CHAPTER V
SUMMARY AND CONCLUSION

In this chapter, the objective-wise results that had been discussed in the preceding chapters had been summarized and conclusions drawn. The main findings of the study along with the policy implications and certain suggestions for further research had also been described in this chapter.

Objective 1: To make a comparative study on the child-care practices adopted by the scheduled and non-scheduled caste mothers.

Under this objective, it had been discussed the child care practices adopted by the scheduled and non-scheduled caste mothers in relation to such variables as child’s environment, feeding, toilet training, health care, sociability training, parental expectations, responsibility for taking care of children, play, and education. The conclusions of each of these variables are drawn as under:

5.1 CHILD’S ENVIRONMENT

5.1.1 Sources of water: So far as the sources of water is concerned not a single scheduled caste family could avail of tap water facilities; all of them depended on pond, hand pump and open well. On the other hand, 86.7 percent and 13.3 percent non-scheduled caste families used tap and pond water respectively. It may, therefore, be inferred that scheduled caste children were at greater risk of infection due to non-availability of safe drinking water. All the scheduled caste families did not buy water, while it was bought by all the non-scheduled caste families.

5.1.2 Power supply: Almost all the scheduled and non-scheduled caste families had been electrified; the power supply was very nominal ranging from two hours in the case of scheduled caste families and six hours non-scheduled caste families per twenty four hours.

5.1.3 Toilet Facilities: The sanitary condition of the scheduled caste families were very poor in which 74 percent of the families had Kutcha toilet and
8.7 percent and 17.3 percent families had Pucca and Semi-Pucca toilet respectively. But no Kutcha toilet was found in the case of the non-scheduled families wherein 70.7 percent and 29.3 percent families had Pucca and Semi-Pucca toilet respectively.

5.1.4 Parental educational level: The study found 51.33 percent and 46.67 percent illiterate scheduled caste mothers and fathers respectively, while all the non-scheduled caste parents were literate ones.

5.1.5 Age of mothers at marriage: The results indicated that 41.33 percent scheduled caste mothers in the age group 15-29 years got married as against 20.67 mothers did so in this age group. It suggests that the scheduled caste mothers got married earlier than the non-scheduled caste mothers.

5.1.6 Income of mothers: The monthly income range of the majority of the scheduled caste mothers (90.67%) was Rs.2,000-Rs.5,000/- as against 40 percent non-scheduled caste mothers in this income category. It indicates that the economic status of the scheduled caste mothers is found to be weak as compared to the non-scheduled caste mothers.

5.1.7 Television Program: The results indicated that 93.4 percent scheduled caste children did not watch television programs, while there was none in the non-scheduled caste families where children did not watch television programs. About duration of watching television, only 3.6 percent scheduled caste children watched television for about half an hour, while 60 percent and 40 percent non-scheduled caste children watched it for about half an hour and one to two hours respectively. The non-availability of adequate television set was the main reason for not watching television by the scheduled caste children.

5.1.8 Parental opinion on children’s watching television: The majority of the scheduled caste parents (93.33%) seemed to be having vague idea about the relative advantages and disadvantages of watching television programs by their children, while such things were not found in the case
of the non-scheduled caste parents. Lack of awareness about the value of watching television on the part of the scheduled caste parents may probably be a basic factor.

5.2 FEEDING

5.2.1 Breast feeding: The majority of the scheduled caste (86%) and non-scheduled caste mothers (86.67%) fed breast milk as a first feeding to their children, while the rest fed boiled water, honey and milk. It may, therefore, be inferred that the breastfeeding seems to be encouraged by the non-scheduled and scheduled caste mothers.

5.2.2 Awareness of the value of colostrum: Although the majority of the sample mothers seemed to be aware of the value of the colostrum, 20 percent and 16.67 percent scheduled caste mothers discarded and smeared it respectively as against 6.67 percent non-scheduled caste mothers discarded and 2 percent smeared. Thus, the wastage rate of colostrum in the case of the scheduled caste mothers was found to be higher than that of the non-scheduled caste mothers.

