CHAPTER-V

FINDINGS, DISCUSSION AND SUGGESTIONS

On the basis of the analysis and interpretation of the data presented in the previous chapter, a discussion is being presented in Chapter-V. So, on the basis of the following five objectives the sequences of the discussion is being arranged.

Besides that, the chapter also highlight the number of samples taken, category wise, showing the percentages of literacy and illiteracy, tribal, non tribal with working and non working women and their marital status.

Therefore the five objectives are as follows.

1. To study the child rearing practices among the women of Nalbari district and its impact on the physical development of the children

2. To study the child rearing practices among the women of Nalbari District and its impact on the emotional development of the children.

3. To make a comparative study on the child rearing practices among the Tribal and Non Tribal Women.

4. To find out gender differences in child rearing beliefs and practices.

5. The study the child rearing practices among the working and non-working women.

An important reasons of taking up the study is to find out the child rearing practices among the women of Nalbari District and how far these practices has an impact on the physical and emotional development of children.
5.1 Findings:

Table 3.1 indicates the children’s population of Nalbari District i.e. in the year 2011 the population is 7,69,919.

Table 3.2 shows total number of women blockwise in Nalbari District.

Table 3.3 shows the population of literacy and illiteracy among the tribal and non-tribal women.

Table 3.4 shows the distribution of women area wise both tribal and non-tribal.

Table 3.5 shows the marital status of women where widow is 16.3%, divorce is 4.0% and none 79.7%.

Table 3.6 shows distribution of children both tribal working and non-working and non-tribal working and non-working.

Table 4.2 physical Impact on breast feeding as perceived by tribal working and non-tribal non-working women. The findings are -

* There is no significant difference in $Aq_1$, $Aq_2$, $Aq_3$, $Aq_4$, $Aq_5$, $Aq_6$, and $Aq_8$.
  The reasons are —

* Breast feed the child up to 4 years in $Aq_1$

* Feels comfortable while breast feed in $Aq_2$

* Total hours is same upto 4 hours in $Aq_3$

* Interval of breast feed 3 to 4 hours in $Aq_4$

* Majority breast feed at mid night in $Aq_8$
Breast feeding practices for \( Aq_{1}, Aq_{2}, Aq_{3}, Aq_{4}, Aq_{5} \) and \( Aq_{6} \), it is found that there is a significant difference in both the groups and hence the hypotheses is rejected.

For the practice of burping, almost in all the statement for both the groups, there is no significant relationship between child rearing practices and children’s physical development, i.e. they burp the child after every feed and also learn the process either from the doctor or elderly persons.

Table 4.3 states the parameter burping for tribal working and non-tribal non-working which states that expect \( Aq_{7} \& Aq_{8} \) the statement is significant for both the groups where the ‘t’ value is 2.178 for process of cleaning nipples which shows that non-tribal non-working women are more conscious than tribal working women. At \( Aq_{6} \) the ‘t’ value is ‘2.399’ which indicates that, babies get insufficient intake of milk than non-tribal, non-working women as tribal women gets less time in feeding their babies.

Table 4.4 shows the weaning practices for tribal working and non-tribal non-working women where in all the statements i.e. \( Cq_{1}, Cq_{2} \) and \( Cq_{3} \), there is no significant relationship between child rearing practices and children physical development for the following statement which shows that the weaning time starts at 6-10 months, next helps the child while weaning and the child feels comfortable in this process.

Table 4.5 for breast feeding among tribal-non-working and non-tribal working women it was found that there is no significant difference between child rearing practices and child’s physical development in all the statements i.e. \( Aq_{1}, Aq_{2}, Aq_{4} \),
and Aq₅, where both the groups breast feed upto 4 years, next feels comfortable while breast feed, maintain interval of breast feeding from 3 to 4 hours and babies get sufficient intake of milk.

Again in the same table 4.5 for breast feeding Aq₄, Aq₆ and Aq₈ shows that, there is a close relationship between child rearing practices and children’s physical development and the following statements are significant. It shows that in Aq₃, total breast feed hours is high among tribal non-working women where the mean score is 2.59 and Sd. is .674 than non-tribal working women where the mean is -1.80 and Sd .619 as non-tribal working women gets less time to feed the babies.

In Aq₇, for the item cleaning of nipple which is found to be high among the NT-WRK, where Sd. is .492 and for T-NW Sd. is .371 which shows that, the later has a little knowledge on this process and similarly for process of cleaning nipple for N-T WR women mean is 2.00, Sd. is .471 and for T-NWR women mean is 1.64, Sd. is .505 and ‘t’ value is 2.309. This shows that N-TRI WRK women are more alert than TRI N-WRK.

For Aq₈, compared to non-tribal working women, tribal non-working breast feed their babies more at mid night.

Table 4.6 for the practice burping shows that there is no significant relationship between child rearing practices and children’s emotional development between TRI-WRK and N-TRI WR in Bq₂ and Bq₃ where they burp the child for its comfort and learns the burping process either from the elderly person on from a doctor, so that it does not hamper the child’s physical development. But for Bq₁, NT-WRK women burp the child high after every breast feed where the mean is
.92 and SD .289 than TRI-NW the mean is -.18, Sd is .384 as N-T WRK women
knows the method of removing the excess air from the stomach which might
cause indigestion.

**Table 4.7** shows the practice weaning of TN-WRK and NT-WRK women
for child rearing practices and children’s physical development. It is found that at
Cq₂ and Cq₃ there is no significant difference for the item helping the child in
weaning and makes the child feel comfortable in this process where the ‘t’ value
of Cq₂ is .480 and Cq₃ where the ‘t’ value is .815. But in the same table it shows
that, in Cq₁ the statement is significant as the time varies in both the categories
where the time for weaning 6-10 months child 1-2 years child and 3 to 4 years
child differ a lot where the mean for T N-WRK and N-T N-WRK are 1.43 and
1.65 and Sd. is .498 and 1.65 respectively.

