CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 Studies conducted Abroad

2.2 Work done in India

Summary
CHAPTER -II
REVIEW RELATED LITERATURE

Various studies on different aspects of child-rearing practices have been made in different cultures of the world. Here, some of the empirical studies conducted on the problem of child-rearing practices since the pioneering work done by Mead (1928) till the present times are reviewed as under:

2.1 STUDIES CONDUCTED ABROAD

The study of child-training and pre-adult culture is relatively a new area of interests to anthropologists. More emphasis is being given on this aspect of culture by the social anthropologists, psychologists, psychiatrists, educationists, and sociologists in recent years. Various studies of socialization have already been made by many western scholars, such as Margaret Mead, Ruth Benedict, Ralph Linton, Edward Sapir, Abram Kardinar, John Dollard, Irvin L. Child, John W.M. Whiting, B.B. Whiting, Otto Raum, Sears, Maccohy and Levin, Hamed Ammar, Margaret Read, and other pioneers.

One of the pioneers in the field of child study was Margaret Mead, the world famous American anthropologist who in the year 1928 published her best seller book - Coming of Age in Samoa - in which Mead describes the basic principles of Samoan life and behaviour from birth to maturity and portrays the moral and social problems the adolescents have to solve and the values that guide them in their solution. Some of the main findings of the study of Samoan life were that: Samoan children are not carefully disciplined until they are five or
six; the avoidance they are required to observe are "enforced by occasional latter childhood" violent outbursts of wrath and summary chastisements do occur, but consistent and prolonged disciplinary measures are absent; that children before age six or so, have learned never to act spontaneously even in anger, but always after reviewing the social scene; that the minds of adolescents being perplexed by no conflicts, there is among Samoans an absence of psychological maladjustment; that Samoan children choose their own homes, little truants being welcomed by any relative; that Samoan society is very far from being harsh or punitive, instead, it is a society of diffuse but warm human relationship in which neither boys nor girls are hurried or pressed; that each child is given the means to satisfy his desire completely; that adolescence in Samoa is peculiarly free of all those characteristics which make it a period dreaded by adults and perilous for young people in more complex - and often also, in more --- primitive societies; and that what is the most difficult age in American society becomes in Samoa the age of maximum ease, perhaps the pleasantest time the Samoan girl will ever know, with no religious worries, no conflicts with their parents, and no confusion about sex and their development is smooth, untroubled, unstressed, and they grow up painlessly, almost unselfconsciously.

These were some of the findings of Mead's study on Samoans, but the conclusions drawn by Mead have been refuted by Freeman (1983). He provides astonishing but wholly convincing evidence that Mead made a series of colossal errors. Over years of research, he found the Samoan people - far from inhabiting an island paradise - were intensely competitive, with high rates of rape and murder prizing virginity and deeply intolerant of pre-marital sex.
Radke (1946) studied the relation of parental authority to children’s behaviour and attitudes and found that children from more restrictive and autocratic home discipline showed less aggressiveness, less rivalry, were more passive, more colorless and were less popular. They did not get-along so well with other children. The children from homes with free discipline were more active, showed more rivalry and were more popular than of the children of authoritarian homes.

Ayer and Berneuter (1951) found significant correlations between physical punishment at home and a tendency of children not to face reality and between permissiveness of parents and more attractive personality in the child.

Mead (1954) studied the manner in which human babies born into water-dwelling communities (i.e., Manus of New Guinea) gradually absorb the traditions, the prohibitions, the values of their elders and become in turn the active perpetuators of Manus culture. In her study, Mead found that a respect for property begins to instill in the Manu child from his earliest year and that the Manus baby is accustomed to water from the first years of his life and there is not a child of five who cannot swim well. She also reported that there are four departments of knowledge which small children are expected to master, i.e., ‘understanding the house’, ‘understanding the fire’, ‘understanding the canoe’, and ‘understanding the sea’. ‘Understanding the house’ includes care in walking over the uncertain floors, the ability to climb up the ladder, remembering to remove a slat of the floor for spitting or urinating or discarding rubbish into the sea, respecting any property lying on the floor, not climbing on shelves or on parts of the house which would give beneath weight, not bringing mud and
rubbish into the house. 'Understanding the fire' means an understanding that the fire will burn the skin, or thatch, or light wood, or straw. It does not include making fire with the fire-plough, an art learned much later, when boys are 12 or 13 years of age. Fire is never made by women. 'Understanding the canoe and sea' come just a little later than the understanding of house and fire, which form part of the child's environment from birth. A child's knowledge of canoe is considered adequate if he can balance himself; punt the canoe with accuracy, etc. Understanding of canoe does not include sailing knowledge. Understanding the sea includes swimming, diving, swimming under water, and knowledge of how to get water out of the nose and throat by learning the head forward and striking the back of the neck. Children of between five and six have mastered these four necessary departments.

About observances connected with pregnancy, birth and care of infants, she reported that during pregnancy a woman was forbidden to eat a paired banana for fear she will have twins and that a pregnant woman must not cut fish or wood with a knife or an axe for fear she will cut off one of the limbs of the child. All other malformations, blindness, deafness, club feet, etc., they attribute to the father's or mother's carelessly breaking one of the property-protecting tabus. If a mother dies during childbirth and the infant dies soon after, the mother will be said to have taken the child. Sexual intercourse is not forbidden during menstruation or during pregnancy. It was forbidden for thirty days after birth, but the wife is not allowed even to see her husband during this period, this prohibition follows naturally. Only women who have born children are present at the delivery. The umbilical cord is cut with piece of bamboo. The cord is considered to be good and the afterbirth a bad and unlucky object. A child is not
fed until twenty or twenty-four hours after birth, when it is given milk by other nursing mothers and a bit of taro which its own mother has chewed fine. The mother does not suckle the baby herself until three or four days after birth. A child is seldom weaned before the age of two and a half or three. The Manus have no conception of medicine. All curing is in supernatural terms, either by placating the spirits or by the recitation of set charms, usually by the person whose charm is believed responsible for the illness. Broken bones are treated by keeping the injured member in a natural position and by the application of heat. Heat is also applied to cuts, bruises, etc., and to girls at first menstruation and women after delivery.

