



Delivery Care Practices and Barriers among Women in Bajura and Humla Districts of Nepal

Authors

Sujata Adhikari, Khushbu Roy, Anjita Khadka,
Sangita Baruwal, Urmila Adhikari

Affiliations

PHASE Nepal



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Background

- Globally, the maternal mortality ratio (MMR) is 224 deaths per 100,000 live births. In 2020, around 95% of all maternal deaths occurred in low and lower middle-income countries (1)
- In Nepal, MMR is 151 per 100,000 live births. The institutional delivery rate is 78.6% and is lowest in the mountainous region (2)
- The MMR of Karnali province is 172 per 100,000 which is the second highest among all the seven provinces, while the institutional delivery rate is 69.5% (3)
- The major contributors reported for MMR is “**three delays**” i.e., delay in seeking care, delay in reaching and delay in treatment (1)

Background

- Nepal has targeted to reduce MMR to less than 70 deaths per 100,000 by 2030 to achieve the Sustainable Development Goal (4)
- National policies and programs like Safe motherhood program, Mother's safety program and Birth preparedness package are implemented (4)
- Accessibility to health services, poor infrastructure and equipment at birthing centers and, shyness of young women are the barriers reported to utilize maternal health services in rural Nepal (5)
- A limited number of studies are conducted to identify the delivery care practice and the potential barriers among mothers in rural Nepal (6,7)

Objectives

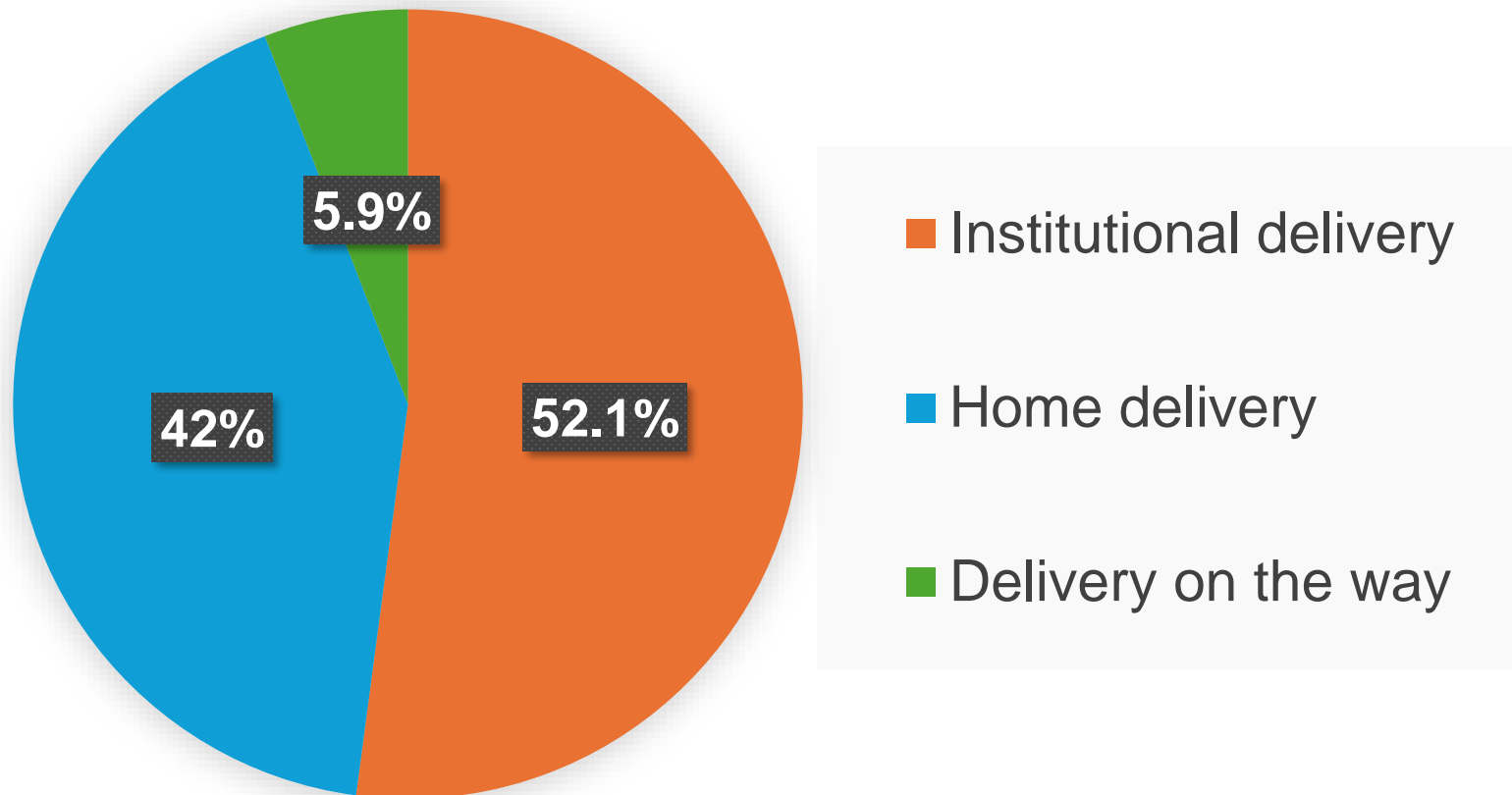
- To identify the delivery and postnatal care practices in Bajura and Humla district
- To examine the barriers for institutional delivery and postnatal care utilization