5.2.3 Breastfeeding schedule: No strict feeding schedule was maintained by the scheduled caste mothers, while it was maintained by 20 percent non-scheduled caste mother. But the majority of the scheduled caste (63.34%) and non-scheduled caste mothers (44%) breastfed whenever their children cry.

5.2.4 Burping a child: The rate of burping a child was found to be higher in the case of the non-scheduled caste mothers than that of the scheduled caste mothers.

5.2.5 Supplementary food: Providing the supplementary food to the children was found to be low in all the sample mothers. But the method of giving supplementary food to the children through bottle or cup or spoon was higher in the case of the non-scheduled caste mothers than that of the scheduled caste mothers.
5.2.6 Introduction of semi-solid food: Almost all the scheduled caste mothers began to introduce soft rice only as semi-solid food at the age of 10-12 months in most of the time, while the non-scheduled caste mothers fed foods of different items at the age of 5 and 6 months to their children. Lower socio-economic status of the scheduled caste mothers may probably be a basic reason for inability to feed foods of different items other than rice.

4.2.7 Giving water: Giving regular water to the children began earlier in the case of the non-scheduled caste mothers when their children were about 3 months old, while 100 percent scheduled caste mothers did so at the age of about 12 months old.

5.2.8 Weaning: The non-scheduled caste mothers began weaning earlier than the scheduled caste mothers. The major proportion of the scheduled caste mothers continued breastfeeding up to the age of about two years, while that of the non-scheduled caste mothers up to the age of one year. About the weaning technique, smearing bitter substances on the nipples was the common practices among all categories of the mothers.

5.3 TOILET TRAINING

The variable studied under this area were – age of starting toilet training, completion of toilet training, reaction of mothers against wetting, and cleanliness.

5.3.1 Age of starting toilet training: The toilet training of the children of the non-scheduled caste mothers began by two to three months earlier than that of the scheduled caste mothers. While 66.67 percent scheduled caste mothers started toilet training in the age group 4 to 6 months, 79.33 percent started toilet training in the age group 2 to 4 months.

5.3.2 Completion of toilet training: The results indicated that while 95.34 percent scheduled caste children completed toilet training at the age of between 4 to 5 years, 91.33 children of the non-scheduled caste mothers completed the training at the age of 2 to 3 years. It suggests that the toilet
training of the scheduled caste mothers completed the training later than that of the non-scheduled caste mothers.

5.3.3 Reaction of mothers when bed wetting: Bed wetting occurred in most of the sample mothers’ children, but the degree of sympathetic treatment of children when bed wetting was found to be higher in the case of the non-scheduled caste mothers than that of the scheduled caste mothers.

5.3.4 Cleanliness: The non-scheduled caste mothers seemed to be more conscious of the cleanliness of their children than that of the scheduled caste mothers. It was evident that only 14 percent scheduled caste mothers gave bath to their children for about three months after birth as against 67 percent non-scheduled caste mothers did so for about two years after birth. It was also evident that while 94 percent non-scheduled caste mothers did not allow their children to take food without washing hands, 17 percent scheduled caste mothers did not allow to do the same, and 83 percent of them allowed it.

5.4 HEALTH CARE

Almost all the children of scheduled and non-scheduled caste groups were immunized in the government hospitals or MHC or PHC, but only 8 percent scheduled caste children did not do so. It may, however, be inferred that all of them were aware of the importance of immunization.

5.5 DEMANDS OF CHILDREN

The demands of children for one item or another was found in the case of all non-scheduled caste children, while 50 percent of the scheduled caste children did not demand anything from their parents. Food stuff and toys were the major demands of all scheduled and non-schedule caste children, whereas money was the least.

The demands of the children were reported to be accepted sometimes by all the scheduled caste mothers (100%) as against 93.33 percent non-scheduled caste mothers who also accepted the demands always (6.67%).
5.6 TECHNIQUES OF SOCIALIZATION

The positive and negative reinforcements were found to be used by both the scheduled and non-scheduled caste mothers, but the scheduled caste mothers seemed to be used more negative reinforcements like corporal punishment (46.66%) than that of the non-scheduled caste mothers (10%). About reward, both the scheduled and non-scheduled caste mothers used both verbal and physical rewards. In this case, 53.33 percent and 46.67 percent scheduled and non-scheduled caste mothers used verbal reward respectively, while 43.33 percent and 33.33 percent scheduled and non-scheduled caste mothers adopted physical reward respectively.