Ammar (1954) studied birth, infancy and early training in an Egyptian village called Silwa in the Province of Aswan. He reported that a number of taboos were observed by the pregnant women during pregnancy period. The taboos among other things were: The first is the month of secrecy in which the news of pregnancy should be kept a secret from all except the closest family circle in the belief that at this early stage the embryo is more susceptible to the influences of the evil eye than any other stage; if any neighbours or visitors should enquire about it, it should be positively denied. In the second month, God starts shaping the prospective baby in the womb; consequently a pregnant woman should not be awakened by anybody if she is asleep, lest such disturbance hamper or interfere with the process of creation. The third important stage is that of craving in which a pregnant woman is allowed free and wider choice in her food. Ammar also reported that the most dangerous period for the newly-born child and his mother is 'the first forty days' as these days were regarded as 'the angelic period' for the child; the child is guarded by angels
against the ‘evil spirits’ and the mother must remain in close proximity to the child, never leaving him alone. The next event in connection with the new baby is the official declaration of his name on the seventh day from his birth or sometimes at the end of the fortnight for which a special ceremony is held called ‘sobou’. About the early training of the child during the first three years, the first important feature that looms large is the close physical proximity not only during the first forty days but which is also sustained till the arrival of the next baby. In this society, a child is given the breast whenever it cries and when the mother’s breast becomes full. In this way, breastfeeding is guided only by these two principles. About frequency of feeding, it varies from day to day and from child to child. A child who often cries is regarded as a weakling and hence its need for more suckling. The louder of longer the child cries the greater the time the mother expends on its suckling. The average period for nursing for most children is between a year and a year and a half. No child is ever weaned before the end of the first year. Some children are suckled for two years and a few as long as three years. A boy is usually nursed less than a girl. The short period of boys’ nursing compared to that of girls’ is a clear indication of the accelerating process of boys’ growth.

**Weaning:** When the mother starts weaning her child, she increases the amount of premasticated food given to it. She begins by weaning her child first from one breast, and later from the other. She stops milk from the breast by rubbing the nipple with a concoction of spices, ground sheep tripe, henna, cactus juice and salt stone. After ‘stopping milk’ the mother turns her dress back to front so that its neck and side openings hang at the back, the child thus finding no access to the breast. For the first two days of weaning, clowned hard-boiled
eggs are given to the child to play with and then to eat, whenever he wishes. In psycho-analytical language, mothers recognize weaning as a ‘traumatic experience’ for the child and do their best to absorb the child’s attention in other directions, especially in play with other children or providing it with some delicacies of food.

The weaning must always be arranged in such a way that it is completed in two or three days before the beginning of the lunar month. It is believed to be very difficult to wean a child after the appearance of the new moon, and it must be left till towards the end of it. It is also believed that a woman who weans at the beginning of the month will find it difficult to bear children.

**Toilet training:** For the first four months (before the child can sit up) it is allowed to urinate and defecate in a piece of cloth wrapped round its body from the waist to the knees, under its garment. This cloth can be removed, washed, or just dried, or changed. The child is often wiped with another cloth, but is not necessarily washed, if soils itself. At the fourth month it is supported between its mother’s feet, sitting to defecate when the mother senses that it is uncomfortable or when it cries, and the cloth is put on only when it goes to bed. No fuss of any kind is made about urine, while more attention is given to faeces, yet revulsion is never shown by the mother. When the child starts to walk it is trained to say ‘kaka’ when it wants to defaecate, whereupon the mother lifts its garment and ask it to go to a special corner or room in the house or to go outside. After the age of three or four most parents insist that both boys and girls defaecate outside the house, or go to the special room in the house.
Sitting and teething: Sitting and teething are considered as important events to be watched in the child's growth. By the end of the fourth mother begins to train her child to sit up.

Walking and talking: There is great variation in the ability to walk. Some children can walk at the end of first year, others walk a few months later; while some talk during the second year, others talk only during the third year. No deliberate teaching of walking and talking could be observed. The child gradually acquires the skills relating to walking and talking spontaneously from the interaction with the siblings.

Sears, et al., (1957) studied the child rearing practices of 379 mothers of five years old children. The socio-economic statuses of these mothers are classified by the investigators as either 'middle class' or 'working class'. They found that middle class mothers imposed fewer restrictions on their children and made fewer demands upon them than did the working class mothers. In general the middle class mothers were less punitive and more permissive towards their children than were the lower class mothers.

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Erikson (1963) found among the Sioux system of child rearing, the colostrums was generally considered to be poison for the baby, thus the breast milk was not offered to him until there seemed to be a good stream of perfect milk. Erikson (1963) also reported that among the Yurok, the new born is not breast fed for ten days, but is given a nut soup from a tiny shell. The Yuruk have a definite weaning time around the six months. The first solid food is salmon or deer meat, well salted with sea weed. Salth foods are Yurok’s “Sweets”

Ames & Randeri (1965) conducted a study to observe some differences in child rearing practices of Indian and Canadian mothers. Canadian and Indian mothers of children matched for sex, age, religion and language were interviewed. It was found that Canadian employed spanking or beating whereas Indians used rejection methods for punishment. There were no differences in the use of scolding or withholding of privileges as a form of punishment. Canadian mothers more often practice early training of the child and then refuse to help him with what he is supposed to know, while Indian mother let the child solve problems for himself, but are more willing to help him.

Ames and Randeri (1965) studied the techniques of behaviour control adopted by Canadian Indian mothers and found that spanking was used by Canadian mothers, while Indian mothers used rejection. There were no differences in the use of scolding or withholding of privileges as a form of punishment.
Kohm and Carrpl (1966) studied the different types of disciplinary techniques adopted by the members of different social classes and found that middle class parents regard it as of primary importance that a child be able to decide for himself how to act on his decisions. To working class parents, however, it is important that a child acts without breaking rules.

