UNVEILING THE ROLE OF WOMEN'S EDUCATION IN SHAPING MATERNAL HEALTH PRACTICES AMONG NEPALI DALIT WOMEN: A QUALITATIVE INQUIRY

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Abstract: This qualitative inquiry delves into the nuanced interplay between women's education and maternal health practices among Nepali Dalit women residing in the far-western province of Nepal. Through semi-structured interviews with married Dalit women of reproductive age (15-49 years), this study explores the multifaceted impact of educational attainment on various aspects of maternal well-being within the community. Findings reveal compelling insights into how education influences fertility decisions, maternity behavior, and access to healthcare services among Dalit women. A complex tapestry of socio-economic factors emerged from the narratives, including occupation, family income, and religious beliefs, which intersect with educational status to shape reproductive choices and maternal health outcomes. These narratives highlight the resilience of Dalit women in navigating socio-cultural norms and structural barriers to access maternal healthcare, underscoring the importance of targeted interventions aimed at addressing educational and socio-economic disparities. By amplifying the voices of Dalit women and elucidating the lived experiences behind the statistics, this study contributes to a deeper understanding of the role of education in promoting maternal health and well-being within marginalized communities.

Keywords: Women's Education, Maternal Health Practices, Nepali Dalit Women, Socio-Economic Factors, Reproductive Behavior

Introduction
Background of the Study

Every minute, somewhere in the world, a woman dies due to complications arising during pregnancy and childbirth. For women, human rights encompass access to services that ensure safe pregnancy and childbirth. Since 1940, maternal deaths have become increasingly rare in developed countries. However, the same cannot be said for developing areas, where the persistent high levels of maternal mortality indicate a pervasive neglect of women's most fundamental human rights. This neglect disproportionately affects the poor, the disadvantaged, and the powerless. Globally, approximately 536,000 women die due to pregnancy-related causes each year (Gruskin et al., 2008). The suffering often extends beyond the purely physical realm and impairs women's ability to fulfill their social and economic responsibilities and participate in the development of their communities. Maternal death is a tragedy for individual women, families, and communities alike. Women are the cornerstone of families, essential educators of their children, healthcare providers, caretakers of both young and old, farmers, traders, and often the primary breadwinners in society. A society deprived of women's contributions will experience a decline in social and economic vitality, cultural impoverishment, and

severe limitations on its development potential. Khanal et al. (2021) explained that Nepal, with its 125 castes and 123 languages, is a multicultural and diversified country despite its small size and population of 29 million. Nepal stands out as one of the few nations without a majority language, with only 44.6% of the population speaking the dominant language. It is a landlocked country characterized by diverse topography, with just 18% of its population residing in urban areas. Nepal was established as a federal democratic republic in the 2015 Constitution, and the federal system has been implemented by the government. The constitution of Nepal has decentralized power from the central government to the 753 local-level governments and seven provinces. These efforts aim to bridge the achievement gap between schools and students by fostering effective local leadership.

Nepal, one of the developing countries in South Asia, lies between two large nations, China and India, and continues to grapple with various social issues and systemic challenges. Despite its small size, Nepal is incredibly diverse in terms of culture, language, ethnicity, and religion. The country is characterized by various caste systems deeply rooted in tradition. According to these systems, the community is traditionally divided into four main hierarchical structures, with Brahmans occupying the highest position and Dalits the lowest (Pradhan, 2021). In the context of Nepal, out of a total population of 26 million, approximately 3 million people are identified as Dalits according to the national census. However, according to Dalit organizations, civil society groups, and NGOs dedicated to Dalit welfare, the actual figure is higher, with an estimated 4.5 million people belonging to the Dalit community in Nepal (IDSN, n.d.). Dalit women have long endured discrimination and violence stemming from caste differences. Therefore, this study focuses on the educational status of Dalit women and its impact on maternal behavior within the Dalit community.