With regard to the responsibility assumed by the members of the family of disciplining children, the responsibility was mainly taken by the mothers (61.33%) in the case of the scheduled caste group, while the fathers assumed more responsibility in the case of the non-scheduled caste group (66.67%).

5.7 SOCIABILITY TRAINING

Wider association with other children was encouraged by 66.66 percent scheduled caste mothers, while 53.33 percent non-scheduled caste mothers encouraged playing with only neighbours. It may, therefore, be concluded that the sociability training of the scheduled caste mothers seemed to be in a better position than that of the non-scheduled caste mothers.
5.8 PARENTAL EXPECTATION

The results on the parental expectation in relation to the education of their children indicated that the majority of the scheduled caste parents (66.67%) and the non-scheduled caste parents (50%) expressed desire of getting a better job of their children rather than higher education.

5.9 RESPONSIBILITY FOR CHILD CARE

The responsibility for taking care of children was mainly taken by the mothers and older siblings in the case of the scheduled caste, while that of the non-scheduled caste, it was taken by crèche, in-laws, older siblings and mothers.

OBJECTIVE 2: To make a comparative study on physical development between the scheduled and non-scheduled caste children.

Under this objective, the age-wise weight and height of boys and girls of the scheduled and non-scheduled caste groups were measured and it was also examined, whether the weight and height were confirmed to the general norms and standard of weight and height.

5.10 WEIGHT OF BOYS

Boys’ Weight

Age 1 (Weight norm=10.20 Kg.)

Underweight was recorded in all the cases of the scheduled and non-scheduled caste children by 2.30 Kg. and 2.16 Kg. respectively.

Age 2(Weight norm=12.30 Kg.)

At this age the underweight was worked out to be 3.37 Kg. and 2.16 Kg. in both the cases of scheduled and non-scheduled caste children respectively.
Age 3 (Weight norm=14.16 Kg.)

The underweight of the 3 years old scheduled caste children was found to be 7.60 Kg as against 2.80 Kg. non-scheduled caste children.

Age 4 (Weight norm=16.70 Kg.)

The underweight of the scheduled caste children was estimated at 4.09 Kg. while that of the non-scheduled caste children at 2.14 Kg.

Age 5 (Weight norm=18.70 Kg.)

The underweight of the 5 years old scheduled caste children was recorded to be 4.15 Kg. as against 3.16 Kg. of the non-scheduled caste children.

Age 6 (Weight norm=20.70 Kg.)

The underweight of the scheduled and non-scheduled caste children was 3.85 Kg. and 3.80 Kg. respectively.

Conclusion

The results suggested that the weight of the children of all ages was below the norms, but more underweight was recorded in the case of the scheduled caste children than that of the non-scheduled caste children. The basic reason, inter alia, may be due to low nutrition.

5.11 HEIGHT OF BOYS

Boys’ Height

Age 1 (Height norm=76.10 cm)

The height of the scheduled and non-scheduled caste children was below the norm by 11.51 cm and 9.26 cm respectively.

Age 2 (Height norm=85.60 cm)

In this age group, the height of the scheduled caste and non-scheduled caste children was below the norm by 11.13 cm and 8.04 cm respectively.
Age 3 (Height norm=94.90 cm)

Below the height norm was recorded to be 5.50 cm and 5.10 cm among the children of the scheduled and non-scheduled caste children respectively.

Age 4 (Height norm=102.90 cm)

The height of the scheduled and non-scheduled caste children was below the norm by 9.66 cm and 5.89 cm respectively.

Age 5 (Height norm=109.90 cm)

The height of the scheduled caste children was below the norm by 9.69 cm and that of the non-scheduled caste children by 5.59 cm.

Age 6 (Height norm=116.10 cm)

The height of the scheduled caste children could not be conformed to the norm by 11.42 cm, while that of the non-scheduled caste children by 8.57 cm.