Read (1968) studied how adults bring up their children to fit into Ngoni society (an African tribes) and assimilate and perpetuate their cultural values. She reported that a pregnant woman did not say anything to her husband and indeed endeavored to conceal her condition from him as long as possible, continuing the normal sleeping arrangements and intercourse. After the birth of the child, the placenta was buried in a hole, in the floor at the back of the hut on the women’s side and after washing the child, very thin gruel made of fried and ground finger millet was given to the child. The mother was washed and covered with a cloth and left to rest. The mother washed her breasts with warm water and massaged them to make the milk flow, ready for the child to suck. About child care, a nurse girl took charge of the baby in the early morning and kept it with her all day until nightfall, bringing it back to the mother at more or less regular intervals for suckling. When the baby cried, and it was not time to take him to his mother for suckling, the nurse girl jogged him up and down on her back, and walked to and fro with him endlessly crooning little lullabies to soothe the baby. Regarding weaning, the mother-in-law and the other senior women of the father’s family took the initiative as well as assuming responsibility for deciding the moment of weaning. Those same senior women who had assisted at the birth of the child arrived one morning on the veranda of the mother’s hut and announced, “We want to wean this child”. So when the senior women
announced that they had come to do the weaning, most young mothers meekly submitted, whatever their personal sentiments were. The senior women pounded chillies and put the host paste on the mother’s breasts, and held the child near enough to smell the chillies, even to touch them. They said to the child: “Leave it alone. This breast is now bad” and they spat downwards. While the child was howling with fright and frustration, the mother’s breasts were covered with a cloth. Cow’s milk as well as gruel and curds were given to the child. The Ngoni women believed that if a weaned child was given cow’s milk, it would forget its mother’s breasts quickly, but they admitted that it was a conventional belief and not always justified.

Barlinge (1977) studied the relationship between certain personality characteristics of mothers and those of their children. Out of 26 variables, 16 were the Cattell’s 16PF and 10 were different child-rearing practices followed by mothers. Some of the major findings were:

1. Children of emotionally balanced mothers tended to be less hostile.
2. Children of prudent mothers were less negativistic and less hostile.
3. Negativism and hostility to parents were always found in children if their mothers had an unhealthy personality and if they followed undesirable child-rearing practices. It was concluded that actual child-rearing practices followed by mothers were more important than the personality traits possessed by the mothers.
Reichel (1979) made a study on childrearing practices in a Colombian village and found that the poorest mothers punished their children most severely. Much stress was laid on the importance of avoiding physical punishment, for fear that too much of it will make the child become a person without shame. Frightening children by putting them in the dark place was another method of punishment.

Ruth and Munroe (1980) studied the effects of holding more or less of babies by their mothers among the Logoli children. They found that child who had been held more frequently by their mothers were more secure, trusting and optimistic and specially five years of age than other children. Surprisingly, they also found that more trust and optimism was being predicted towards the babies if they are being held by many different people, through the mother’s role is very important regarding this matter, some mothers even allow holding of their babies by other people so as to convey trust upon the baby.

Indira Bai (1981) compared feeding patterns of infants in rural and urban areas in Tirupati and found that breast feeding was more common in rural areas than in the urban areas.

Maloney et al., (1981) in a study conducted in Bangladesh about belief connected with pregnancy and childbirth and it was found that in rural areas of Bangladesh ‘mrigel; fish is not given to pregnant women because it caused epilepsy and ‘gajar’ fish is not given because it has ugly eyes and may cause the eyes of the fetus to become ugly.
Grantham et al., (1982) studied childrearing practices in poor urban Jamaica and found that most mothers beat their children with an implement usually a belt or stick.

Grotberg (1986) reported child-rearing practices among high and low income Sudanese parents that (1) Both low and high income parents want children to obey immediately to a command, while high income parents praise their children who do a task immediately more frequently than low income parents (p<0.05). Low income fathers punish their children more frequently than high income fathers and use physical punishment. High income fathers punish less and use non-physical punishment more. High income mothers punish more by hitting with their hand while low income mothers punish more with an instrument like a stick. Both high and low income mothers occasionally discuss with the child what he/she did wrong, but physical punishment is more frequent. However, both high and low income parents have a special reward for a child when he/she behaves well. (2) Both high and low income parents provide the attention children desire, but low income parents accept a child following them around more than high income parents. This is particularly true for girls in low income families. On the other hand, high income parents answer the many questions of their children more than the low income parents (p<0.05) Parents of neither income level were willing to ignore a child's anger outburst against adults. (3) Parents of both income groups interact with their children through play and doing some activities together, but high income families take their children to the library or a museum or a trip more frequently than low income families. The differences are highly significant (p<0.005). Further, high income parents answer questions children ask more frequently than do low income
parent. (4) Both high and low income parents want university education for their boys and girls and want high status positions for them in the future. However, more high income parents are providing a preschool education programme for their children. The differences are highly significant (p≤0.05).

Myers (1994) studied childrearing practices in Latin America. Some of the main findings were:

(1) The father rarely participates directly in early childrearing.
(2) The role of the mid-wife continues to be important during pregnancy and birth.
(3) Birth control is rarely practiced.
(4) During pregnancy in Chile, among the Mapuches, women avoid heavy physical labor but continue working at habitual chores until the last minutes.
(5) It is common for women to have food cravings and to believe that these ought to be satisfied. In Peru, there exists a belief that cravings come from the fetus and therefore one has to respond.
(6) Almost all mothers breastfeed their babies.
(7) In urban areas, weaning frequently occurs before 6 months.
(8) In the majority of the cases, babies sleep with their mothers; in some cases until two years of age or later.
(9) In Peru, colostrums are seen as harmful.
(10) Physical punishment is seen as necessary.
(11) Play is often seen as a waste of time.
In a study conducted by Dosanjh and Ghuman (1996) on child-rearing practices among the Punjabis living in Britain and North America, it was found that boys are generally preferred to girls in the notion that a son would look after his parents. There are some parents, however, who would also like to have a daughter in the family.