Purpose and Significance of the study

The overarching purpose of this study was to examine the educational status of women and its influence on maternity behavior. Specifically, the study aimed to assess the impact of socio-economic and demographic factors on the number of children, to determine the educational status of Dalit women, and to explore how educational attainment affects their maternity behavior. Maternity, as a significant component of population dynamics globally, holds greater importance than other demographic factors. It is influenced by various socio-economic factors such as education, age at marriage, duration of marriage, income, occupation, employment, knowledge and use of contraceptives, ethnicity, traditions, beliefs, and mortality rates. A widely accepted generalization is the inverse relationship between education and maternity. Studies by Kim (2016) indicate that educated women tend to have fewer children compared to less educated women, highlighting the pivotal role of women's educational status in their maternity behavior. Despite this, there has been limited research exploring this topic, with only a few researchers (Awasthi et al., 2018; Bral, 2016; Devkota et al., 2018; Pradhan, 2021) delving into it. Moreover, rural Dalit communities in remote far-western regions remain largely unexplored in this context.

This study aims to fill this gap by examining the socio-economic and demographic characteristics of women in rural Dalit society and investigating the impact of educational status on their maternity behavior. The study holds several significant implications: (a) shedding light on ethnic-related issues at the grassroots level, (b) providing fundamental insights into the maternity behavior of women, (c) offering valuable findings for planners and policymakers to formulate and implement effective policies and programs, and (d) serving as a guideline for future researchers in similar fields.

Methods

Effective execution of research endeavors necessitates a meticulously planned program to ensure the systematic and successful completion of all requisite activities. This program encompasses various critical components, including the elucidation of the research methodology employed, delineation of the study population and participant demographics, elucidation of data collection procedures, and subsequent analysis and interpretation of the gathered information. Within the context of the present study, the overarching theoretical framework guiding the research endeavor was grounded in the constructivist paradigm, which acknowledges the socially constructed nature of reality and emphasizes the importance of subjective experiences in shaping individuals' perceptions and behaviors. The primary objective of the study was to explore the influence of educational attainment on maternity practices among women belonging to the Dalit community, a historically marginalized group (K. Khanal et al., 2012) in Nepal. To achieve this objective, the researcher adopted a qualitative research approach, utilizing semi-structured interviews as the primary information collection method. Semi-structured interviews were deemed particularly suitable for this study due to their flexibility, allowing for the exploration of participants' lived experiences, perspectives, and attitudes in-depth, while also providing a degree of structure to ensure consistency across interviews.

The research was conducted in a rural community located within the Far-western Province of Nepal, characterized by its predominantly Dalit population. The target demographic comprised married Dalit women

within the reproductive age group, defined as individuals aged between 15 and 49 years who had given birth to at least one child. To ensure a diverse range of perspectives, a purposive sampling technique was employed to select fifteen participants from the eligible population. Central to the data collection process was the development of an interview schedule, meticulously crafted to elicit relevant information on the research objectives. The interview schedule consisted of four distinct sections, each designed to capture specific aspects of participants' experiences and perspectives. The first section focused on gathering household details, including socio-economic status, living conditions, and access to resources. The second section sought to collect individual demographic information, such as age, education level, occupation, and marital status. The third section delved into participants' knowledge of maternity and family dynamics, exploring their understanding of pregnancy, childbirth, childcare practices, and familial roles and responsibilities. Finally, the fourth section was dedicated to probing participants' maternity behaviors within the study area, including healthcare-seeking behaviors, utilization of maternal and child health services, and adherence to cultural norms and traditions related to pregnancy and childbirth.

Prior to full-scale implementation, the interview schedule underwent a rigorous pilot testing phase involving a small group of Dalit women. This preliminary testing facilitated the identification of any ambiguities, redundancies, or omissions in the interview questions, allowing for necessary refinements to enhance the clarity and effectiveness of the instrument. Fieldwork commenced with the researcher's visit to the designated research area, where efforts were made to establish rapport and trust with potential participants. Upon securing participants' informed consent, semi-structured interviews were conducted in a conducive environment conducive to open and honest dialogue. Interviews were audio-recorded with participants' consent to ensure accurate capture of responses and facilitate subsequent analysis.