Conclusion

The results indicated that the height of the scheduled and non-scheduled caste children of all ages was below the norm, but the non-scheduled boys were in a better position as compared to the scheduled caste boys.

5.12 WEIGHT OF GIRLS

Girls’ Weight

Age 1 (Weight norm=9.50 Kg.)

The weight of the scheduled and non-scheduled children was below the norm by 2.15 Kg. and 1.68 Kg. respectively.

Age 2 (Weight norm=11.80 Kg.)

The underweight was recorded to be 2.96 Kg. and 8 Kg. in the case of the scheduled and non-scheduled caste children respectively.
**Age 3** (Weight norm=14.10 Kg.)

The underweight of the scheduled and non-scheduled caste children was worked out to be 2.28 Kg and 2.63 Kg. respectively.

**Age 4** (Weight norm=16 Kg.)

The underweight of 3.22 Kg. and 2.50 Kg. was found in the scheduled and non-scheduled caste children respectively.

**Age 5** (Weight norm=17.70 Kg.)

The underweight in the case of the scheduled caste children was 3.58 Kg., while that of the non-scheduled caste children was 2.39 Kg.

**Age 6** (Weight norm=19.50 Kg.)

In this age group, the underweight of the scheduled caste children was 3.06 Kg. and that of the non-scheduled caste children was 3.25 Kg.

**Conclusion**

The data revealed that underweight was found in all the age groups in both the cases of the scheduled and non-scheduled caste children.

However, the non-scheduled caste girls appeared to be in a better position than that of the scheduled caste girls.

**5.13 HEIGHT OF GIRLS**

**Girls’ Height**

**Age 1** (Height norm=75 cm)

The height of the scheduled and non-scheduled caste children was below the norm by 9.63 cm and 8.96 cm respectively.

**Age 2** (Height norm=84.50 cm)

The height of the scheduled and non-scheduled caste children was found to be below the norm by 9.28 cm and 8 cm respectively.
Age 3 (Height norm = 93.90 cm)

In this age group also the height of the scheduled and non-scheduled caste children was below the norm by 3.83 cm and 2.63 cm respectively.

Age 4 (Height norm = 101.60 cm)

The height of the scheduled caste children was worked out to be below the norm by 8.55 cm and that of the non-scheduled caste children by 5.76 cm.

Age 5 (Height norm = 108.40 cm)

The height of the scheduled and non-scheduled caste girls was below the norm by 10.40 cm and 4.09 cm respectively.

Age 6 (Height norm = 114.60 cm)

The height of the scheduled and non-scheduled caste girls could not reach the norm by 10.09 cm and 5.17 cm respectively.

Conclusion

The results indicated that the height of the scheduled and non-scheduled caste girls was not conformed to the norm. But the non-scheduled caste girls seemed to be taller than that of the scheduled caste girls.

Objective 3: To make a comparative study on mental development in relation to age, educational level, rural and urban, and caste.

Under this objective, the intellectual capacity of 180 children was measured, using the Raven’s Coloured Progressive Matrices (1977) and their intellectual capacity was determined. Besides, four hypotheses were tested. Each of these results is indicated as under:
5.14 RESULTS

1. Out of 180 children’s mental ability tested, the intellectual ability of 7.78 percent were in the category of intellectually below average, 85 percent intellectually average, and 7.22 percent intellectually above average. Thus, the majority of the children were intellectually average.

2. There seems to be a positive correlation between age and intellectual ability on the one hand and between the educational level and intellectual capacity on the other. It was found that with increase in age and educational level, the intellectual capacity also increases. And it was significant at 0.05 levels.

3. No significant difference in intellectual capacity was recorded between rural and urban children, and between scheduled and non-scheduled caste children and it was significant at 0.05 levels.

5.15 MAIN Findings

The following are the main findings of the study:

1. The non-availability of safe drinking water facilities among the scheduled caste families was a basic problem, but such things were not found in the case of the non-scheduled caste families.

2. Almost all the scheduled and non-scheduled caste families had been electrified without adequate power supply.

3. The sanitary condition of the scheduled caste families was very poor as compared to the non-scheduled caste families.

4. 93.4 percent of the scheduled caste children did not watch television, but there was none in the non-scheduled caste families who did not watch television programs.