**Feeding:** Traditionally, babies were breast-fed and mostly on demand. Solid foods were started around the age of six months.

**Child Training:** Traditionally, the toilet-training of children was handled very lightly indeed. A new baby was usually wrapped in a piece of home-spun cotton, which was changed as the occasion demanded. A mother would start holding her baby (at around the age of six months) over her feet, and this was the beginning of the toilet training. This would continue until the baby could ask to go, usually around the age of two-and-a-half years. Grandmothers usually helped the young mother and so did the ‘dai’.

**Reward and punishment:** A crying infant will be instantly picked up by the mother or another person. However, the situation changes quite dramatically when the next baby arrives. Gentle smacking is used by some parents to discipline their toddlers. (A child of three years must be chastised, otherwise they become very naughty). (Do you believe ‘spare the rod and spoil the child’?)

Suzuki (2000) compared child-rearing and educational practices in the United States and Japan. Some of the main findings were: (1) Japanese mothers do not regard independence of infants as an important aspect of their early
developmental tasks, while American mothers tend to expect infants to be more independent by putting them into separate beds. (2) In the United States, teachers are trying to involve students together in cooperative learning, while Japanese are striving for ways to individualize their educational processes. It seems that there are two opposite directions of reform that the two countries seek and that American teachers place more emphasis on individualism, while Japanese teachers on group-consciousness.

Ali Hirani (2008) studied child-rearing practices in Pakistan and reported that: (1) In Pakistan, especially in rural areas, due to a lack of accessible, affordable and quality health care services, home deliveries are preferred over hospital deliveries. The home deliveries are most of the time carried out by Traditional Birth Attendants (TBAs) or mother-in-laws, who themselves are not trained. As a traditional practice, on baby’s birth the cord is cut with blades of knives, and many a times cow dung or ash is applied on the baby’s cord for healing purpose (Khan et al., 2006). (2) Most of the mothers hold the belief that baby should be fed only when they start crying and awake from sleep. Use of honey is quite common in many Pakistani families. The family’s belief about the use of honey as a pre-lacteal feed is that it would enhance the bonding of baby with their caregivers, would instill desired characteristics of the person who offered honey, which in turn, would add sweetness to the life of the child. In addition, few families hold the belief that the mother’s first milk, i.e., colostrums must be discarded and should not be offered to the baby as it is unhealthy. This practice deprives the newborn from immunological benefits of breastfeeding. (3) Congenital malformations like cleft lip and cleft palate are problems like ambiguous genitalia; seizures, communicable diseases and jaundice are viewed
as the influence of ‘Witch crafts’. Because of those beliefs systems, many people do not access Allopathic healing systems or health care settings for proper management and treatment; rather they access folk sector or transpersonal healers for treatment purposes. Consequently, morbidity and mortality rates among young babies increase due to delay in treatment. (4) Many families think that the child should not be cuddled otherwise the baby would become a demanding child. Therefore, based on that belief, in few Pakistani sub-cultures babies are encouraged to sleep unattended in a quiet, dark room for long hours to keep them calm. This belief and practice not only causes a delay in feeding but also detaches the child from their immediate caregiver and decreases caregiver-child interaction. Furthermore, such practices effect the child’s growth and development. (5) In Pakistani communities, fathers are not encouraged to take part in direct child care. However, fathers are considered the major decision maker for health care, education, and money spending matters in a family. Consequently, the major responsibility lies on the mothers’ shoulders for childcare and rearing.

2.2 Work Done in India

In India, study on child-rearing practices seems to be started from the early 1950s. Here some of the studies conducted on the problem of child-rearing are reviewed.

Dube (1949) studied pregnancy and child birth among the Amat Gonds of Raipur District. Some of the main findings of the study were: (1) Chhatti (Purificatory and name-giving ceremony were performed on the sixth day after
the birth of the child. The first born child, specially male child, was celebrated with great enthusiasm. (2) Breastfeeding was continued as long as milk was available in the breasts of the mother. If the mother was pregnant, she was allowed to breastfeed the child till the fetus was about five months old. (3) About weaning, for making a child forget mother's milk he was fed with such alluring things as 'roti', 'chana', fried rice or tea. Smearing bitter substance on the breasts was used as technique of weaning.

Mahboob Hussain (1951) reported that among the Koya tribes inhabited in Warangal, Karimnagar and Adilabad districts of Andra Pradesh, it was customary to perform Chatti on the third day after delivery and name giving ceremony on the fifth day and that the names of the deceased family members were generally given to the children.

Sarker et al., (1955) conducted study on pregnancy and birth rites among the Oraon tribe of Bihar and found that sexual intercourse was not allowed after four months of pregnancy. A pregnant woman was prohibited from eating meat, edible herbs. She was not permitted to go to the crematorium and after the third month of pregnancy she avoided doing heavy domestic work.

Belavady et al., (1959) in a study conducted on lactation and dietary habits of Nilgiri in Tamil Nadu found that the majority of the tribal women breast fed their infants for a period of two or three years.

Swaroop (1963) reported that among certain primitive tribes, the cravings of an expectant mother were regarded as sacred wishes and it must be fulfilled.
Sampath (1964) in the study conducted on child care and child rearing practices among the Gonds of Tamia and found that their children were breast fed until they could walk and take food by themselves.

Mundri (1965) studied birth ceremonies among Munda tribe located in village Katowa in Ranchi District of Bihar and found that a period of impurity was observed by the family for seven days commencing from the day of the child birth till the purification ceremony called Chhatti was performed. It was also on this day that name-giving ceremony was performed. They preferred ancestral names to be given to the children.