**Table 4.8** for the practice breast feeding states that, there is no significant
difference among the two groups i.e. T-NW and N-T N-WRK against the statement
A₁, A₂, A₃, A₄, A₅ and A₇ which shows that the women follows the rules of breast
feeding, like maintenance of breast feeding durations, following the process of
cleaning nipples which helps in maintaining the child’s health, breast feed at midnight
and welcomes breast feeding.

**In Table 4.9,** there is no significant relationship between CRP and childrens
physical development in B₂ and B₃ for burping practices and are aware of the fact
that, burping protects the child from indigestion and stomach ache.

Again in **Table 4.10** in case of weaning for physical development, there is no
significant relationship which shows that start time for weaning, helping the child
while weaning and the child feels comfortable which shows that weaning process are followed by the two groups at same level.

**Table 4.11** shows the physical impact among the tribal and non-tribal women in the following five items. In Q1, A playing activity is very high among the tribal 30.7% than non-tribal 19.7%. As found in the study, tribal children spent maximum time in play activities as they have got enough open space and parents supports them to remain active.

In Q2 for sleeping pattern tribal scored less 32.3% than tribal 43.0%, as the former engaged in children various types of small activities like looking after the pet animals and the like.

In QC, elimination is higher among the non-tribal i.e. 22.0% than tribal as the former maintain the time-table of eating, sleeping and so on than the later 5.0% as their diet mostly consists of pork, sweet potato, duck, beef. Besides, that they take chocolates, biscuits which are found at cheaper rate specially in rural areas which hampers their physical growth as they are not alert on health and hygiene.

In QD, diet pattern is regular among the tribal i.e. 15.0% than non-tribal i.e. 6.3% as the tribal’s takes two times heavy meal which are usually cook boiled than non-tribal women where the children usually depends on fast food chocolates, chips and the like.

But in QE, for both the groups children actively participate in various activities like playing, running, jumping, drawing, painting as these parameters are very strong at these ages.
Table 4.12 shows the emotional impact on CRP among the N-TRI N-WRK women on the parameters anger, love, fear, jealousy and joy among the two groups of children 0-3 years and 4 to 6 years respectively. The findings are shown separately for both the age group.

Table 4.13 shows that children express anger at 6-11 months when need breast feeding i.e. 100% than 3 years i.e. 25% as the child’s emotion becomes high. But in C3 the scores are almost nil at all the age group for the statement child express anger when not feeling well as the child is fully nursed by the mother.

Table 4.14 shows that emotion anger is highest at the age group 4-6 years i.e. 66.5% for the item, when they are not allowed to play outside and at age of 3 years it is 75% for the item when asked to study. This is because at this age children likes to engage themselves in physical activities like playing rather than mental activities like studying.

Table 4.15 shows emotional expression love at 0-3 years which is highest at age of 1 year i.e. 37.03% on babbling, 3 years on shouting i.e. 60%, 50% on kissing at 2 years among the children of N-T N-WRK.

Table 4.16 again shows the emotional expression love at the age group 4-6 years where kissing and hugging is highest 50% for 4 to 5 years and 66.5% at 6 years.

Table 4.17 shows the emotional expression fear for the age group 0-3 years which is highest for the item express fear to loud noise and darkness where the score for 6-11 months is 55.6% followed by 1 year 37.03% and for the item darkness it is 44.44% at 6-11 months and 37.03% 1 year respectively. Fear is
highest at the age of 1 year 25% for the item express fear to sound of animals and at 3 years 50% for strange faces. So in all the four statements there is highest emotional impact on the emotion fear.

Table 4.18 shows that in age groups 4 years, 5 years and 6 years the emotional impact on fear is almost same in B₂ and C₃ i.e. child express fear to supernatural like ghosts, goblins and secondly the characters from stories, movies and T.V. as they could not differentiate between reality and fantasy as found among the children who belongs to non-tribal non-working women. So, there is no close relationship between CRP and children’s emotional development and similarly for A₁ and A₄ the responses are nil. This shows that the impact is equal in all the statements.

Table 4.19 shows the responses on emotion jealousy at all the age group. In A₁ the response was shown by the age group 6-1 months on the item child is jealous when the mother hugs the doll. This is universal because, the child has the ego feeling of self love which is 100% at the age of 6-11 months and lowest at 2 years 10%. In B₂, the responses is highest at the age of 2 and 3 years as they also want to be loved and feed by the mother than any another person. In C₃, the highest score is found at the age of 3 years 20% than 1 year 15% for the item child feels jealous when mother holds the younger one. So there is no close relationship between CRP and emotional development among the children of non-tribal non-working group.

Again in Table 4.20 against the emotion jealousy for children 4 to 6 years of the sample group the impact is highest at B₂ where the score at 6 years is 66.5% and same for 4 and 5 years i.e. 25% against the statement child feel jealous when
mother hugs and praises the younger one for which shows that there is no close relationship between CRP and emotional impact but at $D_4$, the impact is high at the age of 1 year i.e. 25% but nil for the other two groups as they prefer to sleep either with their grand parents or father.

Table 4.21 shows the emotional joy in all the age group among the non-tribal non-working women. Here expect $A_1$ for age group 6-11 months not much difference is found at $B_2$, $C_3$ and $D_4$ i.e. children express joy by clapping hands, jumping or running around and shouting aloud as these are the common characteristics of infancy.