Methodology

- **Study design:** Cross-sectional survey
- **Study setting:** 1. Bajura district (Himali rural municipality- Rugin and Bichya village) 2. Humla district (Tanjakot & Sarkegad rural municipality- Maila and Jair village respectively)
- **Study population:** Mothers of age group 18 to 50 years
- **Sampling technique:** Simple random sampling
- **Sample size:** 724 (Rugin -169, Bichya - 169, Jair-167 & Maila- 219)
- **Data collection technique:** Structured questionnaires using KOBOToolbox
- **Data analysis:** Descriptive analysis using SPSS version 25

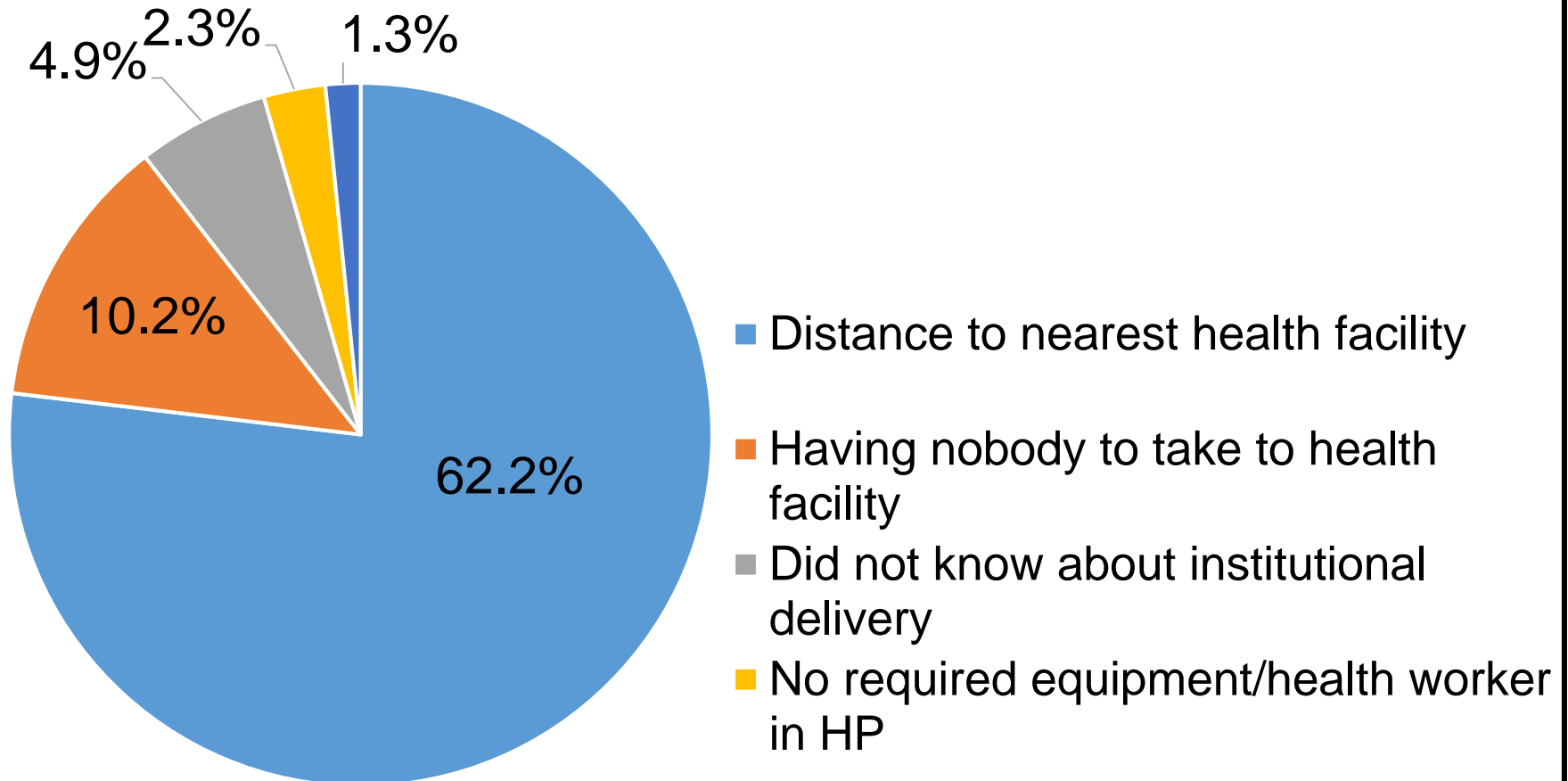
Results: Delivery care practice

Delivery practice in Bajura and Humla districts



