्रश्नहरूसोध्ने। अन्यथा खण्ड ९ जाने

८.४ तपाईंले आफ्नो केटाकेटीहरूलाई खोपानु भएकोछ?

छ छैन
(८.५ सोध्ने)

८.४.१ कुन कुन खोप कति कति पटक दिनु भएको छ?

खोपको विवरण (नाम नैस्यदा सबभन्दा पछिल्लो (कान्छो) बच्चादेखि लेख्ने)

नाम	बच्चाको उमेर	बि सि जि	डि पी टि	पोलीयो	दादुरा
१			१ २ ३	१ २ ३	
२			१ २ ३	१ २ ३	
३			१ २ ३	१ २ ३	

८.४.२ तपाईंले खोप कहाँबाट दिन लगाउनु भयो?

अस्पताल खोप टोली
हेल्थपोष्ट अरु खुलाउने.....

८.५ तपाईंले आफ्नो केटाकेटीहरूलाई किन नखोपानु भएको हो?

खण्ड ९. आमाको दुध खाउने

प्रश्नकर्ता: प्र.नं. ४.४ हेरी उपयुक्त कोठामा चिन्ह (✓) लगाउनु होस।

जिवीत बच्चा जन्मेको जिवित बच्चा नजन्मेको
(प्र.नं. ९.१ देखि सोध्ने) (खण्ड १० सोध्ने)

९.१ के तपाईंले सबै भन्दा कान्छो। कान्छी बच्चालाई आफ्नो दुध खाउनु भयो?

खाए खाइन

९.१.१ तपाईंले उक्त बच्चालाई जन्मा कति महिना आफ्नो दुध खाउनु भयो?

महिना । हाल सम्म खाइरहेको

९.१.१.१ तपाईंले दुध । ९.१.१.२ तपाईंको उक्त बच्चा खाउन छुटाउनुको कारण। कति महिनाको भयो? के हो?

महिना

प्र.नं. ९.३

प्र.नं. ९.३ सोध्ने

९.२ तपाईंले उक्त बच्चालाई किन आफ्नो दुध नखाउनु भएको?

९.३ बच्चा पाए पछि शुरुमा आउने बाक्लो किसिमको दुध बच्चालाई खाउनु पर्छ कि फाल्नु पर्छ?

खाउनु पर्छ फाल्नु पर्छ

९.३.१ आफ्नो बच्चालाई खाउनु भयो कि भएन?
खाए
खाइने

९.३.२ किन फाल्नु पर्छ?

९.४ आमाको दुध खाउनाले के के फाइदाहरू हुन्छन्?.....

खण्ड १०. पोषण, खाना र खुवाइने चलन

१०.१ के तपाईको परिवारमा बच्चाको पासनी गर्ने चलन छ?

छ छैन
प्र.नं. १०.२ मोध्ये

१०.१.१ बच्चा कति महिना पुगेपछि पासनी गर्नु हुन्छ?	
१) छोरा.....	महिना.....
२) छोरी.....	महिना.....
१०.१.२ पासनी गर्नु भन्दा पहिले पनि बच्चालाई कुनै तरम खाना खाउनु हुन्छ कि हुन्न?	
हुन्छ <input type="checkbox"/>	हुँदैन <input type="checkbox"/>

१०.२ बच्चा कति महिना पुगेपछि ठोस खाना (दाल भात तरकारी आदी) खाउनु शुरू गर्नु हुन्छ..... महिना।

१०.३ साधारणतया बच्चालाई खाउने खानाहरू के के हुन्?
(सम्बन्धीत कोशमा चिन्हो लगाउने)

खानेक्राहरू	खानेक्राहरू
सर्वोत्तम पीठो <input type="checkbox"/>	दुध भात <input type="checkbox"/>
खीर <input type="checkbox"/>	दाल भात <input type="checkbox"/>
गेडागुडी <input type="checkbox"/>	हरियो सागपात <input type="checkbox"/>
फल <input type="checkbox"/>	खीचडी, जाउलो, खाने <input type="checkbox"/>
फलफूल <input type="checkbox"/>	माछा मासु <input type="checkbox"/>
अन्य सुनाउने	

१०.४ तपाईको विचारमा बच्चाको सामान्य खाना खाने थाले पछि पनि बच्चालाई आमाको दुध खाइ राख्नु पर्छ?

पर्छ पर्दैन थाहा छैन

१०.४.१ कहिलेसम्म आमाको दुध खाइ राख्नु पर्छ?महिना	१०.४.२ आमाको दुध खाइ राख्नु पर्दैन किन?
---	---

१०.५ तपाईले बच्चालाई (आमाको दुधको साथ साथै) के अरु कुनै दुध पनि खाउनु हुन्छ?

खाउछु खाउदैन

१०.५.१ के को दुध खाउनु हुन्छ?	
१ गाईको दुध <input type="checkbox"/>	
२ भैंसको दुध <input type="checkbox"/>	
३ बाख्रीको दुध <input type="checkbox"/>	
४ बट्टाको दुध <input type="checkbox"/>	
५ अरु कुनै <input type="checkbox"/>	

१०.६ गर्भावस्थाको आमालाई घरमा सधैँ पान्ने खान बाहेक अरु थप खाना खाउनु पर्छ?

पर्छ पर्दैन थाहा छैन

साधारणतया के के खाना दिनु पर्छ?
१.....
२.....
३.....

१०.७ गर्भवती आमाले खान नहुने कुराहरू (खाना) के के हुन्?

खाने कुराको नाम कारण

१.....

२.....

३..... थाहा छैन

१०.८ बच्चालाई दुध खाउने गरेकी आमाहरूलाई घरमा सधैँ पाक्ने खाना बाहेक अरु थप खाना दिनु पर्छ?

पर्छ पर्दैन थाहा छैन

१०.८.१ के के खाना दिनु पर्छ?

१०.९ बच्चालाई दुध खाउने आमाले खान नहुने खानाहरू के के हुन्?

नाम खान नहुने कारण

१.....

२.....

३..... थाहा छैन

१०.१० के तपाईले "रुन्चे" अथवा "सुकैनास" भन्ने सृष्ट भएको छ?

सुनेकी छु

सुनेकी छैन

प.नं. १०.११ सोध्ने

प्रश्नकर्ता: कुपोषण भएको बच्चाको तस्वीर महिलांलाई देखाएर स्थानीय भाषामा के भन्छन् सोध्नुहोस त्य म पछि फेरी माथिको प्रश्न दोहोराएर सोध्नुहोस्।

१०.१०.१ बच्चालाई "रुन्चे" अथवा "सुकैनास" किन लाग्छ? के तपाईंलाई थाहा छ?

थाहा छ

थाहा छैन

१०.१०.१.१ किन लाग्छ?

१०.१०.१.२ बच्चालाई "रुन्चे" अथवा "सुकैनास" लाग्नबाट बचाउन के गर्नु पर्छ के तपाईंलाई थाहा छ?

छ

छैन

१०.१०.१.२.१ बच्चालाई "सुकैनास" अथवा "रुन्चे" लागेमा के औषधि गर्नु हुन्छ?

१०.११ के तपाईंले बच्चाको लागि लिटो जाउलो वा बच्चाले पचाउन सक्ने अरु कुनै खाना बनाउन जान्छु भएको छ?

छ

छैन

१०.११.१. त्यो खाना बनाउन के के कराहरू मिसाउनु पर्छ?

के कति

१.....

२.....

३.....

प्रश्नकर्ता:- बच्चा भएको महिलाहरूलाई मात्र सोध्ने नत्र भने खण्ड ११ मा जाने

१०.१२ के तपाईंको बच्चालाई औंसा सम्बन्धी केही समस्या वा रोग छ?

छ छैन

↓

१०.१२.१ के समस्या छ?
.....
.....

१०.१३ के तपाईंको बच्चालाई रतन्धो भएको छ? (राती देख्न नसकिने)

भएको छ भएको छैन

↓

१०.१३.१ कति जनालाई?
.....

१०.१४ उक्त उत्तरदाताको ६ महिना देखि पाँच वर्ष भित्रका सबै बच्चाहरूको पाखुराको नाप लिनु होस् र तलको तालिकामा भर्नु होस् यदि यी उमेरका एउटा पनि बच्चा छैन भने "बच्चा छैन" भन्ने बाकसमा (✓) चिन्हो लगाउनु होस् र खण्ड ११ मा जानु होस्।

बच्चा छैन

.. खण्ड ११ मा जाने

बच्चाको नाम	उमेर		लिंग	रातो कुपोषित	पहेँलो केहीमात्र कुपोषित	हरियो राम्रो
	बर्ष	महिना				

खण्ड ११. रोगको अवस्था र विरामी हुने कारणहरू

प्रश्नकर्ता:—उपयुक्त बाकसमा (✓) चिन्हो लगाउनु होस्

महिलाको पाँच वर्ष मुनीका छोरा छोरी छन् महिलाको पाँच वर्ष मुनीका छोरा छोरी छैन

बच्चाको नाम	उमेर
१.....
२.....
३.....

उत्तरदातालाई धन्यवाद दिइ अन्तर्वार्ता यही टुंग्याउने।

११.१ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गते देखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीलाई दिसा पखाला लागेको थियो?

थियो थिएन

११.१.१ कति जनालाई दिशा पखाला लागेको थियो?..... जना			
११.१.२ कस कसलाई कति कति पटक दिशा पखाला लागेको थियो?			
	बच्चाहरूको सि. नं.		
	१	२	३
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.१.३ दिशा पखालाको औषधि कहाँ गराउनु भयो?			
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी/साकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य (खुलाउनु होस)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.२ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीहरूलाई दादुरा आएको थियो?

थियो थिएन

११.२.१ कति जनालाई दादुरा आएको थियो?..... जना			
११.२.२ दादुराको औषधि कहाँ गराउनु भयो?			
	१	२	३
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य खुलाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.३ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीलाई जुका चुनौ परेको थियो?

थियो थिएन

११.३.१ कति जनालाई जुका परेको थियो?..... जना	१	२	३
११.३.२ कस कसलाई कति कति पटक जुका परेको थियो?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.३.३ जुकाको औषधि कहाँ गराउनु भयो	१ <input type="checkbox"/>	२ <input type="checkbox"/>	३ <input type="checkbox"/>
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य(खुलाउनु)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.४ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटाकेटीलाई लहरे खोकी लागेको थियो?

थियो थिएन

११.४.१ कतिजनालाई लहरे खोकी लागेको थियो?..... जना।	१	२	३
११.४.२ कस कसलाई कति कति पटक लहरे खोकी आएको थियो?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.४.३ लहरे खोकी औषधि कहाँ गराउनु भयो?	१ <input type="checkbox"/>	२ <input type="checkbox"/>	३ <input type="checkbox"/>
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य(खुलाउनु)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.५ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गते देखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीलाई स्वास प्रस्वास सम्बन्धी रोग (जस्तै: नाक बन्द हुने वा सिमान। पानी बग्ने, घाटी दुल्ने, ध्यार ध्यार गर्ने,कान दुल्ने वा कानबाट पानी आउने,खोकी लाग्ने, मास फेरेको परैबाट सुनीने, छिटो छिटो मास फेर्ने,नाकको पौरा हल्लिन र कोखा हाग्ने) लागेको थियो?

थियो थिएन

११.५.१ कति जनालाई स्वास प्रस्वास सम्बन्धी रोग लागेको थियो? जना	१	२	३
११.५.२ कस कसलाई कति कति पटक स्वास प्रस्वास सम्बन्धी रोग लागेको थियो?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.५.३ स्वास प्रस्वास सम्बन्धी रोगको औषधि कहाँ गराउनु भयो?	१ <input type="checkbox"/>	२ <input type="checkbox"/>	३ <input type="checkbox"/>
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य(खुलाउने)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.६ गएको १ बर्ष भित्र (०४२ साल मंसिर १ गते देखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंको कुनै केटा केटीहरूलाई भ्यागुते रोग लागेको थियो?

थियो थिएन

११.६.१ कति जनालाई भ्यागुते रोग लागेको थियो?..... जना	१	२	३
११.६.२ कस कसलाई कति कति पटक भ्यागुते रोग लागेको थियो?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.६.३ भ्यागुते रोगको औषधि कहाँ गराउनु भयो?			
	१	२	३
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य खुलाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.७ गएको १ बर्ष भित्र (०४२ साल मंसिर १ गतेदेखि ०४३ साल कार्तिक मसान्तसम्म) के तपाईंका केटाकेटीलाई माथि सोधिएका रोगहरू बाहेक अरु कुनै रोग पनि लगेको थियो?

थियो थिएन उत्तरदातालाई धन्यवाद दिइ अन्तरवार्ता यही टुंयाउने।

११.७.१ के रोग लागेको थियो?.....			
११.७.२ रोग कति जनालाई लागेको थियो? जनालाई			
११.७.३ कस कसलाई कति कति पटक			
रोग लागेको थियो ?	१	२	३
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.७.४ रोगको औषधि			
कहाँ गराउनु भयो?	१	२	३
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य खुलाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

उत्तरदातालाई धन्यवाद दिइ अन्तरवार्ता यही टुंयाउने।

स्वास्थ्य चौकी सम्बन्धि सुचनाहरू ।

पृष्ठभूमि वा पत्तिय ।

हे.पो. इन्चार्जको नाम :-

पद :-

विभिन्न पदमा बसि हाल सम्म काम गरेको अवधि :-
(वर्गमा)

कस हे.पो. मा काम गरेको अवधि :-
(वर्ग) (महिना)

शैक्षिक योग्यता :-

स्वास्थ्य चौकी सम्बन्धि सुचनाहरू ।

१. कस स्वास्थ्य चौकीबाट कति पंचायतलाई सेवा पुऱ्याउने गरेको छ ?
२. यो स्वास्थ्य चौकीले सेवा पु-याउने सबभन्दा टाढाको पंचायत कुन हो र यो कति टाढा पर्दछ ?

पंचायतको नाम :- दुरी :-
(कि.मि.)

३. कस स्वास्थ्य चौकीको आप-ने भवन छ ?
क केन
४. कस स्वास्थ्य चौकीमा सादा र स्व.दिनमा कति जना विरामीहरू आउंछन् ?
..... जना ।
५. कस भेम्मा ५ वर्ग मुक्तिका वच्चाहरूलाई प्रायजसो लाग्ने रोगहरू के के हुन् ?
१.
२.
३.
४.
५.

६. कस भेम्मा मुख्यतया कुन रोगबाट ५ वर्ग मुक्तिका वच्चाहरू मर्ने गर्दछन् ?
१ दिहा पहाला २ दादुरा
३ धनुष्टकार ४ स्वास प्रस्वास
(टिटानस) (ए.आर.आई)
५ अन्य :-
(उल्लेख गर्नु)

७. तपाइको विचामा कस स्वास्थ्य चौकीको निमित्त पढाएको औषधीहरू पर्याप्त हुन्छ ?
हुन्छ हुदैन

८. कस भेम्मा कुनै औषधी फसल छ ?
क केन

९. कस भेम्मा निजी चिकित्सकहरू कोही छन् ?
छन् केन

१०. कस भेम्मा स्वास्थ्य कमिटी छ ?
क केन

↓

१०.१ कसले मदत गर्छ ?	
गर्छ <input type="checkbox"/>	गर्दैन <input type="checkbox"/>

११. के तपाइले स्वास्थ्य चौकी वासक वाहिर पनि प्राक्टिस गर्नु हुन्छ ?
गर्छ गर्दैन

१२. कस स्वास्थ्य चौकीको निमित्त के कति दलबन्दीहरू कत्र र त्यस मध्ये कति पुर्ति भएका कत्र ?

पद	दलबन्दी विकास	पुर्ति भएका	बाँकी
१. हे. अ। सि, अ. हे. व.	---	---	---
२. अ. हे. व.	---	---	---
३. अ. न. पी.	---	---	---
४. ग्रा. स्वा. का.	---	---	---
५.	---	---	---
६.	---	---	---
७.	---	---	---
८.	---	---	---

१३. के हाल पुर्ति भएका जनशक्ति पर्याप्त क ?

क केन

१४. के कस स्वास्थ्य चौकीमा भण्डारको निमित्त ठाउँ क ?

क केन

१५. के कस स्वास्थ्य चौकीमा आवश्यक पर्ने औजारहरू कत्र ?

कत्र केनत्र

१६. के कस स्वास्थ्य चौकी सम्बन्धमा केही समस्याहरू कत्र ?

कत्र केनत्र

उत्तरदातालाई धन्यवाद दिई
अन्तिसाता दृश्याउने ।

१६.१ तिमि के के कत्र ?

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