Devadas (1968) reported that no special food was given to pregnant women living in some South Indian villages and the quantity of rice and milk were restricted for fear of the foetus becoming big and making the delivery difficult. The lactating mother was given extra milk, ghee, garlic for increasing breast milk.

Bailure (1971) in a study conducted on food consumption patterns of preschool children in six cities in India found that breast feeding was a universal practice and continued up to two or even three years of age and that pregnancy was the major reason for weaning which was completed by 4 or 5 years.

Madhavi et al., (1972) studied in the village Fatehpur, Hyderabad, revealed that infants were fed on breast after 36 to 48 hour of birth and prolonged breastfeeding was common.
Muthayya (1972) found that the majority of the parents used punishment. Punishment was severe by mothers when compared with the fathers. The punishment accorded was lenient in the high socio-economic status group as compared to low socio-economic status group.

Bhandari and Patel (1973) study reported that the mothers of all socio-economic groups in Bhopal, Madhya Pradesh, accepted breast feeding as natural and new born were put to breast between one to six days. Solids were introduced mostly at one year and mainly consisted of carbohydrates.

Sidana and Sinha (1973) studied child rearing practices and the development of fears in children in Kanpur city and found that children who were less often punished by their parents had fewer fears than that of those who were more often punished.

Walia et al., (1974) in a study on breastfeeding and learning practices in an urban population in Chandigarh revealed that weaning was highly correlated with socio-economic status wherein 75 per cent of upper class made attempt to wean the babies by about nine months, while 70.7 per cent of the mothers continued breast feeding beyond twelve mothers.

Datta Banik (1975) studied breastfeeding and weaning practices of preschool children in an urban community in Delhi. Some of the main findings were: majority of infants were breastfed 13-24 hours after delivery; 97.3 per cent children were either completely or partially breastfed upto six months, 55.8 per cent till the age of one and a half years, and 2.1 per cent upto the age of four
years; and most mothers of higher socio-economic group started solid food at about six months, while mothers of lower socio-economic group started it after one year.

Aphale (1976) studied child-rearing practices among the Maharashtrian Hindu families in Poona. Some of the main findings of the study were:

1) During pregnancy women were carefully looked after and they took nutritive food and sufficient rest before and after delivery.

2) More deliveries took place in hospitals.

3) Child care was shared by male-parents and older children were also helpful in baby-tending.

4) Parents and other older family members tried to discipline the children by prescribing certain norms of behaviour. Normally milder forms of punishment were used by the parents and corporal punishment was inflicted in case of extremely serious offences.

5) Scheduled castes were prohibited from celebrating the rituals of high caste Hindus, except the ceremony of ‘Caula’.

6) Children were breastfed up to the end of first year, in some cases up to the end of second year, and in rare cases, up to the fifth year also.

7) The majority of women tried to wean the children between the first and the second year; in quite a few cases, after the second year. In some cases, children were weaned before the third month. If a child could not be weaned easily, bitter stuff like quinine was smeared on the nipples.
8) About time schedule of feeding, women from medium and highly educated families followed the time schedule in feeding the children; while the majority of the illiterate and slightly educated women did not feed children at regular intervals. Of the educated women who did not follow time schedule, many women knew the advantage of having a time schedule in feeding children and wanted to practice it.

9) Regarding cleansing of teeth, women in educated families began to cleanse their children’s teeth at an early age, i.e., before completion of the first year or between the first and the second year; while a greater proportion of illiterate and slightly educated women began to cleanse the teeth of their children between the second and the third year or after the third year. Usually children could cleanse their teeth independently after the third year. Children in the majority of sample families began to brush their teeth independently between the third and fourth year or between the fourth and the fifth year; while some children could cleanse the teeth independently after the fifth year.

10) Illiterate and slightly educated parents did not give training in bladder and bowel control to their children. Only a few of these families did give training to their children after the first year. In contrast to this, the majority of highly educated families were careful to see that the children learnt to control their bladder and bowel movements at an early age.

11) Children in 159 (22.7%) began to walk from 9 to 12 months, those in 386 (55.14%) between 12 and 18 months, children in 74
(10.57%) between 18 and 24 months, and those in 39 (5.57%) between 24 and 36 months.

12) Children 74 (10.57%) families began to talk between 9 and 12 months; children in 347 (49.57%) between 12 and 18 months; those in 146 (20.85%) between 18 and 24 months; while children in some families began to talk late, i.e., 2nd and 4th year. On an average, children began to utter a few words by the first year but they used to stammer till about the third year, in some cases upto the 5th year. They could then talk fluently.

**Puri** (1976) studied feeding and child rearing methods adopted in Pondicherry and reported that sugar water was the initial prelacteal food in a majority of cases; breastfeeding was delayed beyond the first 48 hours after birth, although it was found to be universal.

**Pantodi et al.,** (1976) found the difference in breastfeeding and weaning between rural and urban mothers in which 50 percent urban and 80 per cent rural mothers gave breastmilk to the children and the most common age of weaning was 13 to 15 months in the rural area, while in urban areas it was 10 to 12 months.

**Tiwari,** 1976; found the socio-economic class differences in child rearing practices and the effect of different kinds of child rearing practice on the personality development of children.
The main findings of the study were:

1) The upper class mother breast feed for a shorter period and started weaning earlier than the middle and lower class mothers. Bottle feeding was common in case of upper class mothers, less common in case of the middle class mothers.

2) The upper class mother started the toilet training of their children earlier but their children required longer time to be trained than the middle and the lower class children whereas the lower class children completed their toilet training earlier than the middle and upper class children.

3) To prohibit the auto-erotic sex play of children, the upper class mothers diverted the children’s attention and used appropriate clothing while mothers belonging to middle and lower classes used prohibition and spanking.

4) The children of upper and middle classes were dependent and the mothers were over attentive whereas dependency was not encouraged in the lower class families.

