A STUDY OF WORKING MOTHERS IN RELATION TO CHILD CARE PRACTICES AND ROLE CONFLICT

By

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CERTIFICATE I

This is to certify that this dissertation entitled, "A study of working mothers in relation to child care practices and role conflict" submitted for the degree of Ph.D., in the subject of Child Development, of Chaudhary Charan Singh Haryana Agricultural University, is a bonafide research work carried out by Pushpa Sharma under my supervision and that nou part of this dissertation has been submitted for any other degree.

The assistance and help received during the course of investigation has been fully acknowledged.

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CERTIFICATE II

This is to certify that the dissertation entitled, "A study of working mothers in relation to child care practices and role conflict" submitted to the Chaudhary Charan Singh Haryana Agricultural University in partial fulfilment of the requirements for the degree of Doctor of Philosophy in the subject of Child Development, has been approved by the Student's Advisory Committee after an oral examination on the same in collaboration with an External Examiner.

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D E D I C A T E D

In the name of all those people
Who love to care
and care to love
and
To my roots
my parents
in appreciation
Of what they have done for me

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CHAPTER-1

INTRODUCTION

Children are the most crucial human resources of a country and, therefore, require special care and attention right from birth to ensure their healthy growth and development. The first three years of child are very important for the physical, mental and intellectual growth. The qualities, a person imbibes as a child, depends on the care and treatment he gets during early period. Therefore, growing children have to be provided opportunities for the realization of potentialities with love, affection and care. The development of children is thus, influenced by the child care practices adopted by the family and society.

Child rearing practices generally refer to all the interactions between the parents and their children including parent's attitudes, values, beliefs as well as their care taking and training behaviour (Sears et al., 1957). According to Jersild, a child's personality is the product of an interplay between influences in the environment and forces of heredity. Smart and Smart (1966) also held that the unfolding of an individual's potentialities is determined by the type of environment he is surrounded with. The child care practices

include much more than providing a child food, clothing and shelter which are the basic for total development. For proper growth and development of child, the socialization of children should be directed in a way that children acquire the desired qualities for proper personality development.

The goal of all child rearing practices is, to develop among the children, the capacity for adjustment as prescribed by their cultural system and help them to grow into an independent and responsible person who can function effectively within the environment.

The most important experiences towards this occur within the family itself. The adoption of child rearing practices by the parents depends on several factors including their traditions, cultural beliefs, knowledge, education, economic status, etc. People, in general, believe that early development of the desired qualities will help the children to adopt to the social and cultural norms. Hence, they follow the way that satisfies them and societal needs and priorities.

Child rearing practices vary significantly from one group or society to another and may result in different personalities of children. Parental attitudes towards feeding, weaning, sleeping and toilet training convey fundamental messages to children that lay foundation for child's attitude towards self, parents and society. The parents serve as the first socializing agents. Within the family atmosphere, children learn what they are and what is that the parents and siblings expect of them. The parents exert their influence on the child in two important

ways (i) They serve as models the child can imitate and later identify with, (ii) they are the principal sources of reward and punishment in the young child's life which decides what the child will learn and what will not. The environment in which a child is brought up has a vital role in shaping up the character. What children see in the family has practical value in child's life. The impact of environment, though, cannot be noticed immediately, but reveals as one grows and can be seen from the behaviour, values and personality of the child.

The parent - child relations are important in the individual's development. Individuals with warm, loving and democratic relationships during early childhood tend to be more open, cooperative and friendly towards others and also well-adjusted. What parents think about child-care practices has always been both a changing and controversial topic. There seems to be a clear separation of parental beliefs into three classes - (i) Those who believe that children should be permitted to grow freely with little or no restrictions, (ii) Those who are sensitive to children's needs, but who still believe that youngesters need an adult's guidance. (iii) Those who believe that all aspects of children's life need to be firmly dominated by adults.

The mother is part and parcel of every such interaction. Every baby needs "mothering" if he is to develop normally, while mothering means a close, warm and emotionally satisfying relationship with the mother. Mother gives the

children most tender love and smiling care which in fact provides pleasure to the children which in turn gives gratification and satisfaction to the children. The intimate relationship of mother and child provides a child, feeling of safety, security and freedom as well as develops a sense of belongingness. Mother influences a child in various ways. Her characteristics and behaviour influence the child and the child's behaviour also has an impact on her life.

Throughout the world, mothers virtually take the sole responsibility of the care of children. They not only nurse and love them but also feed them, diaper them, dress them, cuddle them, carry them and put them to sleep. However, this process is disturbed when the mothers work outside the home and the children are looked after by the relatives, elder siblings, ayahs and neighbours. The relationship of the children with the working mother assumes a character different from that of children cared by non working mothers. All depends upon the quality of substitute care. The children reared in creches may be devoid of personal tender touch. The individual attention needed for speedy overall development of the child will not be possible in substitute homes or substitute care in homes.