Table 4.22 shows emotion joy for age group 4 to 6 years among N-T N-WRK where the impact is same for $A_1$ and $B_2$ i.e. 50% for the age group 4 and 5 years age group against the statement when gets new play materials and allows to play with friends. It shows that, at these two ages both the statements reflects the characteristic of childhood.

Table 4.23 against the parameter Anger for the age group 0-3 years for non-tribal working, the impact remains the same for the age group 1-3 years against the statement $A_1$, $B_2$ and $D_4$ i.e. express anger when needs breast feeding, needs to be hold by the mother and when the child bed wets where $A_1$ scored highest 68.75% at 1 year, $B_2$ 30.30% at 3 years and $D_4$ 15.62% at 4 years. This shows that emotional expressions are same and hence there is no close relationship.

Table 4.24 shows emotion anger at age group 4 to 6 years among N-T WRK. At age of 5 years the child express emotion in all the statements i.e. $A_1$, $B_2$, $C_3$ and $D_4$, where the highest score at is $B_2$ and $C_3$ 18.75% i.e. when asked to
study, not allowed to play outside, not given play materials and not allowed to watch T.V. So there is a close relationship between CRP and children’s emotional development.

Table 4.25 it is observed that for the emotional impact love at age of 3 years and 1 year in all the statement the highest score is found at A₁ i.e. 30.30% and no score at the age of 1 year and the lowest score is found at the age of 3 years i.e. 9.09% and 15.62% at B₂ at the age of 1 year.

Again at Q₂C₃ highest is 30.30% at the age of 3 years and lowest at the age of 1 year i.e. 21.87% at C₃. So, there is no close relationship between CRP and children’s emotional impact. Again at D₄, the highest score for hugging is 62.5% at the age of 1 year.

Table 4.26 at age 4 to 6 years for the sample group non-tribal working women’s children, emotion love is express at B₂ i.e. child express love by hugging where the highest score is 45.45% at age 6 and 12.5% at age 4 years which shows that through hugging the child express respect and love towards the person whom he love most and similarly at A₁ for the statement express love by kissing where the highest response is at the age group 6 years (54.54%) and lowest 37.5% at the age of 4 years.

Table 4.27 at the age of 0-3 years emotion fear is highest at A₁ and B₂ i.e. express fear to loud noise and darkness. For the item loud noise the highest score is 55.6% at 6-11 months and lowest at 3 years i.e. 90.9%. At B₂, the highest is 44.44% (6-11 months) than at 3 years i.e. 30.30%. So there is no close relation between CRP and children’s emotional development.
Again at 4.28 for the emotion fear at the age of 4-6 years, the impact is found to be high at C₃ and D₄ against characters from stories and movies and sound of animals and thunder blot as the conception for both the statements becomes clear at this stage though in the former they imagine and in the later they witness it.

**Table 4.29** shows the emotion jealousy for children age group 0-3 years for women non tribal working. Here the highest & lowest score are found at A₁, B₂, C₃ and D₄ against 1-3 years where the highest score is found at A₁ for the item when mother hug the doll i.e. 31.25% at the age of 1 year and lowest i.e. 9.09% at age 3. Again highest score is 31.25% at the age of 1 year and 25% at 2 years for the item when feeds the younger one. So, there is no close relationship between CRP and children’s emotional development except A₁ i.e. 100% for the age group 6-11 months.

**Table 4.30** shows emotion jealousy for the age group 4 to 6 years children for N-T WRK women. Here the highest score against C₃ is 72.72% for 6 years and lowest 25% for 4 years for the item where child is jealousy when play materials are given to the younger one. Besides that differences are also reflected in A₁, B₂ and D₄ where children feels jealous when feeds the younger one, praises or hugs the younger one and sleeps with the younger one. So there is no close relationship between CRP and emotional impact.

**Table 4.31** shows emotion joy at the age group 0-3 years for women (N-T WRK) it is found that C₃ scored highest i.e. 53.6% at age 2 and 30.30% at age 3 for the statement express joy by jumping or running and D₄ scored highest i.e. 46.87% at age 1 and lowest 30.30% at age 3 where children express joy by shouting
aloud. This shows that these emotions are very common at these age and hence there is no close relationship.

Again Table 4.32 shows the emotion joy for age group 4-6 years where difference is found in all the statement i.e. A₁, B₂, C₃ and D₄ where the highest difference is found at B₂ i.e. 50% at age 5 years and lowest at 6 years i.e. 18.18% against the statement children express joy and allows to play with friends.

Table 4.33 for the age group 0-3 years shows the emotion anger among tribal working women. It is found that in A₁ highest score is 71.42% at 6-11 months and lowest is 16.21% at 3 years which states that child express anger when needs breast feeding which is a common phenomenon for CRP. Next in B₂ needs to be hold by the mother highest score is 64.5% at age 3 and lowest score is 25.92 age 2 years. This shows that attachment is much higher at age 3 than at age 1 year.

Table 4.34 indicates the emotion anger at age group 4-6 years children for tribal working women. It shows that at B₂ and D₄ for the statement when not allowed to play outside and not allowed to watch T.V., a difference is found at all the three age group where B₂ scored highest i.e. 52.63% at 4 years and lowest 33.33% at 6 years. At D₄ highest score is 33.33% at age 5 and 6 years and lowest 21.05% at 4 years. So there is no close relationship between CRP and children’s emotional development as both the statements are very sensitive at this stages.

Table 4.35 for emotion love at the age group 0-3 years, the highest difference is reflected at A₁ i.e. express love by babbling where the highest score is 71.42% at 6-11 months and 25.92% at 1 year followed by B₂ for the item express love by
cooing or shouting where the highest score is 37.03% at 1 year and lowest is 28.6% at 6-11 months.