5) The upper and the middle class mothers were not permissive towards the aggressive behaviour of their children while the lower class mothers were highly permissive. The upper class mother were found giving mush importances neatness and orderliness; cooperatively, they were strict about children’s sleeping time and physical mobility and gave them freedom to do anything, go anywhere in contrast to the mother of the other two classes.
6) The mothers of the middle class used reward and praise to teach the desired behaviour to their children whereas the lower class mother used punitive methods.

7) The upper-class children were found to be more conscientious than the middle class child.

8) The mother of the three SES classes favore the sex role differences in child rearing practices and praised their children if they maintained good sibling relationships. The upper class children maintained better sibling and peer relations than the children of other two classes.

9) In middle class homes, the father child relationships were found to be more common than in the lower and upper class homes.

10) In the upper and the lower class families mothers were responsible for decision about the children’s problems and financial policies; the same duties were performed by father in middle class families.

Bahadur (1977) reported that when a child was born, the period of impurity for the mother was for five days. The purificatory ceremony was observed on the sixth day by washing the feet of all the children of the hamlet and fed them.

Mandal (1977) studied the traditional and modernity among the Santhals of Kapileswar, West Bengal, and found that the Santhals were mostly illiterate and they did not feel the necessity of education, which was for the high Caste Hindus “Babus”.
Grover (1977) studied parental aspirations as related to personality and school achievements of children in Chandigarh, Punjab and found that there was a very high and significant correlation between father’s and mother’s aspirations for their sons. There was a positive and significant correlation between parent’s aspirations and the self-concept of their sons. High aspirations of parents are led to low dominance in sons. The school achievements of sons of low aspiration parents were better than the sons of average aspiring parents.

Bhogle (1978) conducted study on child rearing practices among three cultures caste Hindu, backward Hindus, and Muslims in Hyderabad and found that the majority of the caste Hindus and backward Hindus started breast feeding on the third day and Muslim mothers started it on the fifth day. Muslim mothers were found to prefer either bottle or breast feeding while most of the backward Hindu mothers breast fed their children. Almost all of them considered the seventh month to be the most auspicious time to introduce solid food.

It was also found that the majority of the caste Hindus and backward Hindus bathed the child everyday. Muslim mothers believed that not bathing the child every day prevents colds. There were also differences with regard to the material used to bathe the baby. It included items like oil, soap, milk, flour and haldi. Both caste Hindu mothers and backward Hindu mothers believed that the use of these items strengthened and smoothened the baby’s body, while Muslim mothers did not give any definite reason of it.
Saraswathi (1978) studied customs and beliefs associated with pregnancy and childbirth in rural Orissa and found that a new born baby was fed on pure honey after its birth for two days, but from the third day it was breastfed. Breastfeeding was encouraged till the mother conceives again. In the majority of cases, weaning was initiated in the sixth month.

Bahi (1979) studied infant feeding practices among the tribals of Himachal Pradesh. The results showed that 84 percent of the children were given their first feed 12 hours after birth and most mothers breast fed their children upto 36 months. At the age of 13-24 months, 92 percent of children received semi solid foods; meat, eggs, and milk were considered nutritious foods and so were given to the infants.

Kaur et al., (1979) found that mother's milk was given to the child only on the third day after delivery and brandy was the first oral feed given just after birth. The mean age upto which a child was breastfed was 30.9 months.

It was also reported that bathing and changing clothes of the child was observed to be less in the lower castes; that diseases like fever, cold, cough, diarrhoeas, dysentery, whooping cough, constipation were highly prevalent and home treatment was used for their cure in children; and that toilet training of the child was found to be very casual, especially in the lower class.

Bhal (1979) studied infant feeding practices among the tribals of Himachal Pradesh and found that the majority of the children (84%) were given their first feed twelve hours after birth; that most mothers breast fed their
children upto three years; and that at the age of 13-24 months, 92% of the children received semi solid foods.

**Mudgal and Rajput** (1979) studied infant feeding practices among the tribals of Madhya Pradesh. The results indicated that they believed that breast feeding should start within six hours of birth; that semisolid food was introduced within six months, but only cereal was given.

**Kaur et al.,** (1979) found that in a majority (72%) of cases children in Haryana were not helped in learning to read. The majority of the respondents thought that either there was no need for educating the child or that the child was very small. Literacy of the mother was positively associated with helping the child in learning to read.

**Kakar** (1979) found that a child was breastfed at all times of the day and night and on demand. A mother continues breastfeeding upto two or three years of age.

**Rajalakshmi** (1979) studied breast feeding and weaning in two Indian villages in Karnataka. The results indicated that the women in the village nearer to urban centres stopped breast feeding after the child was one year old. But the women who lived in remote areas, further away from the urban centres, continued to breast feed their children until the subsequent pregnancy forces them to stop. About weaning, women in the more remote village introduced solid foods earlier though they breast fed longer.
Pandey et al., (1979) examined immunization practices among children and reported that 22.2 per cent of children were immunized against such diseases as tetanus and small-pox. Immunization in the males and the eldest children was found to be higher than in female and younger children. It was also more common in children belonging to middle-income families and in children whose mothers were literates.

Laximidevi (1980) studied the problems of child development among the Harijans of Gujarat and found that the major problems of the Harijans were the areas of upbringing, food and nutrition, child-rearing practices, health and education.

Nirmala et al., (1981) studied feeding patterns of infants in Devangers and found that breast feeding took place in 86 per cent cases upto one year of age and two years in the case of 48 percent irrespective of whether the mother belonged to rural and urban area. Weaning took place in the case of 10 per cent children before the age of 3 months. Semisolid foods were introduced for about half of the children between 6 to 12 months. By 18 months, 42 percent of the children were getting semisolids.

