Children of a society are the future assets of a nation. These assets are required to be groomed and maintained appropriately since their tender ages so that they flourish and shine in time as good citizens to the nation. It is very important for every adult of a society to provide an adequate environment to the children where they are being born and brought up. After birth the immediate environment of a child is the home where a child learns most of the elements indispensably related to his/her society. Although, the basic essential amenities of child rearing such as childbirth, feeding and weaning practices, bathing and cleaning, socialization, etc. are integral part of child rearing for all the societies, yet, these factors are often influenced by cultural rules and norms of a society and thus, differ from culture to culture and society to society.

India, itself is a country of numerous variety of society with various cultures. Assam is one of the states of our country with a number of castes and sub-castes that caters a very colourful culture enriching the area. Various tribal
groups constitute a major part of population of the state. In the recent years researchers have conducted several studies on various aspects of the tribal groups. However, studies relating to child rearing are rather scanty and hence, it was felt important to conduct a study in this area to understand the existing as well as traditional child rearing practices, with the similarities and differences of child rearing practices among the tribes, to find out the impinging factors in child rearing and also to the health and nutritional status of the children.

Out of 14 hill tribes and 9 plain tribes of Assam, three tribes namely the Deoris, Garos and the Karbis have been selected for the study. Out of these three tribes, the Deori has been selected because it constitutes one of the major plain tribes of Assam. The Karbi has been encompassed for the study because they have their own autonomous district and is one of the major hill tribes of Assam and the Garo has been selected for the study, because they are one of the two matrilineal tribes.

The data were gathered from 18 villages of 8 developmental blocks of 6 districts of Assam. While selecting those villages tribe-wise inhabitants and homogeneity were kept in mind. The sample of the study comprised of a total of 300 families of the three selected tribes. Hundred families were selected from each tribe having at least one child below the age of 4 years in each family.
The area and population of the villages are varied in nature. The villages inhabit by the Deoris are larger enough than the Garos and the Karbis. The main occupation of the people is agriculture and they cultivate various crops other than paddy. According to the economic condition, the Deories were found in better position followed by the Garos and the Karbis. Variations according to the size and age-wise break up of child population show little.

Data relating to reproductive life of the mothers showed that, although majority of the respondents got married at the age of 20 and above, yet a large percentage of them got married at their teen age. Teen-age marriage and pregnancy were reported more among the hill tribes than the plain tribe. Incidences of abortion and stillbirth among the studied population are less. Though majority of them are aware about family welfare activities, yet use of various family planning devices is very less. Study shows that couples are not well motivated in adopting family planning devices. As early marriage and conception lead to poor maternal health, which in turn may affect the baby inside the womb, therefore, there is a need of health education especially among the hill tribes.

More than three fourth of the sample received vaccination against tetanus. Majority of them consumed iron and folic acid supplementation too, but in respect of regular antenatal check ups the respondents were not found so particular. In addition, so far the diet of pregnant mothers is concerned, only around one fourth of them received some amount of attention in their diet.
However, none of them found to be included an extra amount to their regular diet every day. It was observed that lack of awareness of people about balanced diet was the main reason of not taking additional foods daily. Being tribal communities, where alcoholic beverages are a part and peril of life, regular consumption of which was reported by only a small section of the mothers. In this regard, the percentage of mothers consuming alcohol during pregnancy was more among the plain tribe than the hill tribes. Less consumption of alcoholic beverages by the mothers is really encouraging. In this context, that mother's antenatal care and its effect on the child, a detailed study can be conducted to understand the situation specifically. However, the present study draws attention of the concerned persons in imparting education in this aspect.