Following the completion of data collection, the recorded interviews were transcribed verbatim and subjected to a thorough process of data analysis and interpretation. A descriptive analysis approach was employed, wherein data were systematically categorized and organized into different thematic constructs, allowing for a comprehensive exploration of participants' experiences, perspectives, and attitudes toward maternity practices within the Dalit community. Through this iterative process of data analysis, key insights and patterns emerged, shedding light on the complex interplay between educational attainment and maternity practices among Dalit women in rural Nepal.

Conceptual Framework

The research aims to examine the current educational attainment among women and their maternity behavior within the Dalit community, while highlighting challenges encountered in implementing strategies to improve educational status and address maternity issues. The study adopts a conceptual framework to structure its investigation, focusing on two primary sets of variables: independent and dependent. Independent variables encompass demographic factors such as age, marital status, occupation, total number of children born, and religion. These factors are presumed to influence or correlate with the educational status and maternity behavior of Dalit women. Dependent variables include educational status and maternity behavior. Educational status reflects the level of formal education attained by Dalit women, while maternity behavior pertains to their reproductive health choices and practices.

Figure 1 illustrates the conceptual framework employed in the study, outlining the relationships between the independent variables and their anticipated effects on the dependent variables. Through this framework, the research aims to gain insights into the complex interplay between demographic characteristics and the educational and maternity outcomes within the Dalit community.

Figure 1
Conceptual Framework
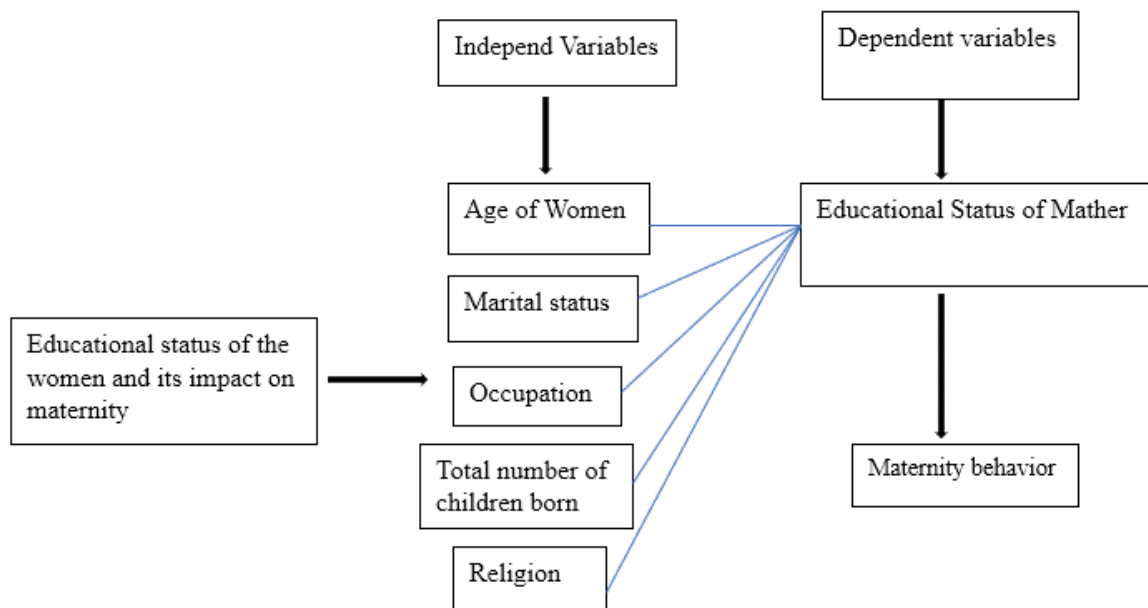
Source: constructed by researcher, based on Dhakal (2010)

Dalit Women's Barriers to Obtaining an Education

Various barriers hinder the educational advancement of Dalit women, stemming from historical disadvantages, caste-based isolation, economic hardships, and societal biases (Churiyana, 2017). These challenges significantly impact their ability to pursue education and contribute to their marginalized status within Nepali society.