The number of working mothers is increasing considerably. There has been some sudden changes in recent past in our society. People became concerned about more and more comforts, & facilities by availing various opportunities for which they needed more money and the best respectable solution was increasing income through women. Besides economic, another

reason behind women participation in economic activities, was awakening in women for respectful position or status in society and family for which her being an active participant in family income was essential. The third reason was her being educated and need for self actualization. In other words, there is need for recognition for her worth which ultimately leads to the need for achievement. All these factors together forced the women to adopt additional role of earner. Thus, the increasing educational status, high cost of living and the changed norms of measuring one's social status induced women to come out and accept jobs outside their homes. Many women work out of sheer economic necessity to supplement their family income, many work to satisfy their own psycho-social needs. Thus, the role of women in family, society, industry, etc. is being complicated by their dual obligations.

Women's occupational status has always been closely associated with the home and family. There is a clear conflict between the socially approved status of women as a housewife or mother of children on one hand and her new role status as wage earner and more productive worker on the other hand. The question of unmarried women taking up new occupational roles may not involve so much problems as compared to those experienced by the married ones. The former have relatively little family responsibilities. But, when married women take up outside employment, it increases their working time and results in dual functions i.e. one in the home and the other on the job. Home and jobs are two different worlds separated by

the demands they put on the working mothers and both have their own values and codes of conduct. In one role, she has to be tender, soft and submissive and another role demands more active, responsible and submissive / dominating behaviour.

The roles that a woman performs in the home and in the job are invariably causing serious problems of adjustment for woman. The working mother when comes back home exhausted from work is required to attend to the child care as well as domestic chores. The necessity to serve in two capacities results in unbearable strains and fatigue and often leads to feelings of anxiety, helplessness and frustration among working women. If everyone demands and does not cooperate, she is likely to become irritable and angry. As a result, the atmosphere in the home will become tense and uneasy which will affect the child's care and the total development.

The problems encountered by working woman also differ from society to society. Working woman in India faces far more serious problems in combining their two roles as compared to their counterparts in the developed world. The root of her problem lies in the role expected of her by the parent-in-laws, husband and children in matters of looking after household affairs and serving them. In fact, she is not recognized for the sacrifices she does for the welfare of family even at the cost of her home losses. She generally does not claim any share from the additional income which she brings home. If she carries out single handed all the duties of home and job, she outstrains herself. If, on the other hand, she does not carry out her role

as a wife and mother as per the expectations of the family members, She is accused as inefficient and develops a feeling of guilt and finds herself torn between home and job.

There is virtual absence of institutions that can relieve women from her duties of child-care and other domestic work. The working women have only few facilities to depend on such as creches where they leave their children during working time for care. In Indian society, the responsibility of basic care of children and their socialization has always been with the mother who performs most of the tasks. It becomes very difficult for the mother to devote full time on the care of children, particularly, when she is out of home for her job.

The major constraint in this regard are the lack of time and tiredness with the working mothers. Whatever time she is left with, she tries to manage. She is tired, torn and exhausted and tense mother cannot be expected to provide love, affection tender care and enough time to stimulate the children, which in fact, they needed the most.

However, the systematic studies of the role conflict of woman in relation to child-care practices in the organized sector are rare and sporadic. Moreover, such studies in Haryana are almost non-existent. This underlines the importance of such a study . Thus, the present study was undertaken with following objectives:

1. To study the child care practices among working mothers.
2. To ascertain the nature and extent of role conflict among mothers and its effect on child care practices
3. To identify factors associated with child care practices.

Scope of the Study

The present study generates data bearing not only on child care practices but also the role conflict faced by the working mothers. The study includes the working mothers in organized sector for both rural and urban areas. It is expected that the findings of the study will provide some useful guidelines for planning and carrying out programmes for the welfare of working mothers more effectively based on the assessment of their needs and problems. This study would also yield scope for future researchers to explore such critical situations with several other parameters and conducting similar study in other and diverse socio-cultural situations. The finding would be of immense utility for the students of child development also as it provides a detailed information of child care practices followed by working women in rural and urban areas of the selected districts.

Limitations

Being a student research project, the study was carried out in a limited area and small sample. Moreover, the number of parameters of child care and role conflict were kept limited due to time and other resources for the research work. Hence, the generalization of the study will be normally limited to the areas which are similar to the area of investigation of this study. Therefore, applicability of its findings need to be carefully stressed to other parts of the country.

CHAPTER-2

REVIEW OF LITERATURE

A brief resume of past experiences, pertinent to the present study have been incorporated in this chapter. The attempts have been made to record the available literature under the following sub-heads:

2.1 Impact of child care practices

2.2 Child care practices

2.3 Role conflict

2.4 Effect of employment on child care practices

2.1 Impact of Child Care Practices

Munsinger (1971) reviewed the literature and found that the democratic homes, maternal acceleration and a warm positive atmosphere have in general been reported to increase the rate of growth of children's intelligence. Hoffman (1970) and Patterson (1976) found that the emotional relationship between parent and child forms the context in which socialization occurs within the family. Parental love and affection facilitate socialization while parental rejection and hostility facilitate the development of anti-social behaviour. Mussen et al. (1980) expressed that the child rearing is due to one

factor that affects how children are reared, what the parents believe about the basic nature of children and their theory of how children can be moulded into ideal adults.