It is praiseworthy that observing food taboos by the respondents during pregnancy were quite minimal. Those who reported some amount of taboos were from the Karbi and the Deori communities. Only the Karbi respondents reported restriction of movement of the parturient mothers. That too all the mothers of the Karbi community did not follow such restrictions. The studied tribes found performing some rites during pregnancy for the welfare of the mother and the child. Performing such rite was reported by the Karbi and the Deori communities. The Garos, being Christians are away from all such practices as the religions does not believe on those pristine rituals. Most of the mothers performed almost all their daily routine work till delivery. The women of the studied communities hardly take rest during daytime even if it is the later part of pregnancy. In this regard, they are not found aware about the need of
rest during pregnancy. Therefore, it is seen that the care of pregnant mothers in the tribal areas is a combination of both modern health care as well as traditional beliefs. Receiving TT and IFA supplementation by majority of them shows the acceptance of modern health care by them, whereas they need to be aware about the other antenatal cares such as regular health check up, diet, work and rest, etc. Prevalence of taboos in movement, especially among the Karbis and performing rites during pregnancy shows the cultural concern for the mother and the baby. Influence of religion especially among the Garos also plays an important role, because of which neither they followed any taboo nor they perform any rite during pregnancy. What so ever it is, mothers and the societies are found to be concerned for the well being of the baby inside the womb.

Home delivery is the common practice among all tribes. Among the cases of hospital delivery, the Deoris reported more, than the other two tribes. It was understood that, most of the people are not motivated towards the need and importance of institutional delivery. This fact is also associated with economic condition of the people, distance to the health center and conveyance facilities. Most of the home deliveries were attended by village women, traditional dai and family members. However, some cases especially in the Deori community were attended by doctors and nurses too. Better socio-economic status of the Deoris placed them in first place in regard of availing medical assistance for more cases of hospital delivery as well as medical personnel as birth attendant, than the other two communities. Although new blade was the main equipment for
cutting the umbilical cord, yet bamboo splinter, old blade, scissor and knife were also reported for this purpose. Tribe-wise variation is seen in this aspect. Similarity among the tribes was observed in disposing the placenta with great care and away from the reach of animals and birds. Here it can be commented that, as home delivery and delivery attended by an untrained personnel may put risk to both the mother and child, therefore, in depth study on place and types of delivery and impact on the child is required to understand the situation in Assam. Further, from the findings it is realized that, if health facilities are made more closer to the masses within their reach in terms of distance, conveyance, etc. in addition to frequent health education, motivating people towards institutional deliveries would not be a hard task.

Among the studied population, it was found that most of the post parturient mothers of all the three tribes received immediate dietary attention soon after delivery. Giving a special kind of curry called jal is a common practice in all the three tribes and believed to be of good to regain strength by the mother. The belief of hot and cold foods, which were restricted by the post-parturient mothers, was also reported in all the tribes under study. Seclusion period after childbirth was observed by all the Deoris and most of the Karbi respondents. The Garos do not follow such seclusion. In this aspect it can be commented that, although observing seclusion for a certain period after delivery is mostly a cultural norm, yet it gives rest to the post-parturient mother, which is very essential for the mother from the health point of view. Moreover, the mother can breast fed her baby frequently on demand and devote herself
completely in looking after the newborn, as she is relatively free due to exemption from other household duties during that period.

All the children born at home were given immediate warm water bath with or without soap. In all the cases the newborns were wrapped up mostly with washed old garments of women. Breast feeding was initiated immediately after birth by majority of the mothers. Nobody reported discarding colostrum. Prevalence of pre-lacteal feed was found in some households and they are mostly from the Deori and the Karbi communities. Again varieties of pre-lacteal feeds were found more among the Karbis. Whatever is the feed introduced, mothers of all the three tribes introducing these, believe that, these feeds cleanse the mouth cavity of the baby. Majority of the mothers applied some materials to the navel of the baby for early healing. Tribe-wise variations are seen in respect of varieties of materials used. However, some commonly used materials in all the tribes were mustard oil, baby powder, antiseptic lotion or body powder, etc. Except 4 cradles, separate bed for the newborn was not found anywhere. The newborn sleeps with the mother in the same bed. However, majority of them mentioned of spreading an old cloth for the baby, few of them reported making quilt out of old used cloths. Pillows stuffed with mustard seeds, cotton or folded old cloths, were reported by majority of the mothers. Tribe-wise differences in use of pillows and materials stuffed to make these are apparent. Lack of cleanliness of baby's linens was observed more or less in all the tribes. These findings of the study put light on both encouraging as well as discouraging practices of the tribes in respect of newborn care. For example,
giving immediate bath to the neonate after delivery is not encouraging according to the modern scientific health care norm, whereas using old used cotton cloth to wrap up the baby is quite encouraging. Early initiation of breast feeding and feeding colostrum is praiseworthy in one way and use of pre-lacteal feed is risky in the other. Application of some antiseptic lotion or ointment to the navel of the newborn may be of good practice, but applying other materials such as sputum, dead spider, etc. must be discouraged. Making the baby sleep with the mother gives warmth and strengthen the attachment between mother and child which is an excellent practice in one way, but not giving importance of cleanliness of bed linens is discouraging on the other.