Sharma (1981) studied child rearing practices among urban Indian families in Ahmedabad and found that 60 percent of mothers thought it ‘very important’ that children do well in school. Most of the mothers mentioned precise vocational targets and firm aspirations for their children. The aspirations are mostly doctor, engineer, and scientist. One-third of the mothers cherish aspirations dependent on child’s abilities and inclinations. However, mother of
only child tends to expect that her child would fulfil parent's expectations. Nine out of ten mothers who had one child expected their children to do so.

Singh and Kaur (1981) studied mother-child interaction in rural and urban areas of India. It was found that rural mothers interacted more with girls than boys; that, they felt, girls needed more instruction and discipline than did boys; that mother-child interaction was greater when mothers had more education; and that both urban and rural mothers used discouragement, scolding and spanking as techniques of behaviour control.

Narayan (1983) studied health care of the Oraon children of Barambe village in Ranchi District, Bihar, and reported that children usually did not clean their teeth up to the age of eight. They hardly had bath once in fortnight. Only 30 per cent children had some kind of cloth to wear on the upperpart of the body and to cover their private parts. It was only after the age of five that clothes were considered essential for them and one set of dress was provided. The parents were not aware of small-pox vaccination or immunization for polio, diphtheria, tetanus, etc.

Dave et al., (1984) also found that there was no particular age at which the mother's toilet trained the child. The mothers were not particular about training the children for achieving independence at an earlier age. Till four years of age the child generally moved around in an upper garment or nothing at all, so the question of changing the soiled clothes seldom arose. The child was bathed with warm water. Bathing the child was the mother's job till the baby reaches 5 years of age. The child's physical care was neglected. The child was shabbily
and meagerly dressed. The common cold was a very common ailment but no special attention was given to the child suffering from cold. The magico-religious beliefs and practices were adopted in curing diseases.

Swain (1985) studied in infant feeding practices among Santal tribe in northern Orissa and found that immediately after the child’s birth, honey or jaggery, which they believe could help the child resist hunger, was given to the child. The child was usually put to breast after 12 hours. Breast feeding was encouraged in the children till the mother conceives again. The supplementary feeding to the baby started when the child reached the age of seven months. They used soft rice, gruel and pulses as major supplementary foods.

Narayan (1983) conducted study on the health care of the Oraon children from the Barambe village in Ranchi District, Bihar, and found that a child was dependent on mother’s milk till the age of one year after which solid food was given to the child.

Sinha (1984) reported the pregnancy taboos observed by the Bhilala tribe of Madhya Pradesh, Gujarat and Rajasthan. Crossing a broom-stick and tying ropes of horse, ass and mare were prohibited in the belief that these animals deliver their babies in twelve months and the violation of the taboo would lead to the same consequence to a pregnant woman. Another taboo was the prohibition of seeing a corpse.

Gurumurthy (1984) studied culture and fertility among Yanadis a tribal community in South India and found that (1) child birth was believed to be the
grace and gift of god and it is destiny to have large number of children; (2) 70% of the Yanadis felt that son is a must; (3) 36% of them believed that family planning was a sin and God would punish them.

Dave et al., (1984) studied child care among the tribals of Gujarat. Some of the main findings relating to feeding and weaning were: (1) Breast feeding on demand was a rule; (2) The frequency of breastfeeding decreased with increase in age; (3) Weaning took place after the child starts walking, a majority of the children were completely weaned between the age of two and two and a half years, and no significant sex difference as far as the age of weaning starting and completing was found.

Swain (1985) studied feeding practices among the Santal tribe in northern Orissa and reported that a child was breastfed after 12 hours of its birth, in its place, honey was immediately given to the child; that breastfeeding was continued till the mother conceives again; that the supplementary feeding to the baby started when the child reached the age of seven months. Soft rice, gruel and pulses were given to the child as supplementary foods.

Dave (1985) in a study conducted on feeding practices in tribal pockets of Udaipur District of Rajasthan reported that 57 percent of the mothers breastfed their children till the age of two years, but the rest of the mothers started weaning from the age of one year.

Das and Gosh (1985) found that breastfeeding was the main form of food among the Santhals of Bihar. Normally, the child was breast fed for a long time
until a subsequent child is born. The introduction of solid food started from one and a half years or even later.

**Rizvi (1985)** found that breastfeeding among the mothers of Jaunsaris of Uttar Pradesh usually continued up to the age of 2 or 3 years or till the delivery of the next child, whichever was earlier. Children started eating cereals from the age of six to seven or at the most eight months, although they still continued to be breastfed.

**Devadas and Easwaran (1986)** studied food consumption pattern of pregnant mothers of the rural areas of Madhurai and reported that foods like papaya and drums stick leaves were tabooed for fear of abortion and indigestion respectively.

**Banerjee (1987)** reported that among the Sikligars, the placenta is buried underground, where care is taken in burying the placenta deep. They believe that the deeper it is, the better will be the health of the mother and the child. It is buried with great caution and without any delay. Because according to their belief, if a barren woman happened to come across it, she can trouble the baby a lot.

**Amanda (1991)** explored the relationship between infant-feeding practices and nutrition and cognitive development, *i.e.*, intelligence and achievement. The main findings were: (1) A significant relationship existed between breastfeeding (at least for four months) and intelligence but not with achievement. (2) Children with a longer duration of breastfeeding (for more than
four months) possessed better mental abilities than those with less than four-month duration or those were artificially fed.

In a study conducted by Barua (1996) among the Tai Khamyangs it was found that the placenta is buried within the compound and they never give any pressure on it. It is believed that if presses heavily, the child may face difficulty in breathing. There is a belief that the deeper the pit is larger, the gap between the two issues.