Mussen et al. (1984) stated that the child rearing techniques that the parents choose depend in part on their beliefs about development and on the qualities they regard as as most important for children to acquire. Garmezy (1983) opined that parental practices must be adapted to the temperament and needs of the individual child. He further added that there was no magically effective child rearing formula. Very often similar family situations get associated with divergent development in children and some children seem to be relatively resistant in the face of adverse environments. Himelstein et al. (1991) in the results predicted that mothers of only children attributed greater importance to child rearing practices as causes of their children's outcome than would mother's of multiple children.

Thus, from the above studies, it can be concluded that different child-care practices cannot be considered better or worse but rather reflection of the cultural specific needs and goals, though they are responsible for development of specific behaviour patterns in later life.

2.2 Child Care Practices

It has been established that child care practices are important in the overall development of the child. Now it is necessary to find out the ways in which parents handle various

dimensions of caring practices. There are number of such areas but under the present endeavour, the following seven areas have been selected as per the requirement of the study mentioned in the methodology (Chapter-3). The studies related to various representative areas of child rearing practices have been presented as under:

2.2.1 Feeding and weaning

2.2.2 Bathing

2.2.3 Toilet training

2.2.4 Sleeping

2.2.5 Immunization and health

2.2.6 Gross motor skills (sitting and walking)

2.2.7 Language skills (speech practices)

2.2.1 Feeding and weaning

Feeding and weaning are two important aspects which are directly related with growth and overall development of child.

Rao (1969) reported that breast feeding continued upto 2 years for 90 per cent of the children and upto 5 years for the rest. In general, supplementary feeding started earlier and breast feeding stopped earlier for the urban as compared to the rural child. Sanjur (1969) studied 125 village women and observed that weaning habits were strongly correlated with familial, social and cultural factors. A significant negative correlation between mother's age and the weaning period of her youngest child was also observed. He also found that the older mothers weaned later though there was trend to shorten breast

feeding period and accept bottle feeding. Kakar and Deulkar (1971) observed that prolonged breast feeding was practised by both urban and rural mothers, approximately two and half years for urban and three years for rural children.

Madhok and Deulkar (1970) reported that majorityof women of high caste, high class with higher education background, started feeding their new borns after 48 hours of the delivery, but in low castes and low class, it was started after 72 hours. However, low caste and low class women were more permissive as compared to high caste and high class women. Rural women, in general, were more permissive in their child care practices.

Gopalan (1972) reported that sugar and water were most common first feed given to a new born. Some gave juices of herbs or water and jaggery whereas all the mothers believed that colostrum was not good. Baby was put on breast on third day after mother had a bath. Poor people continued breast feed for 2-3 years and upto 4 years in few cases. Breast feed was not supplemented with cow's milk because they believed that breast milk was enough. The prevalent reasons for supplementation were inadequacy of breast milk. Solid foods were introduced usually after two years. Datta and Narwal (1973) reported that immediately after birth a substance known as 'Ghutti' was given to new born. Majority of infants were put on breast by 13-14 hours after delivery except small percentage of infants belonging to Harijan community who were put to breast after 48 hours. Sethi et al. (1973) found that 50 per

cent of the subjects started bottle feeding by second semester, whereas by the end of one year almost all the children were getting bottle feeds. Devadas et al. (1977) recorded the weaning age of 175 South Indian infants and reported that 9 per cent of total infants were weaned completely between 9 to 12 months due to inadequate breast milk or onset of next pregnancy. Khan (1978) conducted a study of child rearing pattern in 50 middle class Muslim families and revealed that feeding was not on demand but as per fixed schedule. By one and a half years, the children were weaned completely and supplementary food were started.

Singh (1978) reported that in joint family when the child is born the responsibility of its rearing rests with elders who are around the child most of the time. The mother feeds the child when it is hungry. The child learnt to grow in the company of grand parents and inculcates in them their values, ways, manners, etc. In nuclear families, the parents themselves have to look after their children with the results the child has direct contact with his parents.

The breast fed children grow at the same rate all over the world upto the age of 4 to 6 months. After this age, the mother's milk alone is no longer sufficient and complementary semi-solid or solid foods should be introduced. Particularly in low income areas, the infants growth begin to falter at this age and it falls below the reference pattern of the well-fed (WHO Report, 1981).

Agarwal (1982) studied the pattern infant feeding practices in different segments of the population and revealed that breast feeding span is greater in poor families as compared to rich ones and supplementation also started late in poors.