5. The scheduled caste parents seemed to be having vague idea about the advantages and disadvantages of watching television programs as compared to the non-scheduled caste parents.
6. Breastfeeding was a common practice among the scheduled and non-scheduled caste mothers, but the majority of the scheduled caste mothers did so on the third day after birth, while the majority of the non-scheduled caste mothers on the first day of the birth of the child. No strict feeding schedule was maintained by the majority of the scheduled caste mothers, but it was done so by a small proportion of the mothers. In both the cases of the scheduled and non-scheduled caste mothers, the majority of them breast fed their children whenever children cry. Although breastfeeding is a common practice in all the societies, the way of feeding was different from one society to another. Among the Manus of New Guinea (Mead, 1954), a new-born is not fed until 20 or 24 hours after birth and milk is given by other nursing mothers. In the Egyptian society (Ammar, 1954), a child is breastfed whenever it cries and when the mother’s breast becomes full and the frequency of breastfeeding varied from day to day and from child to child; the louder the longer the child cries, the greater the time the mother spends on its suckling. In the Sioux system of breastfeeding (Erikson, 1963), the breast milk was not offered to the child until there appears a good stream of prefect milk and among Yurok, the new born is not breast fed ten days. Dosanjh and Ghuman (1966) also reported that among the Punjabis living in Britain and North America, babies were breastfed mostly on demand and solid food was given around the age of six months. Among Ngoni, an African tribe, after washing the child, very thin gruel made of fried and ground finger millet was given to the child. The mother washed her breasts with warm water and massaged them to make the milk flow, ready for the child to suck. The use of honey is quite common in many Pakistani families as a pre-lacteal feed (Ali Hirani, 2008). Bhogle (1978) also reported that breast feeding started on third day among caste Hindus (73%) and Backward Hindus (91%), while among Muslims (71%) it started from the third day. Among the tribals of Himachal Pradesh, Bahi (1979) reported that
84 percent children were given their first feed 12 hours after birth. The Meitei mothers of Manipur did not breastfeed a newborn for three days after birth, as the mother’s milk is considered impure (Gunadhor, 1983). Among the tribal’s of Gujarat, breastfeeding on demand was a rule (Dave et al., 1984). Swain (1985) reported that among Santal tribe in northern Orissa, a child was fed with honey immediately after its birth and it was breastfed after 12 hours. Barua and Bora (2000) also reported that a child is breastfed immediately after birth and there is no time schedule for feeding. Children are breastfed, whenever mothers could spare time or when children cry. Medhi and Marak (2002) reported that among the Garo of Assam, breastfeeding takes place almost immediately. Rahi et al. (2006) and Kalra et al. (1982) reported demand-based feeds to the babies. Deshpande et al. (2010) reported that among Indian mothers, 63 percent of them initiated breastfeeding within two hours of birth.

7. The wastage rate of colostrum was found higher in the case of the scheduled caste mothers than that of the non-scheduled caste mothers. Myers (1994) also found that in Peru, colostrums are seen as harmful. Ali Hirani (2008) reported that few Pakistani families whole belief that the mother’s milk (colostrums) must be discarded as it is unhealthy. Awasthi et al. (1983) found that in rural community of Jhansi Budelkhand area, colostrums was utilised as a first feed in only 9.1 percent cases. Among the Meitei mothers of Manipur, colostrums was discarded (Gunadhor, 1983). Singh et al. (1997) and Sharrif and Farsana (1990) reported that colostrums was given to babies by majority of mothers and 84.7 percent mothers gave demand-based feeds to their children. In a study conducted by Deshpande et al. (2010), among rural Indian mothers, it was found that 91.7 percent mothers gave their babies colostrums, while 8.3 percent of the mothers did not breastfeed their children for two days due to advice from mother-in-laws.
8. Providing the supplementary food to the children was found to be low in all the cases of the sample families.

9. Mostly soft rice as semi-solid food began to be introduced by the scheduled caste mothers at a latter age, while the non-scheduled caste mothers did so at an earlier age consisting of different food items.