1. **Accessibility and Availability of Educational Institutions**. Dalit girls face obstacles in accessing educational opportunities, with parents often reluctant to support their pursuit of higher education due to cultural norms and gender biases. In many cases, girls' education is undervalued, with societal expectations prioritizing domestic roles over academic pursuits. Moreover, even when Dalit girls enroll in schools, they continue to face discrimination and marginalization within educational settings.

2. **Unfavorable Home Environment**. Dalit girls often experience challenges in dedicating time to their studies due to household responsibilities and the need to assist with family chores or agricultural work. The patriarchal nature of Dalit society further reinforces gender disparities in education, with families prioritizing the education of male children over females (Churiyana, 2017).

3. **Pedagogical and Curriculum-related Issues**. The educational system in Nepal reflects biases that disadvantage Dalit students, perpetuating their marginalization. The curriculum often fails to represent the experiences and contributions of Dalit communities, leading to feelings of alienation and low self-esteem among Dalit children (Dhakal, 2010). Additionally, stereotypes about Dalit academic aptitude contribute to discriminatory practices within schools, further hindering educational attainment.

4. **Intolerance and Discrimination.** Dalit students face prejudice and discrimination in educational settings, with derogatory stereotypes often used to undermine their academic achievements. This discrimination extends to admission processes, where Dalit students are sometimes unfairly labeled as beneficiaries of affirmative action policies, leading to stigmatization and exclusion (Churiyana, 2017).

Furthermore, research suggests a correlation between education levels and maternal health outcomes among Dalit women. Better-educated women tend to have smaller families and higher socioeconomic status, which positively influences their reproductive choices and access to healthcare resources (Martin & Juarez, 1995). Thus, addressing barriers to education for Dalit women is not only crucial for their empowerment but also for improving maternal and child health outcomes within their communities.

Analysis

The analysis of this study is presented in two parts. The first part focuses on the demographic, socio-economic, and educational characteristics of the participants, encompassing variables such as family size, academic status, occupation, and income. The second part examines the influence of educational status on women's maternity behavior. The information is analyzed thematically, organized as follows:

Family Size and Number of Children

The educational attainment of women exerts a multifaceted influence on various aspects of their lives, encompassing economic, social, intellectual, and familial domains. Notably, educational levels play a pivotal role in determining the desired number of children within a family. Janowitz (1976) highlights the discernible differentiation between the direct and indirect impacts of education on family size. Family size stands out as a critical demographic indicator, bearing implications for maternity behavior. Larger family sizes often correlate with heightened prospects of increased maternity rates. The decline in birth rates can be attributed to families' inclination towards smaller family sizes, often associated with enhanced economic stability. Factors such as limited educational opportunities, geographical remoteness, and poverty significantly shape maternity care-seeking behaviors. Aryal et al. (2019) underscored that woman facing socio-economic disadvantages, whether in terms of wealth, place of residence, or educational attainment, exhibit lower tendencies to access maternity care services. In this study, family sizes were categorized into distinct groups: those with less than four children, four to six children, six to eight children, and more than eight children. Among the 15 participants, four had less than four children, six had four to six children, three had six to eight children, while two participants had more than eight children.

Findings indicate that approximately one-fourth of the participants hailed from nuclear families, often formed post-marriage as individuals sought to establish independent households. Moreover, nearly half of the participants fell within the four to six children category, suggesting a prevalent family size within the studied population. A higher proportion of maternity occurrences is observed within larger family sizes, often attributed to the relative ease of child-rearing. Consequently, individuals from larger families tend to utilize fewer contraceptive methods compared to those from smaller families. The majority of participants refrained from employing multiple contraceptive devices, primarily due to factors such as ignorance, poverty, low literacy rates, and entrenched cultural attitudes.