Results: Delivery care practice

Reasons for not choosing institutional delivery

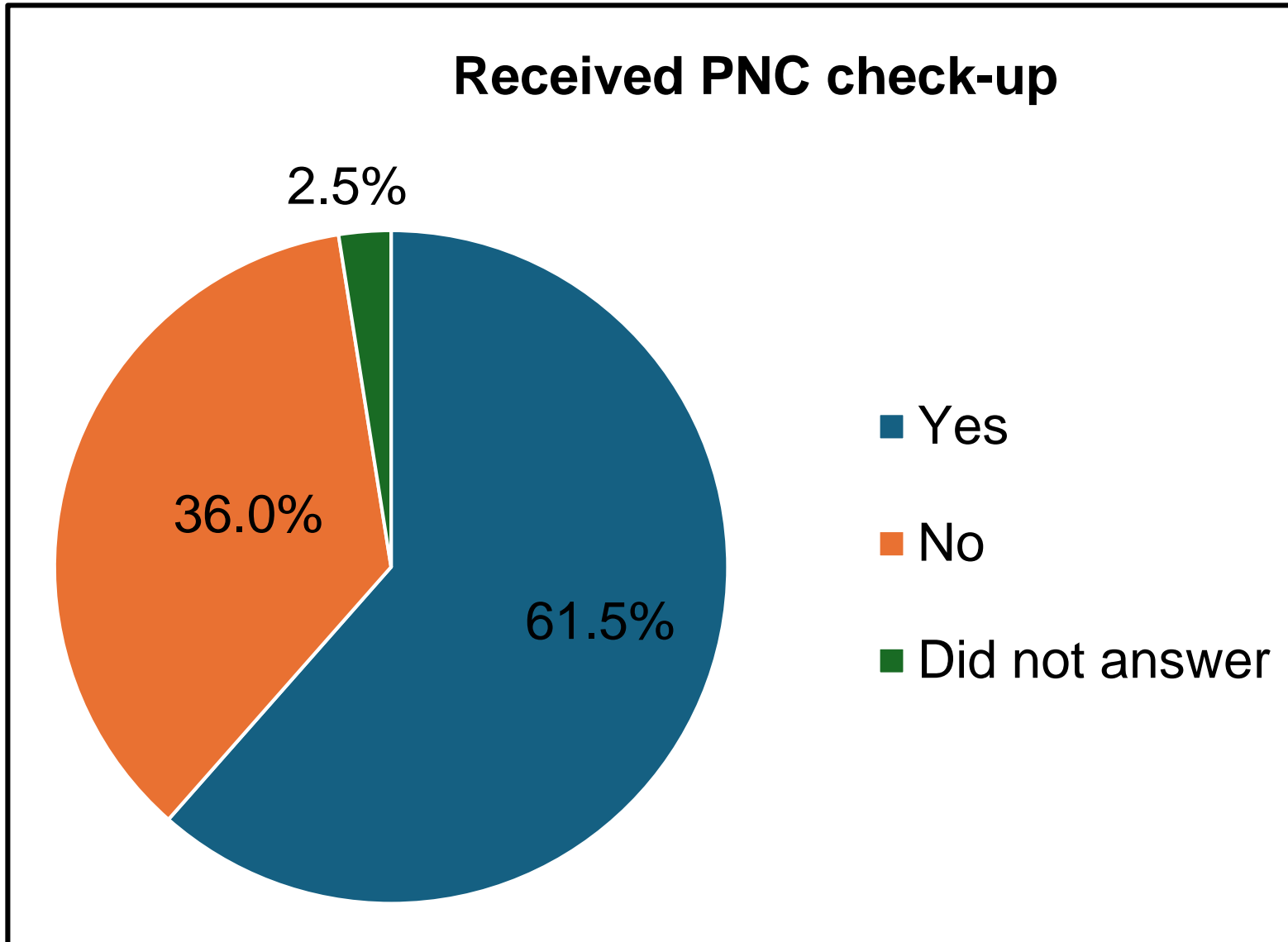


Results: Delivery care practice

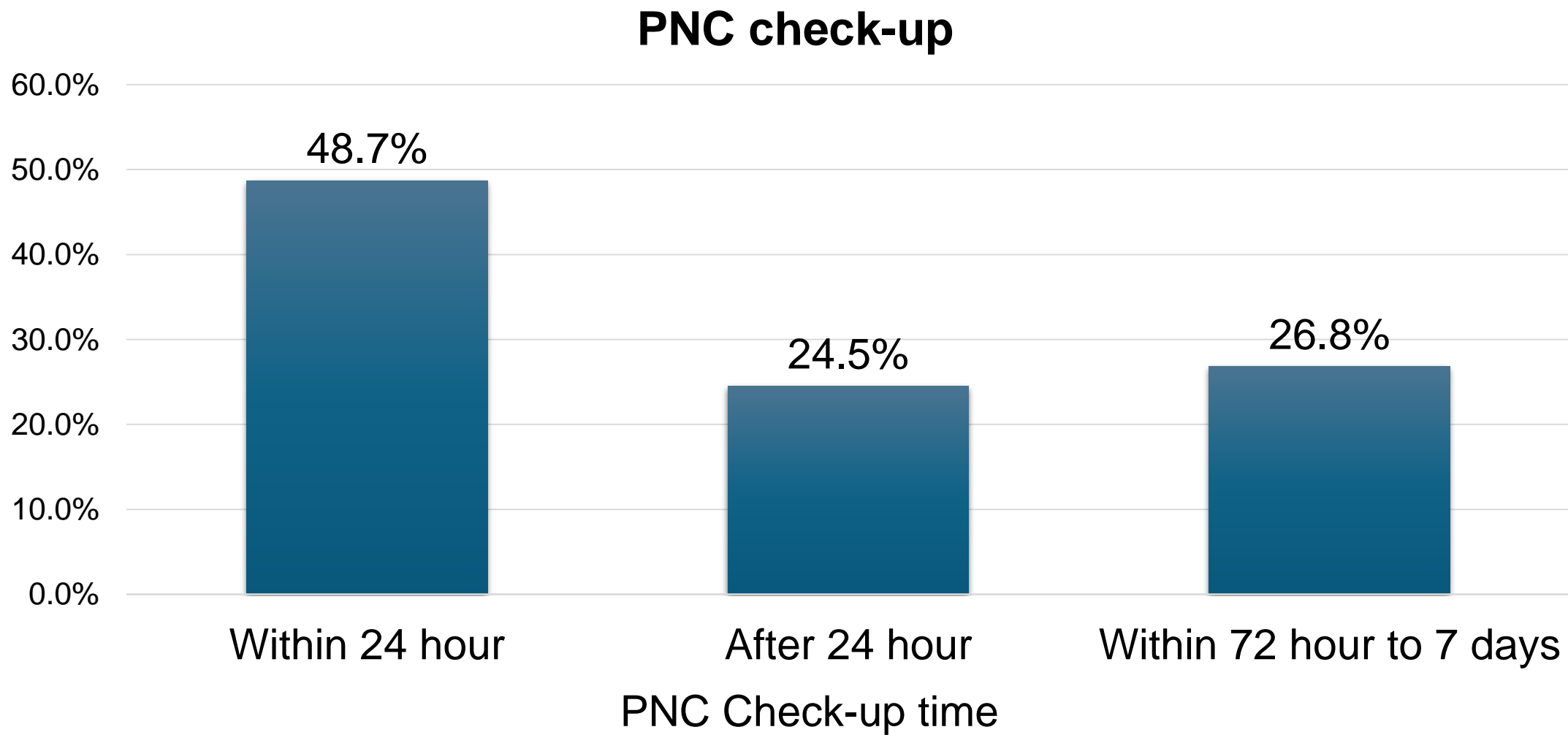
Delivery and Attending person

- Around 99% were normal deliveries
- Around 54.3% of deliveries were assisted by nurses/midwives
- Around 33% by relatives