**Table 4.36** shows the emotion impact Love for age group 4 to 6 years among Tribal working women. The findings shows that, difference of opinion was found in at B₂ i.e. express love by hugging where highest score is 52.63% at 4 years and lowest 33.33% at 6 years and for the statement child express love when somebody hugs them. But at D₄ for the item express love by sharing things reflects at the age of 4 years i.e. 21.05% and no score for the other groups. Again at C₃ getting on the item getting only lap, the highest score is 50% at 5 years and lowest 11.11% at 6 years children are more dependent on others.

**Table 4.37** for the emotion fear at 0-3 years, the highest impact was found at A₁, i.e. 71.42% for 6-11 months and lowest 6.8% at 2 years for the item express fear to loud noise where at the very tender age, the sensation is high as well as they are not adjusted to various sound effect. And in B₂ the highest score is 28.6% at 6-11 months and lowest 6.5% at 3 years where the same affects occur i.e. express fear to darkness.

**Table 4.38** for the emotion fear at age 4-6 years the highest impact occurs at B₂ i.e. fear to supernatural elements where the highest score is 66.5 at 5 years and lowest 33.33% at 6 years. Again at A₁ highest is 55.6% at 6 years and lowest 5.3 at 4 years against the item express fear to loud noise. This is because in both the statements children are sensitive to supernatural elements at 5 years and at 6 years at darkness. So, there is no close relationship between CRP and children’s emotional development.
Table 4.39 indicates emotion jealousy at the age group 0-3 years among tribal working women where a difference was observed at A₁ for the item feel jealous when mother hugs the doll where the highest score is 71.42% at 6-11 months and lowest 9.7% at 3 years because the child is very ego centric at this stage and except love from the mother. So, there is no close relationship in these two statements for emotional impact.

Table 4.40 reveals the emotion jealousy for the age group 4-6 years children for tribal working women. Here in B₂ i.e. praises or hugged the younger / older one, the highest score is 55.6% at 6 years and lowest 26.31% at 4 years as the child at 6 years wants respect and importance from the family members. At C₃, for the item child is jealous when play materials are not given to him which shows the highest score i.e. 66.5% at 5 years and lowest 5.63% at 4 years. So, there is no close relationship against B₂ and C₃.

Table 4.41 for emotion joy for the age group 0-3 years children TRI-WR, highest impact was found at C₃ for the statement express joy by running or jumping around, the highest score is 46.5% at 2 years and lowest 16.12% at 3 years. At C₃ statement jumping and running around for the statement jumping and running around the highest score is 74.07% at 1 year and lowest 3.22% at 3 years.

Table 4.42 for the emotion joy at the age group 4 to 6 years the highest impact lies at C₃ for the statement ask to paint or draw, the highest score is 50% at 5 years and 10.52% at 4 years which shows that creativity is highest at 5 years.

Table-4.43 shows the emotion anger for the age group 0-3 years. Children for (TRI-NW) the highest difference was found in A₁ for the statement express
anger when needs breast feeding where the highest score is 100% for 6-11 months and 1 year and lowest 56.5% at 3 years.

Table 4.44 for the emotion anger for age group 4-6 years children for (TRI-NW) the highest difference was found at A₁ i.e. when asked to study where the highest score is 57.14% at age 5 and lowest is 38.5% at 4 years as children at this stage tries to remain busy in physical activities rather than mental activities. In B₂ for the statement when not allowed to play outside, the same characteristics is followed where highest is 50% at 6 years and 38.5% at 4 years. So there is no close relationship between CRP and children’s emotional development.

Table 4.45 for emotion Love for age group 0-3 years children for (TRI-NW) the highest difference was found in B₂ i.e. child express love by hugging where the highest score is 61.33% at 2 years and lowest is 20.02% at 1 year as the emotion is high at 2 years and except love through hugging. So there is no close relationship, but in D₄ by sharing things there is only single score i.e. 5.40% at the age of 1 year which shows that there is a close relationship between CRP and emotional impact of children.

Table 4.46 for the same emotion love for age group 4 to 6 years for TRI-NW women, the highest difference was found in D₁ i.e. by sharing things 100% at 6 years and lowest 23.07% at 4 years.

Table 4.47 for emotion fear at age group 0-3 years children among TRI-Working where the highest difference was found at A₁ for the statement express fear to sound of animals where the highest score is 42.9% at 6-11 months and lowest 19.23% at 2 years as in the former the conception of sound is vague than
at the age of 2 years where they gradually adjust to sound effect. In B₂ for darkness, the highest is 57.14 at 6-11 months and lowest 13.51 at 1 year.

**Table 4.48** for emotion fear, age group 4 to 6 years children for (TRI-NW) the highest difference was found in A₁ i.e. express fear to darkness where the highest score was 75% at 6 years and lowest 20.07% at 4 years because the fear psychosis to darkness is high at this stage.

**Table 4.49** for emotion jealousy age group 0-3 years children among (TRI-NW) the highest difference was found at A₁ i.e. feels jealous when mother hugs the doll, where the highest score is 100% at 6-11 months than at 1 year i.e. 18.91% as children expected to be loved, only to himself.

**Table 4.50** for emotion jealousy at age group 4 to 6 years children among TRI-NW where the highest difference was found in C₃ for the statement holds the younger or elder one where the highest score was 75% at 6 years and lowest 15.38% at 4 years. This shows that as the child grows older his emotion for love towards his own self increases.

