Maternal Health in Rural Sindhupalchok, Nepal

Challenges, Opportunities, and the Road Ahead

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INTRO & BACKGROUND

Timely maternal health care is vital for positive outcomes. Nepal's maternal mortality rate dropped from 539 to 151 per 100,000 live births (1996–2021), but remains above the UN SDG target of <70 by 2030. Despite progress, service utilization is inconsistent in rural areas like Sunkoshi Rural Municipality, Sindhupalchok.

This study quantitatively assessed maternal health service use in Sunkoshi RM, focusing on:

- Antenatal care (≥8 visits recommended)
- Institutional delivery (hospital or rural health post)
- Postnatal care (≥4 visits recommended)
- General access to services

METHODS & MATERIALS

A **cross-sectional survey was conducted among female residents** of Sunkoshi RM Wards 1–7 from January to April 2023, in collaboration with Sunkoshi Basic Hospital. The target sample size was 1,004 households, assuming a 10% non-response rate. Ultimately, **1,005 women of reproductive age (15–49 years) participated.** A simple random sampling approach was employed, with the number of household targets proportionate to ward populations. In homes with multiple eligible women (aged 15–49), one was chosen by lottery method. If no eligible woman was present, the next nearest household was selected. The survey was pretested with a pilot study in Ward 1.

ANALYSIS

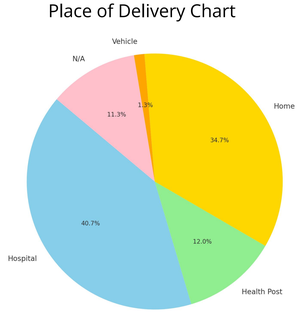

Figure 1: Place of Delivery for respondents across Sunkoshi RM.
*A health post entails the first contact point for basic health services in rural areas, consisting of variable resources.

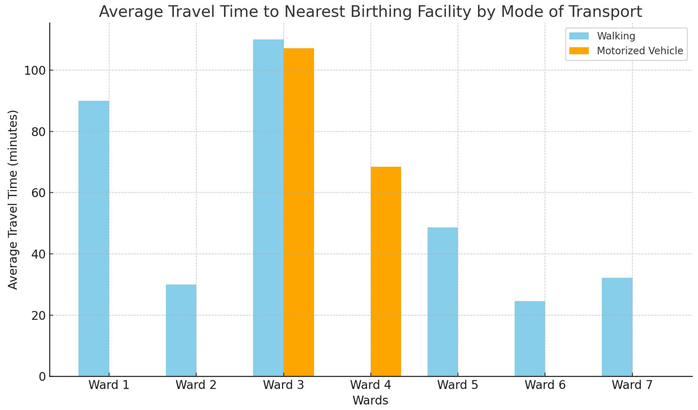

Figure 2: Time spent traveling to nearest birthing facility, by ward.

REFERENCES

For a full list of references, please email spahari@osteo.wvsom.edu.

RESULTS

Delivery Location: 40.4% delivered in hospitals, **34.4% at home** (vs. 18% nationally), 11.9% at health posts; distance was the main barrier.

Access: Average travel time to a birthing facility was **50.3 minutes** (Ward 3: 109 min).

Antenatal Care: 96% knew about antenatal care, but only **61.4% attended ≥4 visits (vs. 80% nationally);** 12.4% had none.

Postnatal Care: 75% knew about postnatal care, but only 17.1% attended ≥3 visits; **33.9% received none (vs. 70% nationally receiving a check within 2 days).**

DISCUSSION

Maternal health service use in Sunkoshi RM remains below national averages (NDHS 2022) and varies by ward. **Unlike national data, our study provides a local perspective**, highlighting the need for targeted interventions. For steps towards improving service utilization and access, we **recommend a multi-faceted approach that includes the following:**

- ➔ **Equip all health posts with birthing facilities**
- ➔ **Expand transport services to Sunkoshi Basic Hospital**
- ➔ **Provide targeted maternal health education, especially on postnatal care**
- ➔ **Strengthen coordination among the hospital, health posts, and female community health volunteers.**

Improving maternal health in rural Nepal requires community-driven solutions that address both **infrastructure and education gaps.**