Bahl and Singh (1982) conducted studies on 400 families of Shimla (H.P.) and observed that 82 per cent of infants were given first feed within 6 hours of birth and 100 per cent of mothers breast fed their babies. Majority of mothers breast fed their babies upto two years but 54.5 per cent of mothers breast fed upto the age of two and a half years. Kalra and Dayal (1982) found that all the mothers preferred breast feeding at birth. Mothers of higher educational level and socio-economic status were most likely to stop breast feeding at the age of 6 months. Breast feeding was continued due to tradition rather than any awareness of the advantages of breast feeding.

Thimmayamma and Rao (1982) studied the prevalence of breast feeding and related socio-economic factors. Results showed that the growth of 3-6 month old infant would be better on breast milk. However, 20 per cent among the urban elite and 10 per cent among the middle class considered that breast feeding and bottle feeding were equally good.

Devadas et al. (1984) found weaning foods based on local food available resulting in better growth as measured in terms of height, weight, arm and chest circumferences. Gopalan (1984)

found that 78 per cent of infants were given pre-lacteal feed (fluids like honey, boiled water and jaggery) before being put to the breast. The delay in putting children to the breast reduced the chance of establishing and sustaining exclusive breast feeding.

Ramachandran (1984) reported that early introduction of supplements before six months of age is not associated with any beneficial effects on infant growth. It is possible that it may result in reduction in sucking stimulus and thereby reduction in milk output. Introduction of supplements to infants before six months of age is associated with shorter duration of lactation and shorter duration of lactational amenorrhoea and inter pregnancy intervals.

Melleshi et al. (1986) formulated weaning foods from blends of cereals/millets and legumes. The weaning food had protein deficiency ratio ranging from 2.6 to 2.8 and were found to be acceptable. Dodd and Dutta (1988) studied the effect of socio-economic level on the infant weaning practices in Maharashtrians and revealed that in the high income group, infants are weaned earlier as compared to middle income group or low income group. However, in none of three economic groups did the weaning start before four months of age. Most of the high income group infants enjoyed a variety of foods as weaning foods. Cereals and pulses preparations were found to be common among the three group with the large number of women from low-income group.

Ray and Reddy (1988) revealed that most mothers started breast feeding on the third day, followed by mother who fed on second day and lastly mothers who fed on fourth day. However, colostrum was not given. Average of total duration of breast feed was 16.86- $^{+}$8 months. Bhardwaj et al. (1991) also reported that majority of women breast fed their new born on 2nd or 3rd day and none did so on the day of birth. Only 11.8 per cent of women gave colostrum to their infants. Chaudhari and Chatterjee (1991) also revealed that mothers started breast feeding on third day and considered colostrum harmful. The supplementation started after one year of age. Kar and De (1991), however, reported that half of the mothers started breast feeding within the first 24 hours after delivery and educated mothers delayed the breast feed and gave the feed for less duration as compared to the less educated.

Kaur (1991) found that in all cases, mother's milk was given to the child on the third day. During the in-between period, 52 per cent gave top milk, 30 per cent gave molasses, 6 per cent gave honey and 12 per cent did not give anything to the child. Naseer et al. (1991) found that mean duration of breast feeding was 11.2 months and showed that all the three maternal variables (age, parity and education) had significant effect on duration of breast feeding.

2.2.2 Bathing practices

Bathing is an essential part of hygenic practices. A daily bath is a honoured tradition in our culture. It is also a

pleasant experience for the baby. Devadas and Jaya (1984) recommended that the bathroom should be kept warm and clean and soap should always be completely and carefully removed while bathing. Bathing gives freshness to the body and mind. It is a common practice in our tradition to give bath to a child after a good massage, leading to a good and sound sleep to the baby.

Bhogle (1978) reported that bathing is something very close and intimate within our culture. Differences in the frequency of bathing the child stand out as the foremost one. There are also differences with regard to material used to bathe the baby. Bathing practices seem to be varying in their frequency with the age of the child (Khan, 1978).

2.2.3 Toilet training

Toilet is one of a number of ways in which parents deal with children in terms of handling their own bodies and also handling the needs for autonomy.

Smart and Smart (1966) found that toilet training is accomplished more quickly when begun later, rather than earlier in infancy. The mother's personality especially her warmth or coldness is a factor in success. In toilet training, the mother required the child to substitute a more mature form of behaviour. Strafield (1972) observed that 3.0 per cent of 6 and 7 years old and 3.0 per cent of 13 and 14 years old children were still wetting their beds more than once a month. Bhoota (1976) regarding toilet practices found that mothers who had education upto matriculation have started their child training at the age of 3 months.

According to Latham et al. (1977) bowel training should begin before bladder training since the number of stools a day is fewer than the number of times the child urinates. Very good control is achieved at about 20 months of age. Toilet training should be started by the end of the first year when the infant is psychologically and physiologically ready for some training. McCandless and Trotter (1977) viewed toilet training as a very important aspect of child rearing. Feeding behaviours as well as evacutive behaviours are based on built in reflexes. The basic aim of training is only to regulate the activities according to time and place. Bhogle (1978) observed that mothers from low income groups started toilet training late and adopted less severe method. Middle class mothers started toilet trainingn earlier and completed later than lower class mothers.