**Table 4.51** for emotion joy for age group 0-3 years among T-NW women, the highest emotional difference was found in D₄ for the statement shouting aloud where the highest score was 42.30% at 2 years and lowest 13.04% at 3 years which shows that shouting is also one of the physical activities, followed by C₃ jumping or running around where highest score is 57.7% at 2 years and 20.02% at 1 year. So there is no close relationship between CRP and children’s emotional development.
Table 4.52 for emotion joy age the group 4 to 6 years children among TRI N-WRK where highest difference was observed at C3 which states when asked to paint or draw pictures where the highest 57.14% at 5 years and lowest 25% at 6 years which shows the creative activities at this age group.

Table 4.53 for breast feeding practice for physical impact among N-Tri-working and Non-Tri Non-working against all the statements, Aq1, 3, 4, 8 there is no significant difference between child rearing practices and children’s physical development where ‘t’ value is Aq1 (t = -0.849), Aq6 (t = 1.565) and Aq8 (t = -0.378). So breast feeding is practiced well.

Table 4.54 for practice burping for physical impact among N-T WR and N-TRI-NW there is no significant difference in Bq2 and Bq3 where the (t-value = -0.669) where the women follows the burping practice seriously.

Table 4.55 for weaning practices for physical impact among N-TRI WR and N-TRI N-WRK there is no significant difference is found at Cq1, Cq2 and Cq3. So there is no difference between CRP and children’s physical development.

Table 4.56 for medicine and vaccination among the tribal and non-tribal women all the statement from Q1-Q6 are significant at 0.05 level and hence there is a close relationship between child rearing practices and children’s physical development in all the items i.e. vaccination chart, regular immunizing, giving allopathic, herbal, homeopathic and ayurvedic medicine and when the child is sick parents takes help from quacks, physicians, ayurvedicians and so on. There is a close relationship where the significant level is at P<0.05 level.
Table 4.57 for medicine and vaccination among working and non-working women, there is significance in all the statements and hence there is a close relationship between child rearing practices and children’s physical development where the significant level is at P<0.05 level.

Table 4.58 bottle feeding practices among tribal and non-tribal for physical impact where in D₁ for the response ‘Yes’ and ‘No’ the score is 46.3% and 49.3%. At D₂, highest is 82.9% for 6-11 months, at D₃ the score is 55.9% i.e. prefers bottle feeding, at D₄ the score is 71.7% for feeding hours, at D₅ the score is 61.2% gives mothers milk, at D₆ 77.0% burp after each feeds, at D₇ 96.1% depends on bottle feeding and at D₈ 50.7% prefers cows milk.

Table 4.59 for sterilizing practice between tribal and non-tribal where at E₁ highest score is 46.3% for ‘No’ response, at E₂ 89.4% use detergent to wash, at E₃ (67.7%) sterilize for 16-20 minutes and at E₄ 50.9% covers the utensils.

Table 4.60 for solid food practice among tribal and non-tribal at F₁, 62.7% gives solid food at 6-10 months, F₂ the highest score is 53.3% i.e. gives home made grounded rice known as Luthuri, at F₃ highest is 67.3% i.e. feeds thrice a day and at F₄ highest is 59.3% i.e. sometimes gives boiled food.

Table 4.61 for massage practice among tribal and non-tribal women at G₁ highest is 66.7% i.e. starts massage at 4-6 months, at G₂ highest is 61.03% i.e. sometimes massage the child, at G₃ highest is 52.0% i.e. uses mustard oil, at G₄ highest 85.0% i.e. exercise the baby, at G₅ 82.3% i.e. sometimes depends on family members and at G₆ highest is 61.0% i.e. massage for 15-20 minutes.
Table 4.62 in bathing practices 52.0% uses tubewell to bath the child, 94.7% bath the child outside the room. 98.3% uses Gamocha (local towel of Assamese society) 38.0% uses LPG to warm the water and 95.7% sometimes use soaps.

Table 4.63 for child rearing beliefs and practices among tribal and non-tribal women where 63.33% prefers both male and female child, again 86.7% gives equal education, 86.7% imposes strict discipline to the male child, 46.7% expect to help in small work for the male child, 60% allows to play for both the sexes, 40% welcomes the birth of male child, 50% punishes the male child when quarrels, 53.33% protest when law status is given to female child and 60% agreed that there should be no gender difference. Hence, there is no relationship in gender difference.

Table 4.64 in toilet practices, 80.7% uses home made nappies, 58.3% changes nappies 67.3% uses detergent soap to wash and 877% dry the nappies in a hygienic place among tribal and non-tribal women.

Table 4.65 where 61.07% uses woolen clothes, 89.7% uses baby panties, 44.0% uses surf to wash, 53.7% uses cotton clothes, 36.0% changes sometimes babies clothes and 52.0% never uses dettol to wash the clothes.

Table 4.66 where 89.7% never brush their babies teeth every day and 100% never uses baby brush to clean them, so they are not alert and aware on dental care.

Table 4.67 where 51.3% never uses dettol and phenyl to clean the house, 63.3% never clean the garbage in their surroundings, 50.3% sometimes cleans the water filter for their children, 46.3% sometimes boil drinking water for their
children, 52.0% sometimes allows the child to sleep without mosquito net. So from the above statements we can conclude by saying that child rearing practices of working women differs from that of non-working women.