10. The toilet training in the case of the non-scheduled caste children was found to be earlier by two to four years than that of the scheduled caste children. Early toilet training and early completion was recorded in the case of the non-scheduled caste children, while late training and late completion was found among the scheduled caste children. Bed wetting occurred in all the cases, but more non-scheduled caste mothers showed sympathetic treatment when bed wetting than the scheduled caste mothers.

Toilet training was found to be different from one society to another. In Egyptian society (Ammar, 1954) found that toilet training started when a child starts to walk and it is completed when a child is about three or four years old. Bhogle (1978) reported that toilet training starts before six months among the Caste Hindu and Backward Hindu, and six to nine month in Muslim group. McGraw (1949) reported that twin ‘I’ initiated bladder training at the age of thirty days, while the bladder training of twin ‘C’ started when he was 700 days old. Yet both the twins showed the same level of control when they were 800 days old, the time at which the experiment was stopped.

11. The non-scheduled caste mothers seemed to be more conscious of cleanliness of their children than that of the scheduled caste mothers.

12. Although a handful of the scheduled caste children did not immunize, the majority of the children of both the groups got immunized their children.

13. A child’s demand was sometimes accepted by most of the scheduled and non-scheduled caste parents.
14. The negative reinforcement like corporal punishment seemed to be used for behaviour control by the majority of the scheduled caste mothers, whereas the positive reinforcement by the non-scheduled caste mothers.

The rate of verbal reward was found to be higher than that of the physical reward in both the cases of the scheduled and non-scheduled caste children.

The major responsibility for disciplining children was assumed by the mothers in the case of the scheduled caste children, while that of the non-scheduled caste children by the fathers.

15. About sociability training, wider association of children with other children was encouraged by the majority of the scheduled caste mothers, while it was discouraged by the non-scheduled caste mothers.

16. The majority of the scheduled and non-scheduled caste mothers preferred better job of their children to higher education.

17. The responsibility for taking care of children was mainly taken by the mothers and older siblings in the case of the scheduled caste families, whereas it was done so by the mothers, older siblings, in-laws, and crèche in the case of the non-scheduled caste families.

18. About the weight and height of the children, all the scheduled and non-scheduled caste children could not conform to the norms and standards. However, the non-scheduled caste children were in a better position in terms of weight and height than that of the scheduled caste children.

19. The intellectual capacity of the 7.78 percent children was below the average, while 85 percent children ‘average’ and only 7.22 percent children above average.
5.16 IMPLICATIONS OF THE STUDY

In the light of the outcome of the study in relation to child’s environment, feeding, toilet training, health care, demands of children, techniques of socialization, sociability training, parental expectations, responsibility for taking care of children, play, education, physical development (weight and height), and mental development, certain observations may be made as under:

5.16.1 Child’s Environment

1) Sources of water

The results indicated that not a single scheduled caste families could avail of tap water facilities; they were entirely dependents on pond water. As a result, they were probably at greater risks of infection with water borne diseases. It is high time to pay serious thought to this problem. Such a problem was not observed in the case of non-scheduled caste families.

2) Power supply

The power supply in all the scheduled and non-scheduled caste villages needs to be improved, since the power supply in all the villages was in a very awkward position during the course of the study.

3) Toilet facilities

The sanitary condition of the scheduled caste families was in a very pathetic one, as 74% of them had the Kutcha toilet facilities, 17.33% Semi-Pucca and only 8.67% Pucca as against 70.67% Pucca and 29.33% Semi-Pucca in the non-scheduled caste families. It appeared that the governments scheme for improvement of the sanitation of the rural poor was not implemented in the villages under study. It needs to be looked into by the concerned authorities.
4) Parental educational level

The study found 46.67% illiterate scheduled caste mothers as against 100% literacy among non-scheduled caste mothers. In this context, the adult literacy program needs to be implemented effectively in the scheduled caste villages.

5) Income of mothers

The results indicated that the monthly income of 90.67% scheduled caste mothers was recorded to be in the income level of Rs.2,000-5,000/- as against 40% non-scheduled caste mothers in this income category. It is strongly felt that upliftment of economic status of the scheduled caste mothers is highly essential.