Pai (1978) reported that severe form of emotional disturbance was a major factor in bed wetting and it was more common in children coming from lower socio-economic group. Nelson (1979) reported that bed wetting occurred more frequently in boys than girls and become less common as the child approaches puberty. Illingworth (1979) noticed that babies usually empty the bowel or bladder immediately after a meal. They can be conditioned at any age (e.g. 9 months or 10 months) to empty the bladder when placed on the pottie. Apart from constitutional factors, the pre-natal management had considerable bearing on the age at which control was learned.

2.2.4 Sleeping

For normal development, a child needs the right amount of sleep for his age and the opportunity and benefit from the natural element, air, sunlight and water. Good sleep means good physical and mental health.

Bhogle (1978) viewed an ideal sleep as one in which a child goes to sleep without much difficulty, sleeps deeply and soundly throughout the night without waking up. Madhok and Deulkar (1970) pointed out that majority of children slept with one of the members of the family. Breast feeding was used as a means to put them to sleep. A case where opium was given to induce the sleep was also observed. Healy (1972) reported a large individual difference in sleep requirements. The duration of night sleep averaged 11-12 hours ranging from less than 8 hours to more than 14 hours. The daily sleep requirements decreased as a child progressed from infancy to school age.

Bhoota (1976) studied the sleeping habits of children and found that there were 6.0 per cent who continued to share the mother's bed, though they were more than 4 years old. About 8.0 per cent were sharing parents bed room though they had separate beds. Berg et al. (1979) said that most obvious thing about the daily life of infant is that they spend a large part of their time in sleeping. The new born baby spends an average of 10 to 18 hours in the sleeping state.

2.2.5 Immunization and health

Immunizing a child against five diseases is the most essential component of child's health caring. Now, there is lot of stress on it and people are also getting awared of its necessity.

Agarwal and Verma (1983) revealed that mothers of urban high income groups had followed immunization practices appropriately (94%) whereas 68 per cent mothers of urban low income group had deviated from the prescribed norms. In case of rural mothers of high group, this practice was somewhat appropriately followed (32%), however, rural mothers of low income group had not at all followed this practice (36.0%). Lumbert (1989) suggested that children from birth to one year should be weighed every month and during second and third year, atleast every alternate month.

Susheela et al. (1991) reported that half of the eligible age groups have been protected by immunization against diseases. Households of upper caste families, joint families and those with bigger land holding were more likely to immunize. Tripathi et al. (1991) revealed that awareness existed among mothers as to by when she should start immunization in their chidlren so that primary immunization could be completed by the first year of age.

2.2.6 Gross motor skills (Sitting and walking)

Besides fulfilling the basic needs, parental care is also required regarding preparing the child for further muscular development. There are number of motor skills that are built

during the course of development. However, in present study, the two selected skills are sitting and walking.

Experimental studies of motor development have revealed that there is normal pattern of achieving muscle control and have indicated the ages at which the average child is able to control different parts of body. The baby sits with support at 5 months and without support at 9 months of age. The standing skill is acquired at 8th month when the child can stand with support. Standing without support is accomplished at 11th month of age. Walking with support is acquired at 11th month and without support at 12-14 months of age (Bayley, 1968 and Benjamin et al., 1971).

Pathak (1971) revealed that babies could sit with support at 5 months of age and sit alone at 8th month. They could stand up by support at 11th month, stand alone at 16th month and walk at 18th month. Burnett and Johnson (1971) and Zelazo et al. (1972) reported that when the baby first starts to walk with support, the steps are short and erratic. They increase in length untill the baby is about 15 months old. Noticeable changes are also apparent in the width of step. In early stepping, the toes of the two feet are approximately 5 centimeters apart and the heels do not touch the floor. When the baby begins to walk without support, the width of steps increases sharply.

2.2.7 Language skills (Speech practices)

Many cognitive developmentalists like Jean Piaget have stressed that the development of language is the essential component of cognitive development which benefits the child in developing appropriate concepts of the objects for use in various mental skills.

Studies show that some babies begin to babble as early as first month of life. After that there is rapid increase with a peak between the sixth and eighth months. Then, babbling, gradually gives way to the use of words. However, some babies continue to babble into the second year (Bar-Adon and Leopold, 1971; Kaplan and Kaplan, 1971).

Dodd (1972) and Routh (1969) observed that how much babbling babies do and how soon they abandon babling in favour of speech would be greatly influenced by how much they are encouraged to babble. When people babble to them and give them new babbling models to imitate, babies not only babble more than those who lack such stimulation, but even more important is they learn a large reportaire of babbling sounds. Cormican (1976) found that the specific language that a child will develop is determined absolutely by his envoronment.

Kastelova (1976) found that mothers' educational level, family income and size, as well as parental age as important factors in the development of a child's linguistic skill.