5.2 Discussion:

Child rearing practice is very important and plays an important role in the most formative years of a child’s life. It is a process by which the child gains the knowledge and skill needed to function successfully in adult life. Therefore the ultimate assistance rests upon the women. An important aspect of motherhood is to rear children in the best possible manner. At birth, a human baby is totally helpless. Without proper care and nourishment, a new born baby would probably perish. So, it is the mother who is expected to learn to manage a household and raise the family and to do this well according to societies standard for good mothering. Therefore, it is rightly said that, “THE HANDS THAT ROCKS THE CRADLE RULES THE WORLD.” The present study reveals that a perfect child rearing practices depends on the mother because a perfect child rearing has a good impact on the child’s physical, mental, emotional and social development. So, in todays society, child rearing practices has become a significant aspect to make the children a perfect adult in future.
5.2.1. Child rearing practices and its impact on the physical development of the children for tribal working and non tribal non-working:

The present study reveals that child rearing practices among tribal working and non tribal non-working has got no significant difference in respect to breast feeding. However in one or two cases like babies gets sufficient intake milk and process of cleaning nipple after every breast feed differ to a degree among both the groups.

Secondly in case of burping and weaning there is no significant difference between the two groups and every one almost follow the practices.

5.2.2. Physical impact of children between Tri Non-WRK and Non-Tri Working in respect of Breast feeding, Weaning and burping:

The study reveals that there is no significant difference among the two groups in case of statements like age level for breast feeding, feels comfortable while breast feed, interval of breast feed and gets sufficient intake of milk. However in some it appears that both the groups do differ to a degree in process of cleaning nipple, breast feed at mid night, total breast feed hours.

Secondly in case of burping and weaning it is found that there is no significant difference and both the groups follow the same process.
5.2.3. Physical impact of children between Tri-Non-WRK and Non-Tri Non-WRK in respect of breast feeding, burping and weaning:

The present study reveals that there is no significant difference in all the three parameters except in cleaning nipple after every feed and breast feed at midnight where there is a difference between the two groups.

Again among the other two groups of sample Non-Tri-WRK and Non-Tri-Non-Working there is no significant differences in respect to breast feeding, burping and weaning expect total breast feed hours and process of cleaning nipples.

5.2.4 Medicine and Vaccination:

The table reveals that among the two groups Tribal and Non-Tribal women in respect to medicine and vaccination there is a difference between the two. It appears that some follows the process very seriously in case of proper immunization, some follows the physicians and some quacks, some misses vaccination.

Secondly for working and Non-working women, differences are also found in the following process between the two groups.

5.2.5 Emotional Impact on children of Non-tribal Non-working women (mother) on Anger, Love, Fear, Jealousy and Joy:

Emotions, play an important role in children’s lives and they have a great influence on their personal and social adjustment. In the present study five emotional responses are taken for the need of impact assessment of child rearing practices.
They are anger, love, fear jealousy and joy.

In the study it reveals that, emotions differ in different age group which starts from 0-6 years of the group Non-Tribal Non-working. In age group 0-3 years, all the emotions differ in each statements. For anger, the child express highest anger when not breast feed and for the age group 4-6 years highest anger is expressed when asked to study.

Again for love age group 0-3 years the highest emotional expression are shown by babbling, cooing and kissing and for 4-6 years highest expression is by kissing to his mother.

Similarly in emotion fear highest emotional expression was shown towards loud noise 0-3 years and at the age of 4-6 years at supernatural elements like ghosts, goblins. At jealousy for 0-3 years highest expression was shown when mothers hugs the doll and for 4-6 years when members praises or hugged the younger or elder child.

And finally for emotion joy at 0-3 years highest emotional expression was shown by babbling or clapping hands and at 4-6 years joy is express when asked to play.

5.2.6 Emotional Impact on children for Non-tribal working women:

The table reveals that there is a close relationship against the emotion Anger, fear, love, jealousy and joy for 0-3 years which shows that amongst both the groups they are alert and aware when the child express emotions.
5.2.7 Comparative study on Tribal and Non-Tribal women on the parameters Bottle feeding, sterilizing, solid food, massage and bathing:

Findings reveals that there is a difference in bottle feeding practices among the two groups against all the statements and the responses varies where some of them prefers bottle feeding other’s not, some feeds due to lack of time, some prefers cow’s milk to baby’s milk product and some breast feed in between bottle feeding.

Secondly, for sterilizing some sterilize the utensils for 16-20 minutes and some more than that. Again for solid food maximum prefers home made grounded rice i.e. ‘Luthuri’ rather than Nestum or Cerelac and most of the women started solid food at 6-10 months.

For massage, some uses mustard oil i.e. 52.0% and other’s medicated oil like Johnson’s, olive oil i.e. 24.0% and finally for bathing, majority bathe the baby outside the houses and uses bucket and mug instead of tumbler and also it was found that in Nalbari district they uses home made towel to wipe the baby than ready made towels.

5.2.8 Child rearing beliefs and practices is related to gender difference:

Traditionally, male child was preferred more in a family as an inheritance for hereditary and property.

Findings reveals that, child rearing practices are not related to gender differences and importance is given to both the made and the female child though it differences in some extent like welcome male child than the female child in the family at birth.
5.2.9 Child rearing practices among the working and non working women
against the parameters toileting, clothing, teething and cleanliness:

The findings reveals that there is a difference in toileting practice where 80.7%
prefers to have home made nappies than medicated ones, majority uses detergent
to wash the nappies. For the practice clothing, liquid detergent is hardly used to
wash the babies cloth and only 9.7% uses handloom clothes for the children.

In teething practice, only a few percent uses tooth brash for the babies which
shows that they are not aware on dental hygiene. And finally for cleanliness in
mopping, brooming, cleaning the campus only few women of both the groups are
aware to keep the environment neat and clean.

5.3 Suggestions:

5.3.1 Role of mothers:

Since birth, a child remains more in the affectionating custody of mother for
nutritional as well as emotional feeding. So, mother must be aware of sound child
rearing practices. Physical and emotional growth in child are interrelated. A child
with healthy body is happy and active.