Occupational Status and Number of Children

Occupation is a significant determinant of both knowledge acquisition and maternity status, as it is often linked to education, profession, and economic standing. Kalmijn (1994) discovered a positive correlation between a mother's occupation and her ability to provide care and upbringing for her children, though specifics on this relationship would enhance understanding. In this study, out of 15 participants, twelve were engaged in agricultural and household work, two were employed in office settings, and one worked in the business sector. It's noteworthy that the majority of participants were involved in general household and agricultural activities. According to ILOSTAT (2023), 67 percent of women globally are employed in care-related sectors, while fields like engineering, science, technology, and mathematics have historically been male-dominated. In Nepal, 47 percent of women work in the care sector, reflecting a significant portion of the female workforce's engagement in this area. Livani (2021) cited that in Nepal, 80.1 percent of women rely on agriculture for employment, while 6.6 percent are involved in manufacturing, and 13.3 percent work in service sectors. This highlights the diverse occupational landscape for women in Nepal.

The study observed that participants engaged in agricultural or household work tended to have more children, whereas those in official or business sectors tended to have fewer offspring.

Participant's Religion and Number of Children

Religion significantly influences maternity practices, with certain communities viewing family planning and contraceptive use as taboo or morally wrong behaviors. Bishop (2011) notes that cultural and religious beliefs impact family size, contributing to population growth. Religious doctrines, such as the stance of the Roman Catholic Church against artificial birth control, often promote the notion of large families as a means of fulfilling religious duties. Despite economic challenges, devout adherents frequently prioritize expanding their families.

Nepal, despite its small geographical size, boasts a rich diversity in terms of religion, culture, and ethnicity. According to the National Statistical Office (NSO) report of 2023, Nepal is home to adherents of ten major religions, including Hinduism, Buddhism, Islam, Kirat, Christianity, Prakriti, Bon, Jainism, Bahai, and Sikhism, with Hinduism being the predominant faith, embraced by 81.2% of the population. In Hindu tradition, children are revered as gifts from the divine, and the birth of a male child is often considered essential for ensuring parental salvation and security in old age. This belief system underscores the cultural emphasis on son preference, which in turn contributes to larger family sizes.

Within the research area comprising 15 participants, only two identified as Christians, while the remaining thirteen adhered to Hindu cultural practices. Consequently, the study primarily focused on Hindu and Christian family dynamics. Hindu participants reported an average of three children per family, whereas Christian families had an average of two children. Notably, within the community, the birth of a son typically results in a shift towards child spacing or cessation of further pregnancies, whereas the birth of a daughter

often leads to continued attempts at conception until the desired son is born. This prevalent preference for male offspring perpetuates larger family sizes within the community.

Family Income and Number of Children

The family unit stands as a cornerstone of societal structure across cultures, persisting even in primitive societies. Family size, a variable subject to fluctuation globally, is influenced by multifarious factors, among which income emerges as a primary determinant of daily expenditure patterns. The economic standing of a family profoundly shapes its lifestyle and standards, consequently impacting maternal behaviors. Ibrahim et al. (2019) conducted a seminal study elucidating the intricate relationship between family income and size. Their findings underscore a statistically significant correlation, revealing that lower family sizes are positively associated with higher incomes. Notably, participants earning between Rs. 5,000 to Rs. 15,000 monthly exhibited an average of more than four children, whereas those with incomes exceeding Rs. 15,000 harbored an average of two children. Intriguingly, approximately one-third of the participants reported incomes surpassing Rs. 15,000 per month. Of particular concern is the observation that individuals with lower incomes or facing unemployment encounter formidable challenges in managing family planning due to financial constraints. Consequently, these demographic exhibits elevated fertility rates, indicative of limited access to contraceptives and family planning resources. Such disparities underscore the pivotal role of economic empowerment in shaping maternal behaviors and familial dynamics.

In essence, this study underscores the nuanced interplay between economic status and family size, highlighting the imperative of addressing socio-economic disparities in facilitating informed family planning decisions. Addressing barriers to contraceptive access and bolstering financial literacy initiatives among marginalized populations are imperative steps toward fostering equitable reproductive health outcomes.