The study shows a very good trend of breast feeding among all the tribes. Mothers not only initiated breast feeding early, they also continued it for a longer period. Majority of the mothers prolonged breast feeding beyond 1½ year of the child. Percentage of mothers following artificial feeding was negligible. That too initially when the mother's milk secretion was not there, and later, they stopped feeding their babies artificially. Introduction of semisolid or supplementary food to majority of the babies was in their right age. However, some mothers delayed in this regard and few initiated very early. It was found that mothers do not take extra pain to prepare food especially for the baby. Rice is the main food item that was given by majority of the mothers. Next to rice is cerelac, the readymade market food, was found giving to their babies. In addition, bananas, biscuits soaked in water, etc., were also reported. Seeing these it was felt that mothers are not much aware about different home made
food for their children and also their nutritional requirements. Therefore, this study draws attention of personnel concerned dealing with nutrition and health education to look forward in this area of feeding children in tribal areas of Assam. Feeding children by most of the mothers is quite praiseworthy. Moreover, the practice of children feeding from a separate plate, encouraging them to eat on their own from early age, is also quite encouraging. As such there was not found any food taboo for the children. Some of them restricted rice beer for their children whereas some mothers did not. Regarding growth pattern of children, though more than half of them are healthy, yet malnourishment in varied degrees are also seen. In this regard tribe-wise variations are not much apparent. In this context, this study indicates the scope for research on growth pattern and development in children of tribal areas of Assam. By and large the environmental cleanliness of the villages of the two hill tribes was found cleaner than the plain tribe. Geographical locations contribute to a large extent for cleaner environment of the village of the hill tribes. Moreover, use of latrine was found more among the hill tribes than the plain tribe. In this regard, it can be commented that, although socio-economically the Deoris are in better position, yet their environmental hygiene is poor. As a whole personal hygiene of most of the children of all the three tribes is more or less clean. On an average personal cleanliness of the children of all the three tribes shows not much difference. Most of the mothers give frequent bath to their babies. It would be noteworthy that children of this age group (below 4 years) are cleaner than the older children. Therefore, study can
be done on environmental cleanliness and the health of children above 4 years of age.