Therefore according to the norms of child rearing practices the following
suggestions are:

➢ Breast feeding should continue till 3 to 4 years to have immune capacity and to
  fight against various diseases.

➢ Burping is a must for every mother to remove excess air from the stomach.
Child should not miss any vaccine and should be regular and alert to vaccinate them at times to protect the child from polio, malaria, hepatitis, cough, cold, pox.

Dental care is a must for the baby which is very much related to the child’s physical growth.

Mother should prefer home made grounded rice in giving solid food and must be alert in sterilizing the utensils atleast for 20-30 minutes.

The home environment should be hygienic to avoid various diseases and virus and should be mopped with dettol and phenyl.

Children should not be given synthetic clothes except cotton clothes to avoid rash.

Children should be massaged at least for 20 to 25 minutes for proper blood circulation with pure mustard oil or olive oil.

If a child is to be bottle feed, the bottle should be boiled and should be covered and most essentially the baby should be burp after each bottle feed.

If the child is suffering from fever, he should be immediately moved to a hospital or should consult a child specialist instead of taking to the quacks.

Children should have a regular bath with warm water to maintain the body temperature. Bathing helps the child to remove foul smell from the body and varies skin diseases. All the parts of the child should be cleaned properly specially the delicate parts like eyes, ears, nostrils, armpit. Baby soap should be first
rubbed on a soft towel and then should clean the baby. Mothers should be cautious that the water does not enter on the ears or nose.

- Toilet practice helps a child to form proper and healthy habits. Mother’s should allow the child to use potties to maintain hygiene. It should not be practiced in open space whereby the child might get infection like hook-warm. For elimination also, the child should be made the habit of using the toilet room using sandals to avoid germs and infection toilet room should be flushed well and should be cleaned with antiseptic liquids.

5.3.2 Role of fathers:

Bringing up children is been usually regarded as “Women’s Work.” In the past, the only active part the father took in the care of young children was to discipline them when their behaviour went beyond the control of the mother, thereby the child build up an unfavourable attitude towards the father. Active fear developed instead of affection and love. So, father’s role is also very important for physical and mental development of the children.

- Father’s can give bottle feeding before he goes out to work or when mothers is in the kitchen. This helps the child to develop a loving bond with the father.
- Feed the child when old enough
- Play or read him a story while the mother busies herself with other duties
- Sleeps with the young one when the child feels lonely
Taking for a walk or a ride makes the child happy whereby creating a friendly atmosphere with the father. If these duties are pleasurable sort, they will go a long way to building up the happy relationship that every child needs with his father.

5.3.3 Role of Grandmother:

The love for grandchildren is a very common phenomenon in child-rearing practices. Children too like to spend a lot with their grandparents, especially their grandmothers, who are very caring persons. So, the role of grandmothers is as follows:

- Helps in bottle feeding when the parents are busy in household work.
- Tells them stories which are related to human values thereby helping them to build a good moral character.
- Lullabies are sung to make them sleep.
- Massaging the baby for proper blood circulation thereby helping them to be physically fit.
- Holding the baby on the lap when the mother remains busy with work.
- Playing with the elder children when the mother feeds the younger one.
- Singing religious songs with the children during worship for spiritual development.
5.3.4 Suggestions given by Child Specialists:

For perfect child rearing practices an informal discussion was conducted with Dr. Bijoy Deka, Child Specialist, Nalbari during the period of investigation. The suggestions given by the Doctor was -

- Breast feeding, the most important and significant factor for a child should be continued till 4 years as it protects the babies against diarrhea, respiratory infection, allergy, cold, bronchitis, measles and polio.

- Positive attitude of a mother towards breast feeding gives more milk than mothers with negative attitude.

- Bottle feeding can be given which does no effect the baby, but it should be sterilized properly.

- Solid food can be given after six months, but babies breast feeding should be continued or when demands.

- Immunization and Vaccination should be given according to time without missing it.

- Synthetic clothes should be avoided unless the child can adjust himself. The clothes of the babies should not have zip or pin, rather ribbon should be used to tie the clothes. The babies cloth should be loose and materials should be cotton and in winter days soft woolen caps, sweater and socks should be worn.

- The diet of the baby should be normal with the adults expect spicy food at the age of 2-6 years and vegetables should be given boiled and mashed. Fruit juice which are not strong can be provided.
Both the mother and the child should maintain cleanliness to avoid various diseases.

Dental check-up should be compulsory.

The bed sheets and pillow covers should be neat and tidy and if possible should be changed after every alternate days.

The campus of the house both inside and outside should be broomed and mopped properly using liquid antispectic to avoid flies and mosquitoes.

Burping should be done after every feed otherwise excess air leads to stomach ache.

Toilet training is very essential which not only helps the child to develop good habits but helps the child to remain healthy and hygienic. As far as possible children should be allowed to use toilet room.

Children should not be treated by quacks or any informal local physicians instead should be treated by medical doctor specially child specialist.

Medicines, poisons, insecticides substances should be kept out of reach from children.

The weight of the child should be checked. The child should not be under weight or excess over-weight.

The child should be allowed to sleep when he/she needs but care should be taken that the child does not sleep with out food.

If the child suffers from serious diseases or fever should be immediately rushed to the nearest hospital.
5.3.5 Experts recommendation taken from Dr. Jyanendra Nath Sarma, Child Specialist and HoD, at Gauhati Medical College from his book entitled “Nabajatak Aru Sishur Jatan.”

It states that -

- The Child should always sleep with his mother.
- The touch of father always helps the child in character development, So father should also be a part and parcel in a child’s life and should help the mother to some extent in rearing the child.
- Breast feeding helps the child to fight against diseases like cough, cold, stomach ache, increases his weight and so is very essential.
- Should not stop breast feeding if the mother is sick. This is because, mother’s milk has the capacity to fight against diseases which is called “Antibody” and through mother’s milk, passes it to the baby which safeguard the child from any diseases.
- The more the mother breast feeds her child, it helps her from having “Anemia” and helps to create “Oxytocin” a chemical secretion which keeps the uterus healthy and due to “Prolaction” secretion prevents the mother for second pregnancy besides reduces fats.
- The child should not be given any water to drink till six months and should only depend on breast feeding.
- To increase the quantity of mother’s milk, the mother should take food which contains vitamins, minerals and proteins.
While breast feeding the mother should hold the child comfortably.

The child should not be force to eat when he or she does not feel so.

Child should be fed with the help of bowl and spoon.

Give the child to play as well as to do any creative activity which helps the child develop emotionally and helps the child to maintain discipline free from tantrums.

Give the child enough love and affection, make him feel joy and happy which not only helps him to develop physically but helps him to develop a sound personality.

The child should not be forced to sleep. Fatigue does not helps a child to sleep if he plays with joy and happiness which is a symbol of a healthy child. There is no time limit for a child to sleep.

Children’s cloth should be dried in the sunshine and not inside the room. The sunrays kills the germs of the wet cloths.

Children should be allowed to watch T.V. in a limited manner which hampers his physical growth. While watching T.V. for 6-7 hours, children takes same unwanted food like chips and chocolate which produces enough calories and besides that it hampers his physical activities like running, playing jumping which together makes the child excess fatty (obesity) which later on effects the child. It breaks his daily routine taller leads to heart problems.

Allows him to watch those programmes which will help him to develop emotionally physically, spiritually and mentally. So parents should also control themselves while watching T.V.
Give the child play materials in substitute, engage themselves in other co-curricular activities like singing, dancing, drawing, painting, read them stories, engage them in small household activities, makes them the habit of sleeping in the afternoon and at night.

- Ask them to watch T.V. 18 feet distance to avoid electronic ray.
- Never allow a child to take medicine without doctor’s prescription.

5.3.6. Psychologist Dr. Debajani Shaha, Kolkata recommendation on child rearing Practices on emotional development of the child:

- Parent should not be over disciplined with their children which might hamper their emotional development like anger which at times may lead to dangerous situation.
- Children should be treated like miniature adult and they should not be underestimated infront of anyone. Praises and encouragement helps to develop a loving bond between the mother and the child.
- Parent should listen to the small talks of the children, there by correcting their mistakes in-between talks.
- Emphasis should be given equally to both the children whether male or female child.
- Never let a child to be jealous on any aspect as the child might attack any one at any moment which might create an unpleasant situation.
Punishment must be avoided instead explain the child on the negative and positive aspects of the situation.

Fear psychosis should be removed from the child, as in the long run he/she will hesitate to do things.

Love the child as much as you can - hold him, hug him, express to him that he is all in all.

Family quarrels should be avoided as far as possible. It hampers emotional development.

Make the child feel happy and joyous in all the works he does. If the child remains happy, he can eat and sleep well thus leads to a healthy growth.

Never compare your child with another child. This might leads to depression.

Allow the child to play with other children which helps to develop his personality and group dynamism.

Grand parents could teach the child moral values by allowing him/her to sit in the prayer hall or read them stories related to moral development.

Allow the child to work for himself which will help him to discipline his habits and manners.
5.3.7  Chief Minister’s Vision for women and children (Assam) 2012 goals and strategy:

- Education, mother should be given education on exclusive breast feeding upto 6 months, complementary feeding from 6 months onwards with continued breast feeding upto 2 years of age.
- Effective implementation of home based newborn care through ASHA.
- The state under Assam Bikash Yojana has introduced the “MAJONI” scheme to promote girl child i.e. for the birth of girl child on Government hospital are given a fixed deposit of Rs. 5,000/- which encourage the birth of a child.

5.3.8  Awareness through Mass Media:

- Different schemes are screened through T.V. to know the child rearing practices specially on breast feeding, immunization and vaccination, emphasis on girl child to remove gender differentiation.
- Adds on baby products like soap, oil baby food also helps the women to know about child care.
- Advertisements on newspaper and magazine on child rearing gives a positive outlook for the mother.
- Observation on world Breast feeding day and Mother’s Day.
- Different documentary movies based on child also helps the women to practice child rearing and its impact on emotional development.
Seminars (National, International) debate workshop, awareness programme also can help a healthy child rearing practices.

5.4 Conclusion :

Historically, the role of women was confined mostly to being a mother and wife, and dedicate herself for her family.

So, child rearing is the process of promoting and supporting physical, social, emotional and intellectual development of a child from infancy to adulthood. It refers to the aspect of raising a child aside from the biological relationship.

So, mothers play an important and significant role in child rearing practices. The first step is breast feeding which is most essential for the baby specifically for healthy physical development followed by emotional, mental and social development. Besides that parameters like burping, weaning, immunization and vaccination also had a great impact on children’s physical development.

Besides that child rearing has also a great impact on the emotional development of the child. The core emotions of a child are love, anger, fear, jealousy and joy. So, mothers specially should be very cautious enough while rearing their children so that the child have a balance emotional development. If a child is over disciplined by his parents, never responses to his feelings, never allows to do things as the child wishes them, so that it might not hamper his emotional development.

So, family specially the mother should take every step for healthy child rearing practices. Some preventive measures should be taken for proper practices.
emotional vitamins for healthy growth of the child -

a) A good relationship with at least one parent.
b) Respect as an individual.
c) Encouragement and Recognition of effort.
d) Gradually increasing responsibility and social involvement.