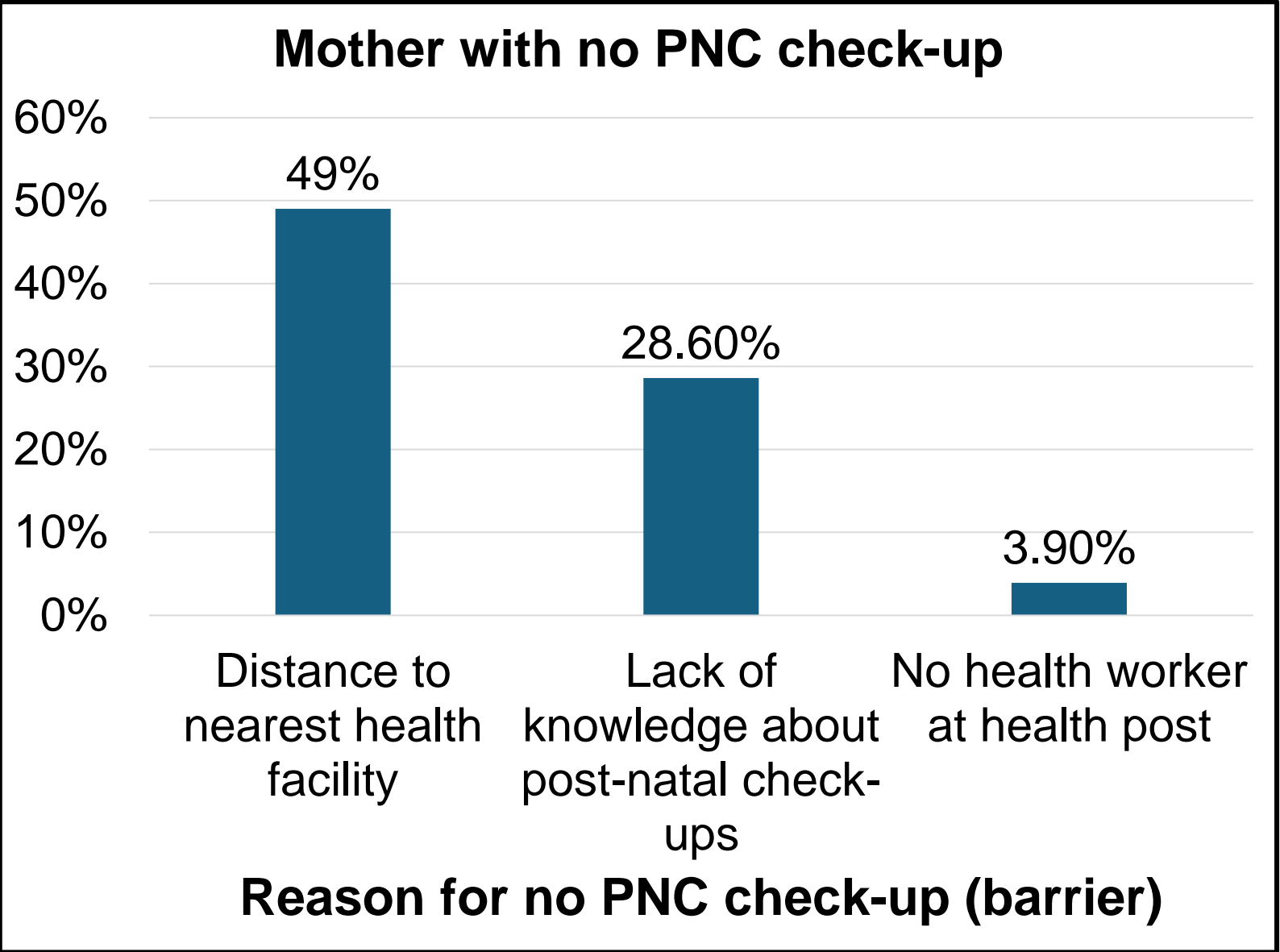
Results: Post-natal check-up practice



Results: Post-natal check up practice



Results: Post-natal check-up practice



Conclusion

- Major contributors for non-institutional delivery and low post-natal care are distance to the nearest health facility and lack of awareness among mothers
- Increase knowledge on the importance of safe delivery practice among mothers through community-based awareness programs
- Capacity building of FCHVs and formation of mother's group under their leadership to impart education on maternal health
- Strengthening of health posts through supply of skilled health workers and necessary equipment

Acknowledgement

- Study participants from Bajura district (Rugin and Bichhya village) and Humla district (Maila and Jair village)
- Relevant authorities of study area

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Researcher Bio

Miss Sujata Adhikari is a health professional with a Masters in Global Health from The University of Tokyo. Currently she is working as a Research Associate in PHASE Nepal. She has experience of working in the field of clinical and public health for more than more than 3 years.

She has contributed in the mixed-method study of school-based nutrition intervention, evaluation of health intervention and study of migrant's health.





Thank You!