The immunization status of the children is not very satisfactory. Only less than half of the children under study were completely immunized. Many cases were discontinued. The people of this study are not found much concerned regarding the scientific protective measures of children by any means. Their mode of protection of children is somewhat different. Many of them, especially the Deoris and the Karbis still believe on evil sprits, ghosts, and other supernatural powers as causative factors for various health related problems and so depend on traditional health practitioners, priests, etc. Interestingly, although the Garos being Christians and having highest literates do not believe on any ritual relating to pregnancy, childbirth, etc., yet some of them are found to be taking treatment and other means of protective measures from traditional health practitioners, incantators, etc., for the betterment of their children's health. However, for treating minor ailments of their children most of them take help from modern medical science. In many cases, their mode of treatments comprises more than one measure. Some of them first treat at home with home remedies and later approach to the doctor if not cured. Most of the Deoris reported keeping offering first and then go to the doctor if not cured. Contrary to this the Karbis occupying third place according to the socio-economic status, not found going to such persons other than medical practitioner. These findings show that, the traditional beliefs and practices are still in vogue among the studied tribes. Data reveals the prevalence of childhood
mortality (0-4 years) of all the three tribes, though it is not much. Tribe-wise variations show that childhood mortality of plain tribe is much lower than that of the hill tribes. More home deliveries by untrained personnel, lack of preventive measures, poor immunization status, etc. may be closely associated with the higher percentage of childhood deaths of the hill tribes. However, the investigator did not find any such major illness among children except some cases of common and minor ailments. That way, more or less tribal children are enjoying good health. The reason may be because of their close attachment to the nature where children are growing away from industrial, vehicular and other means of pollution. Moreover, as they are very much attached with nature, their body would have developed some amount of resistance against minor ailments. Besides, use of some herbs, fruit, leaves and other measures, etc. as home remedies for various illnesses was found. These home remedies are more or less same in all the tribes. As reported by the mothers, many a times these local medicines and home remedies show tremendous result in treating ailments of children. Treating children at home for minor ailments is a pristine practice among all three tribes.

Besides health care of the children, parents of all the tribes are found quite conscious in naming their children early. As such nobody reported performing any name giving ceremony, but the Deoris mentioned of naming their children on the day of purification ceremony after birth. The children get attention, love and affection from all the family members, especially the grandparents. Likewise bonding with the neighbourhood is also quite praiseworthy.
Many times, parents go out for work leaving their children at home depending either on other family members or the neighbour. Their home environments as well as the neighbourhood are neither very strict nor very permissive. Parents allow their children to grow up naturally. It can be commented in this regard that, the attitude of parents towards their children is quite affectionate. They hardly show any rude behaviour to their children of this age group. However, they are not found much aware about the need and importance of devoting extra time with their children in playing, singing, story telling, etc. Probably, this may also be because of lack of time due to workload. Although various play materials were seen, yet the quantity was very less according to children population. Young children usually play with other older children. Moreover, story telling, teaching songs, singing lullabies, etc., were also found very less.

All these findings indicate parents' ignorance towards the need and importance of play and play materials in child rearing. Toilet training to children was also observed lacking in all the tribes, which is a very important part of child rearing.

From these findings of the study the researcher came out with some suggestions, which are given below:

1. Awareness generating activities through various medias, individual counseling by all persons concerned to family welfare activities and proper implementation and monitoring of government schemes and programmes in this area of health must be ensured.
2. Concerned departments, personnel and NGOs working in the area of women and children should work hard in imparting education and to motivate people in regard of all the aspects of antenatal, natal and post-natal care of mothers. In addition, modern health care facilities should be made available to the people within their reach, so that people can avail these facilities easily, especially in respect of antenatal care, hospital deliveries, immunization, etc.

3. Awareness generating activities are strongly felt to eradicate the unhealthy practices of newborn care, such as application of peculiar materials to the navel, introduction of pre-lacteal feed, cleanliness of bed linens, etc.

4. Imparting education to the mothers and adolescent girls on proper and timely weaning with home made complementary food is sought importance. Therefore, personnel concerned especially the functionaries of ICDS are required to stress on it.

5. To improve the growth pattern of the tribal children, need for proper education of the mothers and family members in proper infant and child feeding practices with balanced diet is required.

6. Beneficial home remedies should be reinforced for treatment of various childhood ailments. In addition to parents, the community also should be
educated to avail the health services available. Emphasis must be given on need and importance of complete immunization of children.

7. Parents, family members and also the community be made aware about the need and importance of various aspects of child development such as- creating environment for play, as well as other simulating activities, providing low and no cost play materials, nature of disciplinary measures for canalizing child's behaviour, etc.

At the end, networking with all the three components namely government, NGO and the community in regard of appropriate child rearing practices and also a strong monitoring mechanism for proper implementation of various plans and programmes are felt necessary.