5.16.2 Feeding and Weaning

1) Awareness about colostrums

The colostrums was discarded by 26.67% scheduled caste mothers, while it was done so by 8.67% non-scheduled caste mothers. The scheduled caste mothers need to be made aware of the value of colostrums.

2) Supplementary food

It was found that in both the cases of scheduled and non-scheduled caste mothers, providing supplementary foods to the children seemed to be low. Measures may be taken up in this direction.

5.16.3 Toilet training

1) Bathing

The scheduled caste mothers need to be made aware of cleanliness about their children. It was evident that 71% of the mothers gave bath to their children at an interval of about one week till the children attain about five or six months, while 67% non-scheduled caste mothers gave it daily for about two years.
2) Hand washing

The results indicated that 83% of the scheduled caste mothers reported that they will allow their children to take food without washing hands, while 94% non-scheduled caste mothers reported that they will not allow to do so. It suggested that non-scheduled caste mothers appeared to be more health conscious than that of the scheduled-caste mothers. It is, therefore, necessary to make the scheduled-caste mothers aware of the importance of hand washing before taking foods.

5.16.4 Health care

Consultation with doctor

In case of illness, home treatment was the first measure resorted to by the scheduled-caste mothers and it was only when the illness becomes a “serious” one, then they used to consult doctors. But such cases were hardly observed in the case of the non-scheduled caste mothers. It is, therefore, felt to be imperative to make them aware of the importance of consultation with doctors.

5.16.5 Techniques of Socialization

Type of socialization technique

It was found that both the scheduled and non-scheduled caste mothers adopted the positive and negative reinforcements in disciplining their children. However, the use of corporal punishment was reported by 46.66% scheduled caste mothers as against 10% non-scheduled caste mothers. In this context, we may briefly mention the observations of some psychologists as cited below:

According to Hurlock (1981, p.134), the more physical punishment is used the more likely the child is to become sullen, obstinate, and negativistic, thereby resulting in poor personal and social adjustments. The authoritarian product tends to be compliant on the surface but rebellious and impulsive underneath (Douvan & Adelson, 1966; Kandel & Lesser, 1972). Hilgard et al. (1975, p.95) also observed that the child reared in the democratic atmosphere tends to
have a warm relationship with his family. Thus, psychologists were not in favour of negative reinforcement. Considering the psychological findings, parents may be made aware of the adverse effect of the use of corporal punishment on the personality development of children.

**Physical development**

The study measured the weight and height of every boy and girl at ages 1, 2, 3, 4, 5, and 6 years. But the weight and height of the majority of both scheduled and non-scheduled caste children were recorded to be below the prescribed norms, although non-scheduled-caste children were in a better position in terms of weight and height than that of scheduled-caste children. In other words, they could not conform to the norms. The reasons behind it may be explored and the necessary remedial measures may be taken up.

**Mental development**

It was found that out of 180 children whose mental development tested, 7.78% of them were noted to be sub-normal mental ability. In this regard, under the inclusive education program and Right to Education (RTE) Act, 2009, the necessary measures may be taken up for such children at the earliest.

5.17 **SUGGESTIONS FOR FURTHER RESEARCH**

In the light of the study, the research work under the following themes may be undertaken:

1. **Early child-care practices**

Early child-care practices adopted by the parents for children in the age group about 0-3 years may be undertaken. It may be either longitudinal or cross-sectional study. The study may cover the following areas:

i) **Pre-natal child-care practices**

This period is considered to be an important one because of various factors which would have adverse effect on the proper physical growth and mental development of children. The factors may be – a mother’s health and
psychological condition; nutrition; medical care; the use of drug, cigarette, tobacco, wine, non-iodized salt; anxiety and depression; beliefs and superstitions. If so, we may examine the pre-natal environment in which a child is born. The effect of the pre-natal practices on the growth of the children in the post-natal period may also be examined.

ii) Post-natal child-care practices

Post-natal child-care is the most important period for future personality development of children. Accordingly, the post-natal practices, covering the following suggested areas may be studied:

- Child birth: Whether delivery takes place at home or hospital?
- Feeding and weaning: Under this area, we may examine breastfeeding, regular or irregular feeding, frequency of feeding, awareness about the value of colostrums among mothers, introduction of solid foods etc. In the case of weaning, the age of weaning, reasons for weaning, and techniques of weaning, weaning upset and decisive or indecisive weaning may be examined.