Barua and Bora (2000) examined various dimensions of child-rearing practices among the Sonowal Kacharis of Assam. The main findings of the study were: (1) A pregnant woman can do household duties till her health does permit. She never touches any cooked food items which are sent from a family where death occurred recently. She is not allowed to stitch any torn cloth and majority of them keep a knife or mustard seeds with them. The pregnant woman avoids eating joint or double fruits, as birth of twins is related to eating “joint fruits”. They are also advised not to eat alkaline food like papaya, brinjal, etc. During pregnancy, the husband is not allowed to kill or harm any animal. It is believed that it will be harmful for the foetus if one kills any living animal before delivery. They also do not bury anything under the earth during the period. (2) Placenta was buried in the bed room of the couple by the husband. They never bury it outside. The umbilical cord is preserved in the belief that the water extracted from the dry cord is very useful for certain diseases like dysentery, fever, etc., in some cases, this cord is put on child’s waist with the help of a thread. It is believed that if a child wears it, he will be healthy and strong. The period of rest or pollution after delivery was for 10-15 days. (3) A child is
breastfed immediately after birth. (4) The majority of women tried to wean their children between one and half year and two years. The majority of the children weaned automatically when they began to take solid food. But in case of 13 children, various methods were applied for weaning, e.g., using ashes, bitter objects, chillies, solid foods, beating on the mouth of the child. (5) Rich mothers who can replace breast milk with other foods wean their children earlier than the poor mothers. (6) There is no definite time schedule for feeding. Children were given feeding, whenever mothers could spare time or when children began to cry. (7) Toilet training started between three and half years.

Medhi and Marak (2002) studied childrearing practices among the Garo of Assam. The results of the study showed that (1) When a woman comes to know of her pregnancy, she informs her husband first and then her mother. Cravings for unusual items like broken pieces of clay utensils, pieces of cowdung and mud plaster, etc., are fulfilled. A series of pre-natal taboos are adhered to such as not to sit on a mortar, a pillow, in the doorway, etc. She is not allowed to burn firewood from the roots for fear of breech delivery. Eggs are avoided in diet. Hair from armpits are not shaved for the life of the first-born. During the confinement period, the father avoids hunting. (2) A child is born usually in the maternal grandmother’s house. After delivery, the umbilical cord is cut off with a new blade about three inches from the navel and softly buried in the garden. If the cord is thrown across a river, it is believed, a woman will never conceive again. The cord-stump after it falls off, is washed, dried and preserved. When the infant suffers from stomach ache, the cord-stump called ‘gandil’ is soaked in water and the solution given to the ailing infant. (3) Breastfeeding takes place almost immediately and continues for around two and a half years or
more, unless weaning is advanced due to another expected child. (4) After the cord-stump falls off, the infant is given daily massage with warm mustard oil, bathed and warmly clothed. (5) Praise is one of the most commonly used methods for disciplining a child, however, negative reinforcements like scolding, deprivation of foods are also used. Girls are rarely beaten, while naughty boys are threatened and beaten by the father.

**Seema and Begum** (2008) conducted study on childrearing practices among Kurubas and Soliga tribes from south India. Some of the main findings of the study were: (1) Mothers shouldered major responsibility of the childcare, such as putting the child to bed or to maintain discipline was taken care by her, however, in considerable percentage of families it was shared by both the parents. Fathers were responsible to discipline the child, while in few of the families grandmothers also shared these responsibilities. (2) Majority of the families was found to commence training at age 1 to 2 years, wherein both parents took the responsibility. Most parents believed in explaining children about bowel and bladder control, a few parents abused (scolded) children and others punished in extreme cases. (3) Majority of families adopted democratic and permissive methods. Parents extended guidance frequently in order to maintain discipline. (4) The tribal maintain healthy parent child relationship. (5) Allopathic and herbal medication was in common use. Application of witchcraft as a remedy during sickness still existed though in a very small percentage of families.

**Deshpande** (2010) conducted studies on socio-cultural practices in relation to breastfeeding, weaning and child-rearing among Indian mothers and
assessed the nutritional status of children under five in rural India. The study comprised of 300 mothers who had a child below five years of age. Some of the major findings of the study were: (1) Almost all the mothers breastfed their children, and 63% mothers initiated breastfeeding within two hours of birth. 88% women had hospital deliveries, while only 12% had home delivery. 91.7% mother gave babies colostrums, 8.3% of the mothers did not breastfeed their children for 2 days due to advice from mother-in-laws (as the concept of witch’s milk prevails in rural India) and few due to separation from their babies and gave them pre-lacteal feeds like sugar water (3.2%), ghee (2.2%), honey (1.8%), jaggery water, gripe water and discarded the colostrums. (2) Most women (86%) breastfed their children 6 to 8 times a day, with duration of 10 to 15 times minutes and interval between feeding was 1 to 3 hours. 84.7% mothers gave demand based feeds to their babies (3) 42.6% mothers weaned their children between 6 to 8 months of age while in 37.4% weaning started within 4 to 6 months of age.

Summary

It is observed from the review of previous studies that Margaret Mead was one of the pioneers in the field of child study (Mead, 1928, 1935, 1937, 1953, 1954). Her ‘Coming of Age in Samoa’ (1928) describes the basic principles of Samoan life and behavior from birth to maturity and portrays the moral and social problems the adolescents have to solve and the values that guide them in their solution. Another book ‘Growing up in New Guinea’ (1954) is a comparative study of primitive education in which she analyses the way in which how a Manu child is brought up and how he becomes a full-fledged member of his
society. Radke (1946) studied the relation of parental authority to children’s behavior and attitudes. Ammar (1954) reported child-rearing practices among the Egyptian mothers relating to pre-natal practices, child-birth feeding and weaning, toilet training, sitting, walking and talking. Similar study was conducted, among others, by Read (1968), Indira Bai (1981), Myers (1994), Dosanjh and Ghuman (1996), Ali Hirani (2008), Dube (1949), Sarker (1955), Sampath (1964), Aphale (1976), Tiwari (1976), Bhogle (1978), Rajalakshmi (1979), Barua and Bora (2000), Medhi and Marak (2002), Deshpandi (2010). Thus, different areas of child-rearing have been studied at different times, and similar and dissimilar findings or conclusions have been drawn.

Reference:


