CHAPTER IV
RESULTS AND DISCUSSION

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Summary
CHAPTER IV
RESULTS AND DISCUSSION

This chapter analyses the patterns of child-rearing practices adopted by the Chothe mothers with reference to pre-natal beliefs and practices, birth of the child, sleeping, feeding and weaning, toilet and cleanliness training, walking, talking, aggression, play, responsibility, sociability, attitudes towards sex, expectation, identification, sense of belongingness, obedience training, techniques of socialization, sex roles and discipline, and role of parents and other members of the family in looking after the children and in carrying out family responsibility.

4.1 PRE-NATAL BELIEFS AND PRACTICES

The Chothe mothers without distinction of their socio-economic status had a clear concept that the stoppage of the menstruation is an indication of pregnancy which was confirmed when the menstruation remains overdue for more than two or three months. With the confirmation of pregnancy, a number of taboos were found to be observed by the expectant parents till the child was born. Some of the prominent and common taboos reported to be observed by the mothers were related to pregnancy feast, eating, seeing, laughing, killing, sitting, and doing. About pregnancy feast, it was a customary practice to offer a pregnancy feast called ‘anhei-na’ to the Chothe pregnant mothers at the 6th or 7th month of pregnancy in order to keep them cheerful and to satisfy their cravings for food. They believed that a mother’s craving for food was considered to be the demand of the growing foetus; her satisfaction for food was considered to be that
of the satisfaction of the baby in the womb. If such a feast was not offered, it is believed, the baby as well as the mother would not be good. A similar practice was found in some societies. While describing the life of the people in Samoa, Mead has referred to the practice of bringing ‘gifts of food to the prospective mother’ (Mead, 1961). A pregnant mother can knock on any door where she smells cooking food and ask for a smell (Mead, 1953). Among Egyptian women, the pregnant woman is allowed free and wider choice in her food during the third and fourth month after pregnancy (Ammar, 1954). Swaroop (1963) reported that among certain primitive tribes the cravings of an expectant mother are regarded as sacred wishes, which must be fulfilled. Aphale (1976) also found the pregnancy feast given by relative of pregnant women in a study conducted in Poona city and Kusuma (1997) reported such a special food given to the Traditional and Transitional Sugalis. About eating taboo, a pregnant Chothe mother was prohibited from eating crab, twin things, and bitter substances. They believed that just as the crab has many legs, the baby would have abnormal fingers or toes, that prohibition or eating twin things was for fear of twin-birth, and that the bitter substances would lead to premature explosion of the foetus from the womb. A similar practice was found in the Samon society in which a pregnant woman is forbidden to eat a paired banana for fear she will have twins (Mead, 1954). In Ruud’s study (1960) it was found that a Malagasy pregnant wife must not eat the ginger root, which is somewhat flat with excrescences like deformed fingers or toes; if she fails to observe the taboos, the foetus will become deformed, with too many fingers or toes. A Chothe mother was also restricted from seeing monkey in the belief that the child would look like monkey and also from seeing a dead body, which was a practice prevalent among Malagasy women (Ruud, 1960), among the Meitei women of Manipur
(Gunadhor, 1983), and Traditional and Transitional Sugali mother (Kusuma, 1997). A pregnant Chothe mother was not permitted to laugh at any deformed person or animal or ugly child, lest the child get the same kind of appearance or deformity. The same practice was also reported by Ruud (1960), Gunadhor (1983), and Rashitombi, (1996). Killing was also strictly prohibited with a strong belief that ‘killing means the taking of life, just as giving birth means the contrary, i.e., giving life’. Such a killing taboo was prevalent in some societies (e.g., Ruud, 1969; Gunadhor, 1983; Rashitombi, 1996). Sitting in the doorway of the dwelling house was strictly forbidden among the Chothe mothers in the belief that it would hinder free passage of the foetus. The doorway was compared to the organ of the delivery. This was a commonly wide-spread taboo in Malagasy society (Ruud, 1960) and also in the Meitei society (Gunadhor, 1983). A Chothe mother in her advance stage of pregnancy was not allowed to do heavy work as it would do harm to the baby. This was also a practice among the pregnant Samoan mothers (Mead, 1961) and also among Oraon tribe of Bihar (Sarker, et al., 1955) and the Meitei mothers (Gunadhor, 1983). The Chothe tribe was also prohibited to stitch cloth with a threaded needle in the belief that it would stitch her own womb just as the thread fastened the cloth. Besides, closing up rat-holes was forbidden in the belief that the delivery would be made very difficult. A similar practice was found among Malagasy women (Ruud, 1960) and Meitei women (Gunadhor, 1983).

About the educational status of the Chothe mothers, 20 percent mother were educated, 15 percent literate, and 65% percent illiterate (Fig.1). To another question asked to the mother: whether they consulted doctors for safe delivery during pregnancy, it was found that 121(48.4%) mothers consulted doctor: of
them, 29(23.97%) were educated, 51(42.15%) literate and 41(33.88%) illiterate. Among 129 mother (51.6%) who did not consult doctors, 14(10.85%) were educated, 22(17.06%) literate, and 93(72.09%) illiterate (Fig.2). The results indicated that around half of the mothers consulted doctors, while half did not do so, and that the majority of the illiterate mothers did not consult doctors. Morning sickness like nausea and vomiting tendency was felt by the majority of the mothers at the third or fourth month after pregnancy. The mother paid little attention to morning sickness as it was considered to be a natural process.

Fig. 1: Educational Status of Mother

- Educated
- Literate
- Illiterate

Fig. 2: Consultation with Doctor

- Did not Consult
- Consulted Doctor
4.2 Parturition

Arrangements for delivery were made as quickly as possible as soon as the pregnant woman felt labour pain. A local midwife called ‘Athimnu’ was usually engaged. In most cases (84%), the delivery took place at home, while the rest in the hospitals (16%) (Fig.3). Preference for such home deliveries over hospital deliveries was found in rural Pakistan (Ali Hirani, 2008), which carried out in most of the time by Traditional Birth Attendants (TBAs) or mother-in-law. But more deliveries took place in hospitals in Aphale’s study (1976). No case of the Caeasarian Section (CS) came across among the Chothe mothers. In the case of delivery at home, the midwife was assisted by the mother-in-law or old woman. The delivery took place on a mat near the hearth located inside the living house. As soon as the baby was born, the midwife cut the umbilical cord (Aairui) with a piece of small bamboo split or a blade and then the baby was bathed with warm water. After this, the baby was covered with a cloth and placed it ritually on a winnowing fan and rocked it chanting ‘Linglut-nok-nok’ (earthquake occurs). The umbilical cord was considered to be important, accordingly, a piece of it was preserved for use as medicine when the children felt ill. In some cultures, among the Garo of Assam (Medhi and Marak, 2002), the umbilical cord was 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 and when the infant suffers from stomach ache, the cord-stump called ‘gandil’ is soaked in water and the solution given to the ailing infant. A similar belief was found in the Manus society (Mead, 1954) in which the cord is considered to be good. In the Chothe society, the afterbirth of the baby was placed inside a new earthen pot and buried it
inside the living house. In case of male it was buried on the right side, while that of the female on the left. The placenta cannot be thrown out as it would have evil impact on the child. Such afterbirth is however, considered as bad and unlucky object in the Manus society (Mead, 1954). In Ngoni society, the placenta was buried in a hole in the floor at the back of the hut on the women’s side (Read, 1968). Just after the birth of the baby, only 45 (18%) Chothe mothers breastfed; 80(32%) and 75(30%) mothers fed the baby with honey and glucose respectively. The rest 50(20%) mothers engaged a lactating mother in breastfeeding the baby (Fig.4). In the past, a mother was allowed to breastfeed her baby two or three days after birth in the belief that the mother’s milk was considered impure during the period. But now-a-days, such a practice was reported to be vanishing in the Chothe society.

The use of honey as a pre-lacteal feed is quite common in many Pakistani families as it was considered good, while few families believed that the mother’s first milk, i.e., colostrums, must be discarded and should not be offered to the baby as it is unhealthy (Ali Hirani 2008). Deshpande’s study (2010) found that 91.7% mother gave their babies colostrums, while 8.3% of the mothers did not breastfeed their children for two days. Among the Garo mothers, breastfeeding took place almost immediately after delivery (Medhi and Marak, 2002). In the Manus society (Mead, 1954), a child was not fed until twenty or twenty-four hours after birth, when it is given milk by other nursing 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. The Santal tribe mothers in northern Orissa breastfed their children after 12 hours of its birth, in its place; honey was immediately given to the child (Swain, 1985). Bhogle’s study (1978) found that
the majority of the caste Hindus and backward Hindus started breastfeeding on
the third day and Muslim mothers started it on the fifth day. In a study conducted
by Kaur et al., (1979), it was found that brandy was the first oral feed given just
after birth and that mother’s milk was given to the child only on the third day
after delivery. The majority of infants were breastfed 13-24 hours after delivery
(Datta Banik, 1975) and it was delayed beyond the first 48 hours after birth
(Madhavi et al., 1972), between one to six days (Bhandari and Patel, 1973), and
84% mothers breastfed twelve hours after birth (Bahl, 1979), within six hours of
birth (Mudgal and Rajput, 1979). In Peru, colostrum is seen as harmful (Myers,
1994).

Fig. 3: Place of Birth

[Diagram showing the place of birth with one section labeled 16 and another labeled 84, indicating the number of infants born at home and at the hospital, respectively.]
4.3 Mother’s Foods

A mother was allowed to eat only rice, salt, dry fish or meat for a period of at least seven days. She was also prohibited from eating oil, pumpkin, gourd, fresh meat, and coriander for about two or three months after delivery as these were considered to be harmful to the baby and the mother as well. Accordingly mothers began to take normal foods after two or three months of delivery.

4.4 Name-Giving Ceremony

Name-Giving Ceremony began to be performed from the second day night of the birth of the child by inviting elderly persons of the village, relatives, etc. Actual name to be given to the child was selected out of four or five names and it was ritually given by the Amaiba (priest) and Amaibi (priestess) on the morning of the third day after birth. This ceremony was a compulsory practice in the Chothe society.
4.5 Period of Confinement

The period of confinement lasted for seven days after the birth of the child and then she was permitted to come out of the house. She was advised to take rest for about one to three months and not to move about too much. In this case, among educated mothers, 55.81 per cent of them took rest for three months, 30.23 per cent two months, and 4.37 per cent one month. In case of literate mothers, 13.70 per cent took rest for three months, 54.79 per cent for two months, and 16.78 per cent for one month. Among illiterate mothers, 6.72 per cent took rest for more than that of the illiterate mothers. The illiterate mothers took the shortest period of rest after delivery.

Fig. 5- Period of Confinement
CHOTHE'S CHILD-REARING PRACTICES

Attempt was made to analyse the way in which how the behavior of a Chothe child was shaped in relation to sleeping, feeding, weaning, walking, talking, toilet, aggression, cleanliness, responsibility, play, sociability, sex, obedience, techniques of socialization, sex role and discipline, and role of the member of the family in the care of children.

4.6 Sleeping

A new born baby was left to sleep on the bed or back or lap of the mother. All the children slept with their mothers till the arrival of the next baby. After arrival of the next baby, children either slept with their fathers or grandmothers. In most cases, children slept with their mothers till the age of five or six years. Suzuki et al., (2000) found that the American mothers tend to expect infants to be more independent by putting them into separate beds, while Japanese mothers try to develop strong ties between them by sleeping with their children in the same bed. This kind of sleeping pattern is seen in many cultures. In a study conducted by Barry and Paxson, cited by Konner(1991), among 173 societies, 76 were reported as having mother and infant sharing a bed; while in the Japanese patterns of co-sleeping among family members, fathers are the one who sleep in a separate room or bed, if there is not enough room for him (Suzuki et al., 2000).
4.7 FEEDING

Breast feeding is a normal practice in the Chothe society and mothers used to breastfeed their babies as long as milk is available in the breasts or till the arrival of the next baby. Mother’s milk was considered best. Thus, mothers always kept their breasts on constantly available to the infants so that their babies may be able to satisfy their drive of hunger. Nursing while sitting was the most common posture, but also nurse while sleeping and standing. About the frequency of feeding when asking the mothers how many times a day is the child fed, 53 mother (21.2%) breastfed twelve to thirteen times a day. Of these, 24 (45.28%) was educated mothers, 18 (33.96%) literate, and 11 (20.76%) illiterates. 93 (37.2%) mother breastfed nine to eleven times a day, of them, 12 (12.90%) educated, 34 (36.56%) literate, and a 47 (50.54%) illiterate mother. 104 (41.6%) mothers breastfed whenever a child cries, of them, 7 (6.73%) educated, 21 (20.19%) literate, and 76 (73.08%) illiterate mothers (Fig.6). In Egyptian society (Ammar, 1954), a child is breastfed on two principles, i.e., breastfeeding a child whenever it cries and when the mother’s breast become full. About frequency of feeding among Egyptian mothers, it varies from day to day and from child to child; a child who often cries is regarded as weakling and hence its needs for more suckling. The louder or longer the child cries, the greater the time the mother expends on its suckling. Aphale (1976) found that women from medium and highly 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. Dave et al., (1984) in a study among the tribals of Gujarat found that breastfeeding on demand was a rule and that the frequency of breastfeeding
decreased with increase in age. Dosanjh & Ghuman (1996) in a study conducted among the Punjabi living in Britain and North America found that babies were breastfed on demand. Deshpande (2010) found among the Indian mothers that 86 per cent women breastfed their children 6 to 8 times a day, with duration of 10 to 15 times and interval between feeding was 1 to 3 hours, while 84.7 per cent mothers gave demand-based feeds to their children.

Duration of breastfeeding varied from one mother to another. It was found from the responses of the Chothe mothers that children were nursed from about one to three years of age or even more. In this case, 49(19.6%) breastfed their children upto the age of about 2 years; of them, 24(48.98%) were educated, 17(34.69%) literate, and 8(16.33%) illiterate mothers. Of the 78(31.2%) mothers who breastfed upto about 3 years of age, 14(17.95%) were educated, 36(46.15%) literate, and 28(35.90%) illiterate. 123 (49.2%) mothers breastfed till they were pregnant; of them 5(4.07%) were educated, 20(16.26%) literate and 98(79.67%) illiterate mothers (Fig.7). With regard to the duration of feeding in other societies, variations were found. Dube (1949) found that 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 foetus was about five months old. Among tribes of Nilgiri in Tamil Nadu, Belavady et al. (1959) found that the majority of the tribal women breast fed their children for a period of two or three years. Sampath (1964) found that among the Gonds of Tamia breastfeeding was continued until children could walk and take food by themselves. Bailure (1971) found among the Indian children that breastfeeding continued upto two or even three years of age. In Aphale’s study (1976), it was found that children were breastfed upto the end of first years, in some cases upto
the end of second year, and in rare cases, upto the fifth year also. Nirmala et al. (1981) found among the Devangers that breastfeeding took place in 86 per cent cases upto one year of age and two years in the case of 48 per cent. Among the Santhals of Bihar, a child was breast fed for a long time until a subsequent child is born (Das and Ghosh, 1985). Rizvi found that among the mothers of Jaunsaris of Uttar Pradesh usually breastfeeding continued upto the age of 2 to 3 years or till the delivery of the next child, whichever is earlier. Medhi and Marak (2002) found among the Garos of Assam that breastfeeding continued for about two and a half or more.

Fig. 6- Feeding
4.8 WEANING

In the Chothe society, there was no customary rule for weaning. A child could be breastfed as long as breastmilk was available or till the arrival of the next baby. When asking the mothers: “When do you begin to wean your child?” 45(18%) mothers weaned between one and two years; of them 15(33.33%) were educated, 20(44.45%) literate, and 10(22.22%) illiterate mothers. Of the 80
mothers (32%) who weaned their children at the age of about 3 years, 25(31.25%) were educated, 30(37.5%) literate, and 25(31.25%) illiterate. Out of the 250 mothers, 125 (50%) mothers who weaned their children at the age four years or pregnancy, 3(2.4%) were educated, 23 (18.4%) literate, and 99 (79.2%) illiterate (Fig.8). When asking the mothers further how long they took to wean the child, 30(12%) mothers took five days; of them, 7 (23.33%) were educated, 19 (63.34%) literate, and 4 (13.33%) illiterate. Of the 53(21.2%) mothers who took about 10 days, 13(24.53%) were educated, 16 (30.19%) literate, and 24 (45.28%) illiterate. Out of the 62 (24.8%) mothers who took about 15 days to wean their children, 5 (8.06%) were educated mothers, 20(32.26%) literate and 37(59.68%) illiterate. In the case of the 78 (31.2%) mothers who took about 20 days to wean, 9 (11.54%) were educated, 10 (12.82%) literate, and 59 (75.64%) illiterate. Of the 27(10.8%) mothers who weaned their children by the time they begin to take solid foods, 09(33.33%) were educated, 8(29.63%) literate, and 10(37.04%) illiterate (Fig.9). About the techniques of weaning, 143 (57.2%) mothers began to give substitute foods gradually; of them 37(25.87%) mothers were educated, 62(43.36%) literate, and 44(30.77%) illiterate. Of the 107 (42.8%) mothers who used bitter substances on the nipples, 6(5.61%) were educated, 11 (10.28%) literate, and 90 (84.11%) illiterate (Fig.10). When asking the mothers whether early weaning is good or bad, 112 (44.8%) mothers replied as 'good' because they used substitute foods, of them, 40(35.71%) were educated, 58 (51.79%) literate, and 14(12.5%) illiterate. The rest of the mothers, i.e., 138 (55.2%), did not give any response.
Fig. 8 - Weaning

Fig. 9 - Time taken to wean
Weaning was found to be different from one culture to another. Among the Egyptian mothers (Ammar, 1954), a mother begins to wean her child first from one breast, and later from the other. Concoction of spices, ground sheep tripe, henna, cactus juice and salt stone were smeared on the nipple as weaning technique. Other weaning techniques were: After ‘stopping milk’ the mother turns her dress back to front so that its nick and side openings hang at the back, the child thus finding no access to the breast. For the first two days of weaning, coloured hard-boiled eggs are given to the child to play with and then to eat, whenever he wishes. It is believed in the Egyptian society that weaning a child after the appearance of the new moon and it must be left till towards the end of it, i.e., two or three days before the beginning of the lunar month. It is also believed that a woman who weans at the beginning of the month will it difficult to bear children. Among the Ngoni mothers (Read, 1968), 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 pounced chillies and put the host paste on the mother’s breast, 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 and whey was given to the child. The Ngoni women believed that if a weaned child was given cow’s milk, it always justified. In urban areas in Latin America (Myers, 1994) weaning frequently occurs before six months. Among the Indian mothers, 42.6 per cent mothers weaned their children between 6 to 8 months of age while in 37.4 per cent weaning started within 4 to 6 months of age (Deshpande, 2010). Dube (1949) found the Amat Gonds of Raipur District that 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. In the Manus society, a child is seldom weaned before the age of two and a half or three (Mead, 1954). In a study conducted by Walia et al., (1974) in an urban population in Chandigarh it was found 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 breastfeeding beyond 12 months. Aphale (1976) found that 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. In Burma, the breast feeding continued for an indefinite period, while in Greece, it was a gradual process (Mead, 1953). Patodi et al., (1976) found that the most common age of weaning was 13 to 15 months on the rural area in Madhya Pradesh, while in urban areas it was 10 to 12 months. In rural Orissa, in the majority of cases, weaning was initiated in the sixth month (Saraswathi, 1978). In a study conducted by Rajalakshmi (1979) it was found that the women in the village Karnataka nearer to urban centres stopped breast feeding after the child was one year old. But the women who lived in remote area, further away the urban centres, continued to breastfeed their children until the subsequent pregnancy forces them to stop. About weaning, women in the more remote village introduced solid foods earlier though they breastfed longer. In a study conducted by Nirmala et al., (1981) among the infants in Devangers it was found that weaning took place in the case of 10 per cent children before the age of three months. Narayan (1983) found among Oraon children of Ranchi District of Bihar that a child was dependent on mother's milk till the age of one year after which solid food was given to the child. Among the tribals of Gujarat, weaning took place after the child starts walking, a majority of the children were completely weaned between the age of two and a half years, and no significant sex difference as far as the age of weaning starting and completing was found (Dave et al., 1984). In Dave’s study (1985) it was found that 43 per cent of the mothers started weaning from the age of one year.
4.9 WALKING

The study found that out of 250 children, 65 (26%) of them were able to sit up by the time they were about six months; those in 110 (44%) at about seven months and children in 71 (28.4%) at about eight months (Fig.11). The majority of the children (88%) were able to crawl at the age of about ten months old. Most of the children (80%) began to stand at about eleven months and walk by the age of about fourteen months. Among Egyptian children (Ammar. 1954) 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. Aphale (1976) found among Maharashtrian Hindu families in Poona that children in 159 (22.7%) began to walk from 9 to 12 months, those in 39 (5.57%) between 24 and 36 months.
4.10 TALKING

The Chothe children began to utter a few words by the time they were about twelve and thirteen months old. ‘ka-nu’ (Am... ma) and ‘ka – pa’ (Ap – pa), i.e., mother and father respectively, were the first words which the children learnt to utter. When children were about four years old, they were able to talk haltingly. The ability for proper communication began to take place by the time they were about five years old. In Ammar’s study (1954) it was found that some children talk during the second year, other talk only during the third year. Aphale (1976) found that children in 74(10.57%) families began to talk between 8 to 12 months; children in 347 (46.57%) 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.

4.11 TOILET TRAINING

A piece of swaddling cloth wrapped around the body of the child from waist to the knees was used for urination and defecation. The faeces was either removed with a piece of cloth or washed with water. Diaper was used till the age of about 10 months. By the time infants were about five or six months old, they began to induce their babies to urinate and defecate by making grunting sounds “shee ... shee” and “aek ... aek ... aek” respectively. In case of bed wetting, rubber or oil cloth was used. It was reported that children used to bed wet till the age of 18 or even still later. But in most cases (82%), bed wetting stopped when
the children were about three years old. Little children were observed to be urinated and defecated wherever they happened to be. In most cases, training for urination and defecation at a proper place began between the ages of three and four years. A question was asked to the mothers for ascertaining a fact: "What will you do if your six years old child urinates and defecates at an improper place?" As reply to this question, 116(46.4%) mothers said that their children never failed once trained; of them, 30 (25.86%) were educated mothers, 42 (36.21%) literate, and 44(37.93%) illiterate. However, 134(53.6%) mothers replied that they will scold their children for not knowing the proper place for excretion; of them, 13(9.70%) mothers were educated ones, 31(23.13%) literate, and 90(67.17%) illiterate (Fig.12). By the time children were six years old, they were able to use toilet and clean their faeces.

![Fig. 12- What will you do if your 6 years old child urinates and defecates at an improper place?](image)

Among Egyptian children (Ammar, 1954), 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. Dave et al., (1984) in their study among the tribal children of Gujarat found that there was no particular age at which the mothers 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 arose. Tiwari (1976) found that the upper class mothers 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.

4.12 CLEANLINESS TRAINING

Daily bath was given to the children by almost all the Chothe families, depending upon the weather conditions. Most of the children as observed by the investigator began to cleanse their teeth with tooth brush and tooth paste by the time they were about six or seven years old with the help of the mothers. In Narayan’s study (1983) among Oraon children of Ranchi District of Bihar it was found that children usually did not clean their teeth upto the age of eight. Aphale (1976) found that 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 or the 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. When asking the Chothe mothers what they expect of a child of five with regard to his cleanliness, all the mothers replied that they did not expect the child to meet the cleanliness standards by his own efforts. When asking further: “Who will take care of your five years old child?” 166(64.4%) mothers replied that mothers will take care of it; of them, 18 (10.84%) were educated, 45 (27.11%) literate, and 103(62.05%) illiterate; and 84(33.6%) mothers said that children will be looked after by their elder sisters in which 25 (29.76%) were educated, 28(33.33%) literate, and 31(36.91%) illiterate(Fig.13). The mothers were also asked: “From what age does the child begin to take care of his own cleanliness?” Almost all the mothers expected their children to take care of cleanliness by themselves with the help of the mothers by the time they attain the age of about 7 or 8 years.

Fig. 13- Who will take care of your 5 years old child?

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4.13 CHILDREN'S PLAY

Costly toys were hardly used by the Chothe children. Various stray articles in the household like plants, paper, bottle lids, empty boxes, sticks, etc., were also used by the children as toys. It was also often seen four or five years old children running around from one place to another. Some mimicry plays like cooking, washing clothes, etc., were also observed to be played by the children from time to time. When asking the mothers whether play is good, most of the mothers (81%) reported that they would encourage play. However, in Myers’s study (1994) play was often seen as a waste of time. It implied that play was discouraged by the parents in Latin America.

4.14 AGGRESSION

The Chothe mothers were questioned on their attitudes towards the different sorts of aggression on the part of their little children: aggression towards other children, and aggression towards father and mother. As reply to this question, almost all the mothers said that aggression of children towards any person on one pretext or another is quite natural. When asking the mothers: “Do you sometimes come across quarreling among your children?” the mothers reported that children used to make quarrel with siblings, but it was very occasional. Again, the mothers were asked: “Whether the quarreling was physical or verbal?” All of them reported that it was sometimes verbal and sometimes physical or both, then how did you tackle the quarreling? As reply to this question, ‘explaining’ was used by 23(9.2%) mothers, which included 18(78.26%) educated, 2(8.70) literate, and 3(13.04%) illiterate; ‘threatening’ was
adopted by 104(41.6%) mothers; of them, 15(14.42) educated, 50(48.08%) literate, and 39(37.5%) illiterate. Out of the 123(49.2%) mothers who used ‘beating’, 10(8.13%) were educated, 21(17.07%) literate, and 92(74.80%) illiterate (Fig.14). Another question was: “what will you do when your children quarrel with each other neighbour’s children?” Being the reply to this question, 116(46.4%) mothers said that their children had peaceful relations with the neighbour’s children and they will not fight with them. These 116 mothers included 35(30.17%) educated, 28(24.14%) literate, and 53(45.69%) illiterate mothers. Out of the remaining 134(53.6%) mothers, 8(5.97%) were educated, 45(33.58%) literate, and 81(60.45%) illiterate mothers said that their children sometimes quarreled with their neighbour’s children (Fig.15). In case of quarreling with neighbour’s children, ‘explaining’ was used by 40(16%) mother, which included 12 (30%) educated, 18(45%) literate, and 10(25%) illiterate. ‘Warning’ was adopted by 75(30%) mothers which consisted of 18(24%) educated, 25(33.33%) literate, and 32(42.67%) illiterate. Out of 135(54%) mothers, 13 (9.63%) mothers were educated, 30(22.22%) literate, and 92(68.15%) illiterate used ‘beating’ and ‘explaining’ (Fig.16).
A question was also asked to the mothers: "A child sometimes gets and tries to hit his parents, or tries to shout at them and to insult them. To what extent should the parents just ignore this? What will you do when your child behaves in this way?" As reply to this question, 116(46.4%) mothers replied that no child
will be allowed to aggress towards his parents. Of these 116 mothers, 26(22.41\%) mothers were educated, 41(35.35\%) literate, and 49(42.24\%) illiterate. On the other hand, 134(53.6\%) mothers said that they will beat their children, which included 17(12.69\%) educated mothers, 32 (23.88\%) literate, and 85(63.43\%) illiterate (Fig.17). Physical and verbal aggression using sharp or obscene words against parents are not permitted at all. Mothers opined that physical or verbal towards parents should be suppressed. Further, “Some people feel it important that the child not learnt to fight with other children, while others feel that it is important for them to learn how to do this. What is your opinion in this regard?” As reply to this question, 94(37.6\%) mothers opined that children must learn fight to become a famous sports person; of them, 29(30.85\%) mothers were educated, 34(36.17\%) literate, and 31(32.98\%) illiterate. Out of the 73(29.2\%) mothers who said that children should never learn to fight because they want to live peacefully, 11(15.07\%) were educated, 19(39.73\%) literate, and 33(45.20\%) illiterate. Of the 83(33.2\%) mothers who replied that children should learn fight in self defence, 3(3.61\%) were educated, 10(12.05\%) literate, and 70(84.34\%) illiterate (Fig.18).

About the tackling of aggressive behavior Tiwari (1976) found that the upper and the middle class mothers were not permissive towards the aggressive behavior of their children, while the lower class mothers were highly permissive.
4.15 RESPONSIBILITY TRAINING

When asking a question to the mothers: “What do you expect of a child of 5 to 6 years of age to do household chores?”, almost all the mothers replied that the child of 5 or 6 years of age is still too much of a child who only towards the
later part of childhood period can be expected to contribute something to the tasks and duties in the house. Hence, no proper tasks were expected till children attain the age of 7 or 8 years.

4.16 SOCIABILITY TRAINING

Some question to extract information on sociability training put to the mothers. First, “Do you allow your children to play with other children of the village?” As reply to this question almost all the mothers said that they had no objections against association with the neighbouring children, but wider association was not desirable. Second, “Do your children feel shy or bold with strangers?” In response to this question, 177(70.8%) mothers said that their children feel ‘shy’, 73(29.2%) said ‘bold’.

4.17 SEX

New born babies were seen wrapping their private parts with a swaddling cloth. Even children of four or five months old were seen wearing undergarment. The Chothe society followed this system even in a small child. Some questions relating to sex were asked to the mothers. First, “Children sometimes want to go around without their clothes on, how do you feel about this? If disapproved, what do you do to teach your child that this is not approved of? When do you start teaching him this?” In reply to this question, almost all the mother said that it was very shameful to go around without cloth and it did not look nice and most of them began to teach such things from the age of about three or four years old. Second, “Does your 5 to 6 years old child have any idea how children
are born? If yes, where does he get such information?” All the mothers said that their children had no idea about this. And they never told their children how children are born. Third, “Does your five years old child allow witnessing childbirth?” all the mothers said that children were not permitted to witness childbirth. Fourth, “What do you do when you find the child playing with his genitals? If never happened, is it advisable to prevent children from doing this?” all the mothers replied that their children had never done such a thing, and it is not desirable at all.

4.18 EXPECTATIONS

About expectation, a question was asked to the mother: “What educational level you hope your children would achieve and what type of person would you like your sons or daughters to be when they become young man or lady?” As reply to this question, all the mothers said that they want their children to be obedient and polite and to grow up to be educated and successful in work and in marriage. Again “What do you expect him or her to become in future?”. As reply to this question, 122 (48.8%) mothers said that they want their children to be M.A., M.Sc, Police officers; of them 20(16.39%) mothers were educated, 32 (26.23%) literate, and 70(57.38%) illiterate. Out of 128 (51.2%) mothers who wanted their children to become doctor, engineer, and pilot, 23(17.97%) were educated, 41(32.03%) literate, and 64(50%) illiterate (Fig.19).

Parental educational aspirations for their children in other societies may also be examined. Muthayya (1972) reported that the higher the socio-economic status of the parents, the higher the level of education aspiration of sons and
daughters. Girl education was neglected by the parents of low socio-economic status. Mandal (1977) found that the Santhals who were mostly illiterates did not feel the necessity of education which was for the “babus” (high Caste Hindus). Grover (1977) found that the school achievements of sons of low aspiration parents were better than the sons of average aspiring parent and high aspiring parents. Kaur et al., (1979) found that literacy of the mother was positively associated with helping the child in learning to read. Sharma (1981) reported that 60 per cent of mothers thought it ‘very important’ that children do well in school, i.e., ‘School Achievement’. The aspiration of most of the mothers was: doctor, engineer, and scientist. Joshi (1982) found that the parents of the scheduled caste and scheduled tribe students had a positive attitude towards education but were doubtful about the capabilities of their children.

**Fig. 19- Expectations**

![Bar chart showing expectations of different educational levels for different professional aspirations.](image-url)
4.19 IDENTIFICATION

With a view to ascertaining the identification of the children with their parents, a question was asked to the mother: “Whether your child of five or six years of age seems to imitate the father or the mother in gesture, speech, manner or walking or the like?” As reply to this question, 103(41.2%) mothers replied that their children seemed to imitate their father in gesture and speech; of them, 9(8.74%) were educated mothers, 20(19.42%) literate, and 74(71.84%) illiterate. Out of 53 (21.2%) mothers who reported that their children appeared to imitate mothers in talking and walking, 14(26.42%) were educated mother, 19(35.85%) literate, and 20(37.73%) illiterate. Of the 94(37.6%) mothers who said that their children imitated both father and mother in gesture and speech, 20(21.28%) mothers were educated, 34(36.17%) literate, and 40(42.55%) illiterate (Fig.20).

To another question “Does your child behave better with you or your husband?” 39(15.6%) mothers replied that the child behave better both father and mother; of them, 11(28.21%) mothers were educated, 5(12.82%) literate, and 23(58.97%) illiterate. Out of 70(28%) mothers who replied that their children better behaved their father; 7(10%) mothers were educated, 25(35.71%) literate and 38(54.29%) illiterate. Of them 141(56.4%) mothers who said that their children better behaved their mothers, 25(17.73%) were educated, 43(30.50%) literate, and 73(51.77%) illiterate (Fig.21).
4.20 ATTITUDE TOWARD SEX

It was found that out of the 250 mothers, 134 (53.6%) mothers preferred boy to girl which included 10 (7.46%) educated mothers, 32 (23.88%) literate, and 92 (68.66%) illiterate: while 73 (29.2%) mothers preferred only girl: of them,
12(16.44%) were educated, 26(35.62%) literate, and 35(47.94%) illiterate: and 43(17.2%) preferred both boy and girl which included 21(48.84%) educated, 15(34.88%) literate, and 7(16.28%) illiterate (Fig. 22). The results implied that the majority of the Chothe mothers preferred boy to girl. The same finding was found in a study conducted by Gurumurthy (1984) wherein 70 per cent of the Yanadis felt that son is a must. Dosanjh and Ghuman (1996) in a study conducted among the Punjabis living in Britain and North America found that boys are generally preferred to girls in the notion that a son would look after his parents. Preference for a male child is found in other (e.g., Lahiri, 1974; Kusuma, 1997; Sinha, 1984). In the Chothe society, male child was considered to be the asset of the family, while female child liability. Male child was considered to be the one who would look after their aged parents, the one who would bring fortune to the entire family, and the one who would be the transmitter of blood of the family. On the other hand, the female child would go to other's family after marriage. However, there seemed to be no discrimination in the treatment meted out to both male and female child.

**Fig. 22- Sex preference of Mothers**
4.21 SENSE OF BELONGINGNESS

When putting question to the mothers: “Whether children should learn to respect the property of other member of the family?” all the mothers replied that they used to advice their children the value of respect of the property or anything belonging to other person from the very beginning. When asking a question: “What will you do if your child happens to take the article or property of other person?”, all the mothers replied that they would ask their children to return the article to the owner, wherever practicable. Again, “What is your opinion about the intentional theft?” all the mothers replied that they would strongly oppose to the intentional theft. In Manus society respect for property is taught to the children from their earliest years and a good child is one who never touches anything and never asks for anything not its own (Mead, 1954)

4.22 OBEDIENCE AND TECHNIQUES OF SOCIALIZATION

When asking the mothers: “Who is a good child?” 125(50%) mothers replied that a good child is the one who obeys his elders; of them, 10(8%) mothers were educated, 36(28.8%) literate, and 79(63.2%) illiterate. Out of the 105 mothers (42%) who told that the child who is willing to do his duty is a good child, 24(22.86%) were educated mothers, 30(28.57%) literate and 51(48.57%) illiterate. Of the 20(8%) mothers who told that the child who is interested in his duty is a good child, 9(45%) mothers were educated, 7(35%) literate and 4(20%) illiterate (Fig.23).
Further question was asked to know the techniques adopted by the mother in tackling the disobedient behavior of the children: “What do you do when your child intentionally disobedient?” As reply to this question, 110(44%) mother replied that they used threatening as technique of behavior control, of them, 5 (4.55%) mothers were educated, 36(32.73%) literate, and 69(62.72%) illiterate. Of the 96(38.4%) mothers who adopted scolding, 10 (10.42%) mothers were educated, 26(27.08%) literate, and 60(62.5%) illiterate. And out of the 44(17.6%) mothers who used suggestion as technique of behavior control, 28(63.64%) were educated, 11(25%) literate, and 5(11.36%) illiterate (Fig.24). To another question that: “What kind of reward do you give to your children when they obey you or good behavior is simply to be expected?” 150(60%) mothers replied that they gave material to their children, of them, 15(10%) were educated mothers, 43(28.67%) literate, and 92(61.33%) illiterate. Out of the 100(40%) mothers who replied that they used to encourage children for good
behavior, 20(20%) were educated, 30(30%) literate, and 50(50%) illiterate (Fig. 25).

Various techniques of behavior control were adopted in different cultures. The Samoan children are not carefully disciplined until they are five or six (Mead 1961). Ames and Randeri (1965) 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. Reichel (1979) found among the Columbian village children 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 same. Frightening children by putting them in the dark place was another method of punishment. Among the Sudanese children, Grotberg (1986) found that 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. Low income fathers punish their children more frequently than high income fathers, and use physical punishment. Aphale (1976) found that normally milder form of punishment was used by the parents and corporal punishment was inflicted in case of extremely serious offences. Tiwari (1976) found that the mothers of middle class use reward and praise to teach the desired behavior to their children, whereas the lower class mothers used punitive methods. In a study conducted by Grantham et al., (1982) among the children in poor urban Jamaica, it was found that most mothers beat their children with an implement usually a belt or a stick. Medhi and Marak (2002) in the study conducted among the Garo of Assam found that praise is one of the most 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.
4.23 ROLE OF PARENTS AND OTHER MEMBERS OF THE FAMILY IN TAKING CARE OF CHILDREN AND CARRYING OUT FAMILY RESPONSIBILITY.

It was found among the Chothe mothers that though the other members of the family shared the responsibility for taking care of children, the main responsibility of the mothers was to look after the children. In joint families, children were looked after by the grandparents, older siblings, etc., but in nuclear families, mother took the responsibility of taking care of children with the help of the husband.

Some questions were asked to the mothers to delineate the responsibility exercised by the parents and other members of the family. “In some families, the father decides matters about the family affairs and the children. Could you tell me who is responsible in your family matter?” As reply to this question, 153(61.2%) mothers replied that father bore responsibility for family matters; 30(12%) mothers said that mothers held the responsibility; 48(19.2%) said both father and mother; and 19(7.6%) replied that father-in-law held the responsibility (Fig.26). All the mothers said that fathers were not involved directly in child care, which was the main responsibility of the mothers. Second, “Who is responsible for the place that a child is allowed to go to?” As reply to this question, 105(42%) mothers replied that father was responsible, 83(33.2%) replied ‘mother’; 39(15.6%) ‘father-in-law’; and 23(9.2%) mothers said ‘mother-in-law’ (Fig.27). Third, “About health, who is responsible for calling in a doctor?” 132(52.8%) mothers said the father was responsible about this; 26(10.4%) mother is responsible; 78(31.2%) ‘both father and mother’; 14(5.6%)
‘father-in-law’ (Fig. 28). Fourth, “who determine the amount of help which your children should give the parents at home?” 65 (26%) mothers said ‘father should determine’ the amount of help which their children should give the parents at home; 89 (35.6%) ‘mother’; and 96 (38.4%) mothers gave ambivalent response about this. Fifth, “Who manage household chores?” all the mothers said that the mothers used to manage the household chores. Sixth, “Who makes family decision which does not concern children? About money – who is responsible for expenditure and accounts?” In this context, 136 (54.4%) mothers replied that father was responsible; 20 (8%) ‘Mother’; 62 (24.8%) ‘Both father and mother’; 26 (10.4%) ‘father-in-law’ and 6 (2.4%) ‘mother-in-law’ (Fig. 29). In Pakistani communities, Ali Hirani (2008) found that fathers were not encouraged to take part in direct child care, but they were the major decision makers for health care, education, and money matters, while the major responsibility laid on the mothers’ shoulders for child care and rearing. Tiwari (1976) found that in the upper and the lower class families mothers were responsible for decision about the children’s problem and financial policies; the same duties were performed by fathers in the middle class families.

Fig. 26-Responsibility about family affairs
Fig. 27 - Responsibility for the place the child is allowed to go

- Father: 105
- Mother: 83
- Father-in-law: 23
- Mother-in-law: 39

Fig. 28 - Responsibility for calling the doctor

- Both Father & Mother: 78
- Father-in-law: 14

Fig. 29 - Responsibility for expenditure & accounts

- Father: 136
- Mother: 62
- Both father & mother: 20
- Father-in-law: 6
- Mother-in-law: 25
Summary

It is observed from the above discussion that a Chothe mother observes a number of social taboos during pregnancy period. A similar practices are found in many cultures of the world. Most of the delivery (84%) takes place at home. A child is breastfed just after its birth if breastmilk is available, although immediate breastfeeding after birth was considered harmful in the past. After the birth of the child, a mother takes only ‘simple’ foods. Name-giving ceremony is compulsorily observed in this society. It is found that more educated and literate women take longer rest after delivery than that of illiterate mothers. A Chothe mother sleeps with her child till the child attains the age of five or six years or till arrival of the next baby, just as a Japanese mother tries to develop strong ties with her child by sleeping in the same bed. Breastfeeding is a normal practice; 58.4 per cent mothers breastfeed nine to thirteen times a day, while the rest (41.6%) mothers breastfeed whenever a child cries. The duration of breastfeeding ranges from one to three years of age or even more. Early weaning, i.e., weaning before one year of age, is a rare phenomenon; weaning in most cases takes place between one and four years of age or pregnancy. A mother cannot wean a child within one or two days, weaning generally takes ranging from five to twenty days and 42.8 per cent mothers use severe weaning technique. The age of the children’s ability to walk and talk seems to be conformed to the general norms of physical development. Toilet training begins early but continues over a longer period of time. The same is the case with cleanliness training. Play is encouraged by the Chothe mothers. However, the aggressive behavior in any form is discouraged. Responsibility and sociability training are imparted at a low ebb. Children are not allowed to go around without
cloth from the early period and they can ask no questions relating to sex to their parents. Mothers want their children to become educated ones and hold high posts.

Children imitate both mothers and fathers either in gesture and speech or walking and talking, and the majority of the children (56.4%) behave their mothers. Almost all the mothers prefer male child to female child as the male child is considered to be the asset, while female child a liability. On the other hand, respect for property begins to teach to the child from the early period. A good child is considered to be the one who obeys its parents and punishment is mostly used for disobedient behavior. Child care is the main responsibility of the mothers, while taking major family decision is the responsibility of the fathers. However, child care is the joint responsibility of all the members of the family. The work is summarized and conclusion drawn in the next chapters V along with the main empirical findings, and suggestions for further research.

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