



KALIKOT MATERNAL HEALTH AND FAMILY PLANNING REPORT



INTRODUCTION:

This report was put together using data collected through The Oda Foundation Health and Demographic Study that was carried out between January-May of 2016 across the district of Kalikot, Nepal. The study was conducted through extensive interviewing in eleven randomly selected Village Development Committees (VDCs) across the district, with the goal of accessing key health and demographic information to build a better understanding of individual Kalikot households. In order to target this information, mothers with at least one child under the age of five were selected to be the primary interview subjects, based on the notion that women are the best window into not only their own health and experiences, but additionally those of their children and family. This assumption was supported by the fact that **93%** of mothers who have had a baby in the past five years cited their full-time job to be tending to their home, fields, and family. This reality coupled with the high migration rates of these women's husbands, has placed mothers at the epicenter of their family's health and care.

By the age of 21, **83%** of mothers in Kalikot have already had their first child. From this point on most women will continue having children well into their early 40s, averaging 5.3 children over the course of their lifetimes. High reproductive rates in Kalikot have rendered women's health and reproductive health to be inseparable, and was the driving factor behind this study's incorporation of maternal health and family planning as a central area of focus. Maternal health does not only bare consequences on the lives of women, but is inextricable from the health of her children. One of the most critical times in a child's development is during the first 1,000 days of life, spanning from conception to their 2nd birthday. A woman's ability to keep herself healthy throughout pregnancy and lactation is critical in order to ensure that these critical years of infant cognitive and physical development progresses at a healthy pace. By focusing on the status of maternal health and family planning, this study was simultaneously studying the ability of parents in Kalikot to start and encourage healthy families.

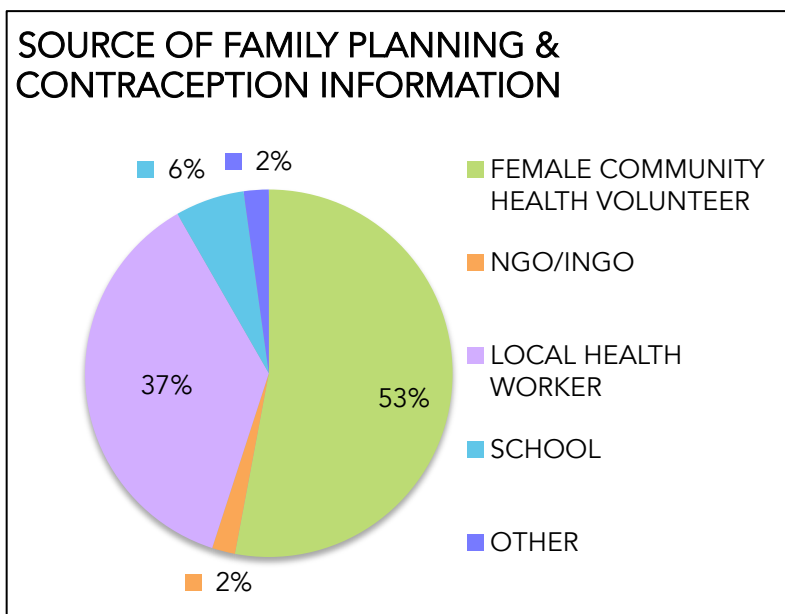
KEY FINDINGS

- **38% of mothers** who have had a child in the past five years have used a form of contraception in their lifetime. Of this population of birth control users, **64.5%** are using or have used the Depo-Provera Injection.
- **55% of mothers** who have had a child in the past five years had four or more antenatal visits during their last pregnancy.
- **86% of mothers** who have had a child in the past five years received free anti-parasite medication, iron and folic acid vitamins, and a tetanus vaccination from the government during their last pregnancy.
- **50.2%** of mothers who have had a child in the past five years gave birth to their last child at home. These mothers gave birth with the assistance of a family member, a community untrained midwife, or by themselves.
- **61.7%** of mothers who gave birth in the past five years slept in an animal shed outside of their homes with their newborn infants for an average of **12.5 days** after they gave birth.