Educational Status and Maternity Behavior

Education stands as a fundamental determinant of societal progress, serving as a dynamic barometer of a civilization's advancement. Extensive research has underscored a compelling negative correlation between maternal, newborn, and child mortality rates and the attainment of education, particularly among women. Literacy emerges as a pivotal conduit for fostering social and economic development, heralding avenues for individual ingenuity, innovation, and agency. Mensch et al. (2019) elucidates the profound influence of education on various facets of societal well-being, encompassing maternity, mortality, health status, income levels, and living standards. In their study cohort, a notable proportion of participants exceeding 50% were identified as illiterate. Additionally, a modest fraction possessed primary level education, with only a minority attaining secondary education. None reported higher educational qualifications. Remarkably, an inverse relationship between educational attainment and fertility rates was discerned. Illiterate participants exhibited an average of more than three children, while those with primary education had an average of three children. Conversely, as educational levels ascended, a corresponding decline in the number of children born was observed. Notably, participants with secondary level education reported an average of one child per mother.

This observation underscores the pivotal role of education in shaping reproductive behaviors and underscores the imperative of educational empowerment in fostering favorable demographic transitions. Strengthening educational infrastructure and promoting educational access, particularly among marginalized populations, are pivotal strategies in advancing societal well-being and achieving sustainable development goals.

Educational Status and Age at Marriage

Marriage, a timeless institution, symbolizes the harmonious union of two lives intertwined, wherein each thread signifies a commitment to shared dreams and joys. Quinlan (2023) defines marriage as a legally recognized and often ceremonial bond between two individuals, typically rooted in love and mutual dedication. This union entails the sharing of responsibilities and emotions, as couples embark on the journey of building a life together. Guided by principles articulated by the Government of Nepal (GON, 2017), marriage is envisioned as a sacred and enduring social contract, founded upon free consent, intended to initiate conjugal and familial bonds between a man and a woman. However, the legal age for marriage varies across jurisdictions, with Megan et al. (2018) highlighting the global imperative to eradicate child marriage, recognized as a harmful and discriminatory practice by international human rights conventions.

In Nepal, the National Civil Code Act of 2017 establishes the legal age for marriage at 20 for both men and women (GON, 2017). Nonetheless, disparities persist, as evidenced by findings indicating that illiterate individuals exhibit a higher prevalence of marriage before the age of 15, with educational attainment influencing the timing of marriage. Notably, Groot and Van Den Brink (2002) underscore the correlation between higher education levels and marital satisfaction, suggesting a nuanced interplay between education and marital dynamics. Moreover, education emerges as a critical determinant of the age of first pregnancy, as elucidated by Dahal and Kumar (2021). Their study reveals a diverse distribution of first pregnancy ages, with

lower educational attainment associated with earlier pregnancies. Specifically, a notable proportion of illiterate participants experienced their first pregnancy before the age of 18, highlighting the pivotal role of education in shaping reproductive health outcomes.

In summary, education exerts a profound influence on marital dynamics and reproductive health outcomes, underscoring the need for comprehensive educational interventions to mitigate disparities in marriage age and early pregnancy. Efforts aimed at promoting educational attainment, particularly among marginalized populations, are essential for fostering equitable social development and reproductive health outcomes.

Exploring the Link Between Education and Fertility

Monstad et al. (2008) examined how educational reform affects reproductive trends, it was found that lower-class women who have more education postpone having their first child until their twenties or later, instead of becoming teenage mothers. It was found that illiterate women had more than four children. Who had secondary level education got three children and who had attained higher education had average one child. A similar inverse relationship found by Jones, 2016; Becker et al. (2019) between women's educational attainment and fertility rates is consistently documented across various regions and historical periods, yet its interpretation remains ambiguous. Research suggests that women's level of education may influence fertility through several mechanisms, including its impact on women's health and their physiological ability to conceive and bear children.