In connection with feeding and weaning, we may study the correlation between the two. It was found from the studies of American children that “the amount of emotional upset is related to three aspects: how long the baby is nursed before weaning, how severe the weaning methods that are used, and how decisive the mother is” (Prothro, 1967).

In the light of the above statement, three hypotheses were formulated, tested on American children and conclusions drawn. The hypotheses were:

Hypothesis 1: “Early weaning produces less upset than does late weaning”.

This hypothesis has been explained in terms of principles of learning, that is, a habit that is rewarded more, and over a longer period of time, would harder to break than one rewarded a lesser number of times. These principles of learning also suggest that the mothers who nurse the child whenever he cries, for whatever reason, would have more weaning problems than those mothers who
nurse the child on schedule. For children of the former group, nursing could be a solace for many kinds of unhappiness. For children in the latter group, other comforts than the mother’s breast would have been learned. Thus, we would expect less weaning difficulty from the child fed on a schedule than from those fed whenever they cry.

Hypothesis 2: In relation to the second problem mentioned above, i.e., how severe the weaning methods that are used, the implication is that “The severe the weaning technique, the more the weaning upset”. Here, the severe weaning techniques are smearing bitter substances on the nipples of the mother or the use of negative reinforcements like scolding, beating, etc.

Hypothesis 3: The third problem: how decisive the mother is? The implication is: “Decisiveness produces less upset and indecisiveness greater upset”. Here, the decisiveness mothers are those who weaned their children in 1 or 2 days, while those weaning their children over a longer period of time were considered indecisive.

These hypotheses may be tested among children in post-natal period by way of validation of the American hypotheses.

2. Correlation between disciplinary technique and conscience

The findings of research studies indicated that there was a correlation between disciplinary technique used and the presence or absence of conscience. In the Harvard study (Prothro, 1967), the disciplinary techniques were one of the chief correlates of conscience in America, too, they found the same findings. The hypothesis was that “Reasoning produces high conscience and physical punishment produces low conscience”.

Attempt may be made to test the American hypothesis given above, using the following questions designed by them to ascertain the degree to which a child is influenced by conscience: (Prothro, 1967).
“If while you are not around your child does something wrong, what does your child do when you return? Does he tell you about it without any questioning? Does he confess when you question him?”

The data, thus gathered, through the above questions may be analysed on the basis of the following criteria which are divided into three groups (Prothro, 1967):

**High Conscience**

Q. Does he confess when you question him?

If a child confesses without the mother’s asking about wrongdoing, then he may be placed in the category of high conscience.

**Intermediate or indeterminate Conscience**

If the child confesses only when asked, then he may be in this category.

**Low Conscience**

If the child denies the truth when asked directly, then he may be in this category.

3. **Physical growth**

Under this theme, height, weight and head circumference of a child may be measured from its birth till the child attains the age of about 3 years or so. Such research work may be conducted through longitudinal or cross-sectional approach. The effect study may be conducted, wherein if there is any influence of certain variables on height, weight and head circumference may be analysed. The variables may be socio-economic status of the mothers, such as educational level, occupation, income, food habits, nutrition, family status (absence of father), age, etc. It may also be examined the conformity of the growth to the prescribed norms and standards. Such a study may be conducted either at micro or macro level.
4. Mental development

Under this theme, the mental level of the children may be measured, using the standardized psychological tools. In this context, the adaptive behaviour of the sub-normal and normal children may be one of the areas of study. The Vineland Social Maturity Scale (VSMS), Indian adaptation, by Malin (1992), may be used for measurement of adaptive behaviour of children. The IQ of the children may also be measured through psychological tools like the Raven’s Coloured Progressive Matrices (RCPM), the Wechsler Intelligence Scale for Children or WISC-III, the Wechsler Preschool and Primary Scale of Intelligence or WPPSI.

Some of the research areas given above are suggestive, not exhaustive. The researchers could explore other areas relating to a child’s growth and development in its early stage.

REFERENCES