FAMILY PLANNING:

Increasing access to family planning information and services has been a central goal for the Nepali Government as well as both national and international development organizations working in Nepal. In 2010 the Nepali Government launched the Nepal Family Planning Program Implementation Plan, a five year plan (2010-2015), which outlined reducing population growth,

specifically in rural areas, as one of its core tenants.¹ While health goals pertaining to these topics have long since been part of the development strategy, progress in areas like Kalikot have been stymied by the rugged terrain, poor infrastructure, lack of funds, and a lack of consistent development workers. This study worked to explore the current status of family planning access across the district, and provide a breakdown of where care and coverage is still lacking.



Contraception:

79.9% of mothers who have had a child in the last five years cited having received contraceptive information at least once from a professional source (see chart). The most commonly stated source was a member of the government appointed Female Community Health Volunteer (FCHV) group, acting as the primary resource for **53%** of these mothers. The FCHV program is part of the government's health implementation and awareness strategy, and involves the appointment of one woman within each of Kalikot's 270 wards who is then trained to disseminate health information to her community. Throughout this study the FCHV program was mentioned frequently as an information source for many women regarding various maternal health topics, showing that this effort by the government has been a successful means of information sharing at the community level, specifically in regards to family planning. Yet, while this study tracked the source of maternal health information, it did not track the quality of the information shared, which leaves open questions regarding the dilution of information between women.

¹ Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

FORM OF BIRTH CONTROL	% OF CONTRACEPTIVE USERS
Depo-Provera Injection	64.5%
Implant	12.4%
Birth Control Pills	11.1%
Condoms	6.2%
Permanent Male Sterilization	5.2%
IUD	0.3%
Withdrawal Method	0.3%

24.8% of mothers in Kalikot are currently using contraception to avoid pregnancy, and an additional **13.2%** of mothers stated that while they are not currently using any form of contraception, they have in the past. Amongst this group of current and former contraceptive users the most commonly cited method was the Depo-Provera Injection, accounting for **64.5%** of birth control users. Depo-Provera is a hormonal injection that is administered once every three months in order to prevent pregnancy, and is selected by women here because it is minimally invasive, and does not require daily action.

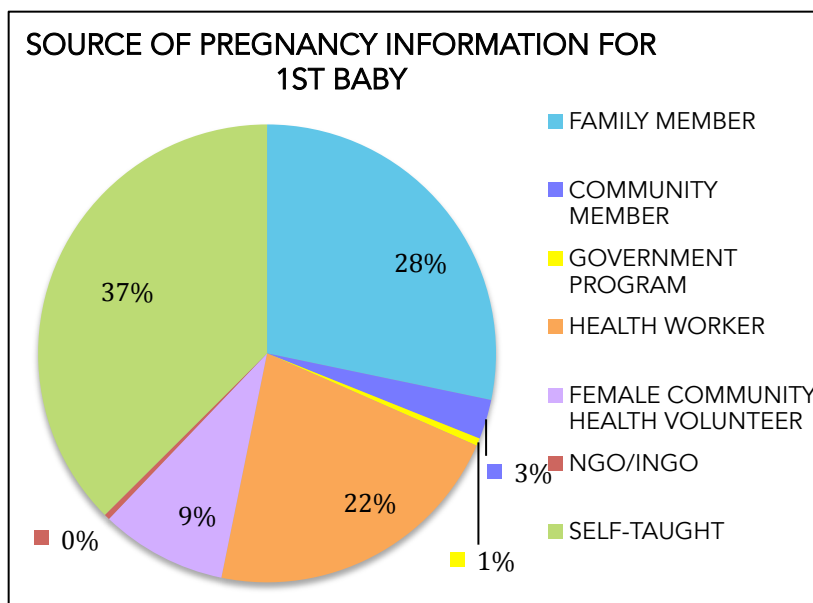
MATERNAL HEALTH:

Women in Kalikot begin having children on average at the age of **19.5** years old, some mothers having children as early as 13. Reducing the number of women dying during pregnancy and childbirth has long since been a central health goal of the Nepali government, specifically in response to the UN Millennium Development Agenda to reduce the rate of maternal mortality by three-quarters between 1990 and 2015.² One of the central tactics to address the issue of maternal death has been to try and increase the number of women giving birth in a health facility with the assistance of a “skilled birth attendant,” which in Nepal includes doctors, nurses and auxiliary nurse midwives. Additionally, increasing the number of antenatal and post-partum care visits has been seen as critical in order to meet these maternal health goals. In Kalikot, as with in other rural areas of the country, the government designed an incentives strategy that rewards both the health facility and the patient for every birth and antenatal visit in a government run health center. Mothers receive 1,500 Nepali rupees for every birth and 100 rupees for each antenatal visit up to four in total. This strategy has been an effective tool in drawing women into delivery rooms, but in an area like Kalikot, where the average distance of a family to their nearest medical facility is **53.4** minutes away on foot, there are still many barriers that are preventing women from being able to and/or wanting to give birth away from their homes.

² Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

Antenatal Care:

In the case of a normal pregnancy, The World Health Organization recommends that a woman have at least four antenatal visits during the months preceding childbirth. The health system in Kalikot rewards women with 100 rupees for every prenatal visit in a government health facility, for up to four visits. In order to receive the 400 rupees that is available



for all pregnant mothers in the district, the visits in question must be spaced to coincide with the 3, 6, 8 and 9-month stage of the pregnancy. In Kalikot **55%** of women who have had a child in the past five years satisfied this recommendation and visited a health facility at least four times during their most recent pregnancy. Additionally, **91%** of mothers who have had a child in the past five years visited a health facility at least once during their most recent pregnancy. While this statistic accounts for a large number of mothers in Kalikot, **65%** of mothers cited that their primary source of information regarding self-care during pregnancy did not come from a health worker, but instead was either self-taught or came from a family member (see chart). This alludes to the fact that while women are choosing to visit their local health facilities during pregnancy with greater numbers and frequency, a large emphasis is still placed on home care and information sharing.

ANTENATAL MEDICATION	% USED DURING LAST PREGNANCY
Anti-Parasite	93.9%
Iron/Folic Acid Supplement	93.8%
Tetanus Vaccination	92.4%
No Medicine	6.1%

A critical component in the movement to promote antenatal visits in Kalikot is to increase the use of iron supplements, anti-parasitic medication and perhaps most importantly, tetanus vaccinations during pregnancy. Tetanus is one of the leading causes of infant death in areas around the world where childbirth is primarily carried out in un-hygienic environments.³ Most often transmission is caused through contamination while cutting the

³ Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

umbilical cord after a baby is born, a scenario that can be avoided if a mother receives two tetanus vaccine shots during her pregnancy, thereby protecting her child from infection. In Kalikot, iron supplements, anti-parasitic medication and tetanus vaccinations are free for all pregnant women in government health facilities, and as a result the majority of women that have had children in the past five years have received these medications during their last pregnancy (see chart).

Childbirth:

In Kalikot, mothers receive 1,500 rupees and a set of infant clothing from the government when they give birth at a public health facility. Knowledge within Kalikot of this incentive scheme is pretty widespread, with 89% of mothers understanding that they will receive money if they go to a government health facility to give birth or for an antenatal visit. Even with widespread awareness of this program, 50.2% of mothers who have given birth in the past five years gave birth in their homes, many citing the distance of the facility and not wanting to walk during labor as the reasons why they chose not to go (see chart). Only 5% of mothers who gave birth at home expressed that this choice was based on preference, whereas the other 95% suggested interest in going, but named several situational and personal barriers as to why they were not able to do so. This suggests that an incentives program will only go so far in preventing women from giving birth in their homes, and that more infrastructural barriers need to be addressed (transportation, quality of health facility...etc.) in order to pull the remaining mothers away from their homes.

REASON FOR NOT DELIVERING AT A HEALTH FACILITY	% OF MOTHERS
Did not want to walk at night	38%
Health Facility was too far	29%
There was no good facility to go to at the time	8%
There was no one to take her	7%
She did not have time to go	7%
Preferred to give birth at home	5%
Did not know where to go	4%
Had no money for the trip	1%
There was bad weather	1%

Perhaps more important than the location of childbirth, is the presence of a childbirth assistant with the knowledge and experience to facilitate a healthy delivery. Every government health facility in Nepal is staffed with at least one “skilled birth attendant,” whose qualifications are that of a physician, staff nurse, or an auxiliary nurse midwife. In Kalikot, amongst women who have given birth in the last five years 50% gave birth with the assistance of a skilled birth attendant, including a several cases in which a health worker travelled to assist in a home birth. Amongst the remaining mothers who gave birth in

their homes, 8% gave birth with an untrained local midwife, 37% with the assistance of a family member, and 6% gave birth entirely alone with no help.

Post-Partum Care:

The local incentives program that encourages improved antenatal and childbirth practices in Kalikot, does not extend to cover post-partum care and health facility check-ups. Better postpartum care is critical, as **20%** of mothers who are of childbearing age in Kalikot have had at least one child die before the age of five. Yet, at present, amongst this same population **69%** did not visit a health facility for a post-partum check-up after the birth of their most recent child. This is not to correlate these two statistics, but merely to highlight the need for improved infant care practices across the district.

In Kalikot Nepal, Chaupadi, the traditional practice of isolating women during menstruation and after they give birth to a child, is commonplace in the majority of households. Chaupadi is rooted in the Hindu religion, and restricts the spaces that a woman can enter as well as what she is allowed to touch and eat during the time of "impurity" during the first five days of menstruation and during the days immediately after she delivers a baby. This tradition is perpetuated based on the fear that through breaking this strict rules, a woman will bring misfortune and even death to her household. In Kalikot, **61.7%** of mothers who gave birth in the past five years slept outside of their homes with their newborn infants after their most recent birth for an average of **12.5 days**, sometimes spanning up to forty days. In poor rural areas like Kalikot, Nepal, generally the only place for women to sleep outside of their homes are the animal sheds that are built under or next to most households. These spaces are generally dark, dirty, and poorly insulated, subjecting women and their newborn infants to several days exposure to an unhygienic environment and potentially cold temperatures and bad weather. In some very traditional parts of the district, mothers recounted having to sleep in the cow shed longer after they gave birth to a girl than when they gave birth to a boy. These practices are so deeply rooted in an ancient and very powerful belief system, rendering health and spirituality inseparable in Kalikot to be inseparable. In order to create a lasting impact on maternal health outcomes in Kalikot, it requires not only a deep understanding of the physical and environmental barriers face local communities, but of equal importance, the role that culture and beliefs play in shaping community health practices.

CONCLUSION:

When asked what health related changes the interviewed mothers would like to see in their community, **59%** said that they want a good health facility to be built in their community. They expressed frustration at the distance that their family and community members have to travel in order to see a health worker, specifically in regards to maternal health both during pregnancy and after. Many of the issues and behaviors that shape a woman's

maternal health experience, such as antenatal visits, birth location, and birth assistant, are predicated on a mother's ability to move from her home to a medical facility at an unpredictable hour. The government's incentives program to increase antenatal and birth location outcomes has been affective to a certain extent in counter-acting the geographical barriers that separate women from their local health centers. Yet, For the average woman who has to travel 53.4 minutes on foot to the nearest health facility, or even as long as 5 hours for some families, the likelihood of her carrying out these behaviors, even if she knows them to be beneficial, diminishes considerably.