Chatterjee et al. (1981) studied language development in rural and urban children of both sexes and found differences in development of language skill in rural and urban children.

Gunter (1986) explored one aspect of the home environment that appears relevant to language development and subsequent reading readiness of non-employed and employed mothers.

Falco (1987) investigated the role of the social linguistic environment in chidlren's language development and found that concurrent with the introduction of treatment, there was progressive development. The positive relationship shows that proficiency in one will affect the achievement of the child in other fields.

From the above studies, it can be summarized that people differ in their way of handling the children. The different child care practices adopted by the parents is reflection of cultural beliefs, taboos and their general awareness towards these practices.

2.3 Role Conflict

An increasing desire among educated women for achievement and self expression on one hand and pressing economic needs on the other, are in conflict with their duties and responsibilities towards family. Such conflicts may be detrimental to child's development.

Kapur (1970) concluded that an employed wife makes marital interactions a little more complicated and creates problems of adjustment in the family because of her multiple roles coming in conflict with her expected and actual conduct.

Nair (1970) reported that there is always conflict arising out of the dual responsibilities. One phase has to be

neglected in order to maintain the other and it is always home which is hard hit. A high competence of both these roles usually places considerable strain and often leads to feelings of anxiety, helplessness and dissatisfaction among women. Bhatti (1971) pointed out the problems faced by educated working women in India. The women have to leave the children at home in the care of others in her absence. With the joint family dying out and servants being scarce, the problem is becoming more difficult. Where servants are available, the child is cared by uneducated person instead of the educated mother.

Singh (1972) studied the women's two roles - career and family. Out of these women, the majority were greatly dissatisfied with the time they devote to their children. Motives to seek employment and role conflict were closely related as those women who worked simply because they get bored at home or because it gives them a sense of economic independence, did not perceive their employment interferring with child care responsibilities irrespective of the age of children or child care attendants.

Brinbaums (1975) in a study compared educated full time mothers with employed mothers. The full time mothers had lower self esteem, felt less competent and less attractive and expressed more feelings of loneliness than their professional counterparts. Chakravarty (1977) in her study of women farm labourers, pointed out that in rural areas there was no proper recognition and appreciation of the role performance of women.

The concept of man's superiority had made women subservient and the same is being maintained inspite of women's expanding role in economic development. Working mothers face a number of difficult situations in combining their traditional role as nurturer with newly emphasized professional roles. One difficulty is that maternal employment sometimes shifts child care and household responsibilities from wife to husband and this may cause marital distress. The second problem is shortage of adequate infant day care centres. The cultures where parental support systems are bleak, a transition from home to job for most working mothers is not smooth (Craig, 1979).

Majumdar (1979) suggested that any improvement or increase in employability of women may result in the withdrawl of social taboos, but may simultaneouly increase the women's work burden. Nelson (1979) observed that there was more dissatisfaction from house work than in jobs in New Jersey. Although some women thoroughly enjoyed house work but in general, there were more complaints about house work rather than the jobs. Jobs gave them satisfaction in terms of autonomy, freedom from routine domestic work and handsome pocket money.

Malhan and Gilbert (1980) found that variations in spouse support, work commitment and the nature of job situations contributed to the extent to which married working women with children experienced role conflict. Spouse support was the crucial variable for the reduction of role conflict of women.

Mies (1980) reported that although employment has propelled many women out of domestic sphere, it has not brought about radical changes in societal attitude particularly those of men. Her professional role clashed with her family role since the later has not undergone any basic change. The physical and mental burden is great in the case of women who live in nuclear families.

In one large study, over one-third such couples reported severe conflicts in their attempts to meet both work and family responsibilities (Pleck and Staines, 1982). Conflicts were a result of job demands, work hours, scheduling conflicts between home and work responsibilities and family crises. Although both men and women experienced conflicts, but women reported higher levels of conflict between work and the family. Women often report a very realistic work overload. Excepting a few families, the main burden of such duties fall on the wife (Maret and Finlay, 1984; Rapoport and Rapoport, 1980).

Moss (1983) found that employed mothers are a very disadvantaged group of workers on almost all criteria, including job status, pay conditions of employment and future prospects (in U.S.A.). He further reported that these mothers face undue tension, strain and other difficulties in attempting to combine work and family life. Paranjpe (1986) revealed that there is a feeling of guilt present in the minds of employed mothers. They feel that their children do not have the kind of training in culture, tradition and good manners, which they

themselves had to possessed. Employed mothers also expressed that they were unable to satisfy their natural desire to watch children growing and felt that they were failing in their duty. Mescarenhhas (1988) found that important reason is women's education which has motivated women to use their education outside the home. It revealed that 63 per cent of married women are working to supplement the family income, while 10.85 per cent took the jobs because their husbands could not secure one.

Different studies on role conflict of women indicate that working women have to face more problems due to their involvement in dual work i.e. home and job. The studies indicate that most of working mothers are in conflict with their dual role, however, they were still managing at their own cost.