Female Education's Effect on Child Mortality

The relationship between female education and child mortality is a significant area of study in public health and development. Research consistently shows that higher levels of female education are associated with lower child mortality rates (Gakidou et al., 2018). This association can be attributed to various factors, including improved maternal health knowledge and practices, increased access to healthcare services, and enhanced socioeconomic conditions within educated households (Rahman et al., 2019). Understanding this relationship is crucial for policymakers and practitioners aiming to reduce child mortality and promote maternal and child health worldwide. The women's educational status played a vital role in their child mortality incidence. It was found that the child death incidence was low among educated women. It was found that among 23.97 percent women had at least one child death incidence. Among 4.34 percent higher level attained women had reported single child death accidence. It was clear that educated women had lower child mortality rate.

Educational Status and Loss of Pregnancy

Pregnancy loss, defined as the involuntary termination of a pregnancy before the fetus reaches viability, is a complex phenomenon influenced by numerous biological, social, and environmental factors (Joseph et al., 2014). One such factor that has garnered attention in research is the educational status of individuals. Numerous studies have indicated a correlation between socioeconomic status (SES) and pregnancy outcomes, including pregnancy loss (Geronimus & Korenman, 1992). Education serves as a proxy for SES, with higher education levels often associated with higher income, better access to healthcare, and improved overall well-being. Education can influence access to healthcare services, including prenatal care, which plays a crucial role in identifying and managing risk factors for pregnancy loss (Shah & Zao, 2009). Individuals with lower levels of education are less likely to receive early and consistent prenatal care, increasing their risk of experiencing complications during pregnancy that may lead to pregnancy loss.

Educational attainment can also influence lifestyle factors that impact pregnancy outcomes. Higher levels of education are often associated with healthier behaviors, such as avoidance of smoking, alcohol consumption, and drug use during pregnancy (Thorp et al., 2003). Conversely, individuals with lower education levels may engage in riskier behaviors that increase the likelihood of pregnancy loss. Psychosocial stressors, such as financial strain, relationship dynamics, and mental health issues, can influence both educational attainment and pregnancy outcomes (Geronimus & Korenman, 1992). Individuals with lower levels of education may experience higher levels of stress due to limited job prospects, unstable housing situations, and discrimination, all of which can contribute to adverse pregnancy outcomes, including pregnancy loss.

The aspiration for pregnancy, particularly post-marriage, is deeply ingrained in Nepali culture, wherein societal norms and individual couples often regard procreation as the primary objective of matrimony. In instances of miscarriage, there tends to be a reluctance among couples to adopt contraceptive measures. Moreover, frequent pregnancies can significantly compromise women's health. Notably, among participants with lower levels of education, approximately 25.49% experienced the loss of at least one pregnancy, contrasting with those possessing higher educational qualifications who did not encounter such losses. This underscores the absence of a discernible correlation between higher educational attainment and pregnancy

loss, suggesting that women with advanced education exhibit a reduced likelihood of experiencing pregnancy loss.

Educational Influence on Breastfeeding Awareness and Duration

Through this analysis, a compelling relationship emerged between education levels and breastfeeding practices among Dalit mothers in Nepal, finding that higher education levels correlated positively with increased breastfeeding awareness and longer duration of breastfeeding (Aryal & Das, 2019). This finding underscores the pivotal role of educational initiatives in bolstering breastfeeding practices within the Dalit community, aligning with previous research emphasizing the impact of education on maternal and child health outcomes (Sharma, Thakur, & Tiwari, 2019). The influence of education on breastfeeding outcomes, affirms the need for targeted interventions tailored to the educational needs of Dalit women. By equipping these mothers with essential knowledge and skills, such programs hold promise for fostering breastfeeding initiation and continuation, thereby contributing to enhanced maternal and child well-being in Nepal. Among participants, illiterate 10 precent Dalit mothers stopped breast-feeding within a year. Among higher level educational attainment women, 4.17 percent stopped their breast-feeding a year. It was found that mothers who were illiterate stopped Brest-feeding earlier rather than educated mothers.