2.4 Effect of Employment on Child Care Practices

Desai and Oke (1957) studied the effects of employment of married women on the children in Bombay and found that the problem of day care for the children was very acute and was felt by most of the respondents. Only in a few cases husbands shared the responsibilities of child care. Mother, who is satisfied with her role, whether she is working or non-working, is more adequate as a mother than the mother who is dissatisfied. While the satisfied non-working may be slightly more adequate as a mother than the satisfied working mother. The least adequate is the dissatisfied non-working (Yerrow et al., 1962).

Hoffman (1970) pointed out that in order to compensate for time taken away from their families, working mothers often spend more time in positive interaction with their children than non-working mothers. Kapur (1970) found that in middle class families, children of working mothers are more independent, self reliant and confident than the children of those women who are not employed. In lower class families, girls of working mothers had a strong and sentimental family ties.

Woods (1972) stated that children of working mothers generally have higher self-acceptance and personal adjustment than non-working mothers. The employment of the mother does not seem to hinder the child's social achievement. Working mothers who dislike their jobs were less involved with their children yet their children were often independent and assertive. Children whose mothers enjoy working were reported to have higher self esteem and personal adjustment. If the mother successfully combines family and career, her children seem to have more liberated emotions. Woods (1972) and Etaugh (1974) observed that the supervision of the child, while the mother's working is relevant particularly to the child's intellectual development. Unsupervised children tended to experience much greater impoverishment than those who were supervised.

Many of the children of working mothers have been found to be superior in terms of cognitive and social development to the children of non-working mothers. Data obtained from studies

of the children of working mothers has suggested that these mothers tend to compensate for their absence by interacting more with their children when they are at home (Hoffman, 1977).

Kagan and his colleagues (1978) found that in interactions with their pre-school children in the home, working class mothers uttered a prohibition a 'no' 'don't' or "stop' - every five minutes' in contrast with middle class mothers, who restrained their children only once every 10 minutes. In addition to intruding more on their children's activities, lower class mothers were less likely to offer reasons for their punishments or restrictions. Craig (1979) stated that the fact that a mother's work is neither good nor bad in itself. The impact of the mother's job on her children depends on many things like the child's age and sex, the mother's occupation and attitudes toward individual personalities of family members.

The way a woman feels about her job may affect her family's adjustment to her working status. Job satisfaction often 'spills over' into the working women, especially if the women have high status jobs. This often enables families to better adjust to the limited flexibility and time as well as to the increased pressure in the dual career family situations (Piotrkowski and Christoph, 1981).

Increased employment of women has intensified the tensions that exist between work and family. They are considered harmful for the family (Moss, 1983). Employed mothers' positive motivation for working, low role conflict and

gains in self worth were all associated with mothers' favourable descriptions of their chidlren. Maternal higher educationw as found to be powerful mitigator for possible negative consequences for children whose mothers were working from financial necessity or were experiencing role conflict (Alvarez, 1985). Easterbrooks and Goldberg (1985) conducted observations on qualitative dimensions of time allocation and child rearing attitudes. Maternal employment was not related to toddlers outcomes. It was related to time mothers spent with their children and to some child rearing attitudes and behaviours of fathers and mothers.

A greater proportion of infants whose mothers worked outside the home were assigned to the category "insecure avoidant" as compared to infants whose mothers remained in the home throughout the first year of life. The association between attachment quality and work status was significant for only first born children of full time working mothers (Burglow and Vaughn, 1987). However, Chase and Lindsay (1987) found that no relation emerged between maternal work status and the quality of infants attachments to their mothers. A significantly higher proportion of insecure attachments to fathers in employed mother families was found for sons but not for daughters.

Foon (1988) found that mothers employment outside the home was associated with low preference for science subjects among males while for females, mother's employment status was associated with high preference for mathematics and a

favourable attitude to doing well in school. Further, Mills *et al*. (1988) found that infants develop best if cared for at home by their own mothers, but increasingly more families are unable to provide this type of care.

It can be summarized that employment of women has both positive and negative effect on the development of child. Further, the job satisfaction has direct bearing on quality of child care.

CHAPTER-3

METHODOLOGY

This chapter contains details of relevant information pertaining to research design and other methodological steps adopted for the present investigation. The research procedures so followed have been distinctly described under the following sub-heads:

3.1 Locale of the study

3.2 Sampling procedure

3.3 Variables and their measurement

3.4 Construction of interview schedule

3.5 Field procedure and the data collection

3.6 Statistical tools and analysis of the data

3.1 Locale of the Study

The study was carried out in Haryana state by covering two districts Rohtak and Mohindergarh (Fig. 1).