Education's Influence on Family Management

Evidence from Nepal highlights the multifaceted influence of education on family management and family planning among Dalit women. Higher levels of education among Dalit women are associated with more effective family management practices, including improved decision-making regarding health, finance, and resource allocation within households (Paudel & Samuels, 2017; Bista et al., 2019). Moreover, education equips Dalit women with critical thinking skills, empowering them to address challenges related to family planning, such as contraceptive use, birth spacing, and reproductive health decision-making (Dhakal & Clark, 2018; Sharma, 2020). Educated Dalit women are more likely to have access to and knowledge about family planning methods, leading to greater autonomy in reproductive decision-making and improved maternal and child health outcomes (Shrestha et al., 2020). Therefore, investing in the education of Dalit women not only enhances their capacity for effective family management but also promotes informed family planning practices, contributing to overall family welfare and socioeconomic development in Nepal. Among participants 80 percent of Dalit women had knowledge about family planning and rest 20 percent did not have knowledge about family planning. This study concluded that about family level of education attainment increase the use of family planning devices.

Result

The analysis of demographic and socioeconomic characteristics revealed significant correlations between women's education and various aspects of maternal health practices among Nepali Dalit women. Family size was found to be influenced by education level, with participants having higher educational attainment tending to have smaller families. For instance, participants with secondary education or higher had an average of 2 fewer children compared to those with primary education or lower. Additionally, there was a clear association between occupational status and family size, with participants engaged in agriculture and household work having larger families. Moreover, participants' religion was also a factor, with Hindu participants having larger families compared to Christian participants. Family income showed a significant relationship with family size, as participants with higher incomes tended to have smaller families. Furthermore, education influenced maternity behavior, with higher educational attainment correlating with delayed first pregnancies and increased awareness of family planning methods. These findings underscore the importance of education in shaping maternal health practices among Nepali Dalit women.

Discussion

The findings of this study shed light on the complex interplay between socioeconomic factors, particularly women's education, and maternal health practices among Nepali Dalit women. The observed correlation between education and family size underscores the importance of educational attainment in shaping reproductive behaviors within the community (Caldwell et al., 1992). Participants with higher educational levels tended to have smaller families, a trend consistent with previous research highlighting the role of education in empowering women to make informed decisions about family planning. Furthermore, the influence of occupation and income on family size highlights the socioeconomic disparities that exist within the community (Smith, 2005). Participants engaged in agriculture and household work, typically lower-paying occupations, tended to have larger families compared to those employed in office or business sectors. Similarly, participants with lower incomes had larger families, indicating the impact of economic status on reproductive behaviors. These findings underscore the need for targeted interventions aimed at addressing the socioeconomic determinants of maternal health, such as providing access to family planning resources and promoting economic empowerment initiatives among marginalized communities.

Religion also emerged as a significant factor influencing family size among participants (Brown & Brown, 2017). Hindu participants generally had larger families compared to Christian participants, reflecting the influence of cultural and religious beliefs surrounding family planning and fertility within the Nepali society. Future research should explore the underlying mechanisms through which religion shapes reproductive behaviors and identify culturally sensitive approaches to promoting maternal health within diverse religious communities. Moreover, the observed association between education and maternity behavior highlights the pivotal role of educational attainment in promoting reproductive autonomy and informed decision-making among Dalit women (Jones & Watkins, 2016). Participants with higher educational levels were more likely to delay their first pregnancies and have greater knowledge of family planning methods. This finding underscores the importance of investing in education as a means of empowering women to take control of their reproductive health and well-being.

Conclusion

This study underscores the crucial role of women's education in influencing maternal health practices among Nepali Dalit women. Education empowers women to make informed decisions about family planning, leading to smaller family sizes and delayed pregnancies. Socioeconomic factors such as occupation, income, and religion also play significant roles in shaping reproductive behaviors within the community. Targeted interventions aimed at improving access to education and addressing socioeconomic disparities are essential for promoting maternal health and empowering Dalit women in Nepal.

Limitation

The study explores the link between women's education and maternal health practices among Nepali Dalit women. However, it has limitations such as its qualitative nature, potential response bias, cross-sectional design, and focus on individual-level factors. It also suggests that longitudinal research is needed to establish causality and consider broader societal influences on maternal health within the Dalit community. Addressing these limitations through diverse research methodologies is crucial for advancing understanding.

Acknowledgment

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