3.2 Sampling Procedure

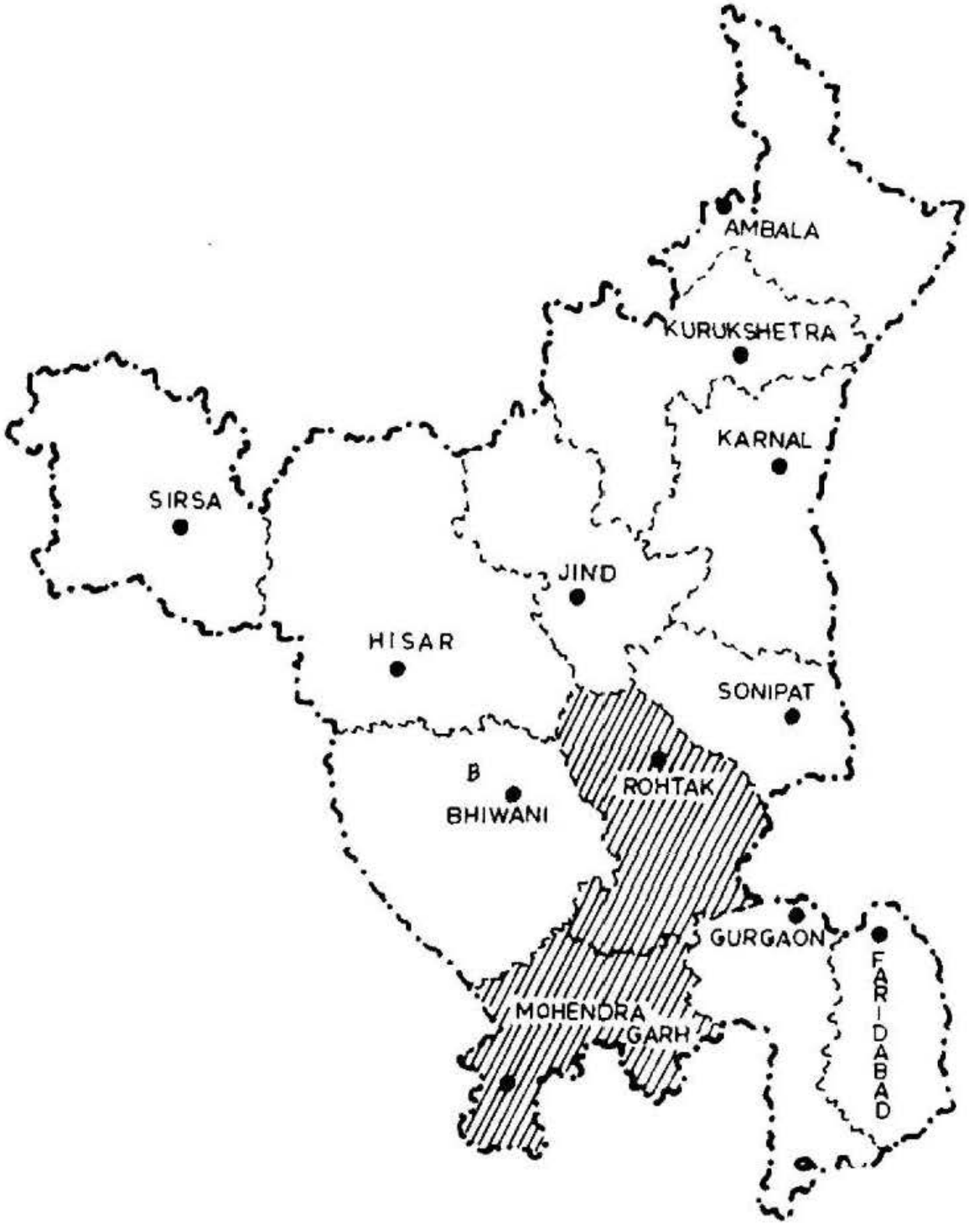
The sampling procedure adopted for the study is presented in Fig. 2.

3.2.1 Selection of districts

As per the requirements of the study, two districts namely, Rohtak and Mohindergarh were purposively selected on

Fig.1

MAP SHOWING SAMPLED DISTRICTS OF HARYANA



the basis of literacy level, one district having the women literacy rate above the State average of women literacy and another below the State women literacy level. Both the districts were selected randomly without any other consideration.

3.2.2 Selection of sample area

Keeping in view, the nature of the study, both rural and urban areas were selected.

3.2.2.1 Selection of block

One block namely Rohtak from Rohtak and Kanina from Mohindergarh district were selected randomly out of nine blocks from Rohtak and five blocks from Mohindergarh (Appendix IX).

3.2.2.2 Selection of villages

Keeping in view the limited availability of working mothers in rural areas, a cluster of 14 villages from Rohtak block and another cluster of 16 villages from Kanina block were selected randomly (Appendix X, XI).

3.2.2.3 Selection of urban area

Considering the limitations of the researcher, the district headquarter of Rohtak (Rohtak) and Mohindergarh district (Naurnal) were selected to form urban respondents to meet out the requirements of the study. There was no any another consideration behind selection of these areas.

3.2.3 Selection of the respondents

As it was proposed to limit the study to working women in the organized sector, the two departments namely education and

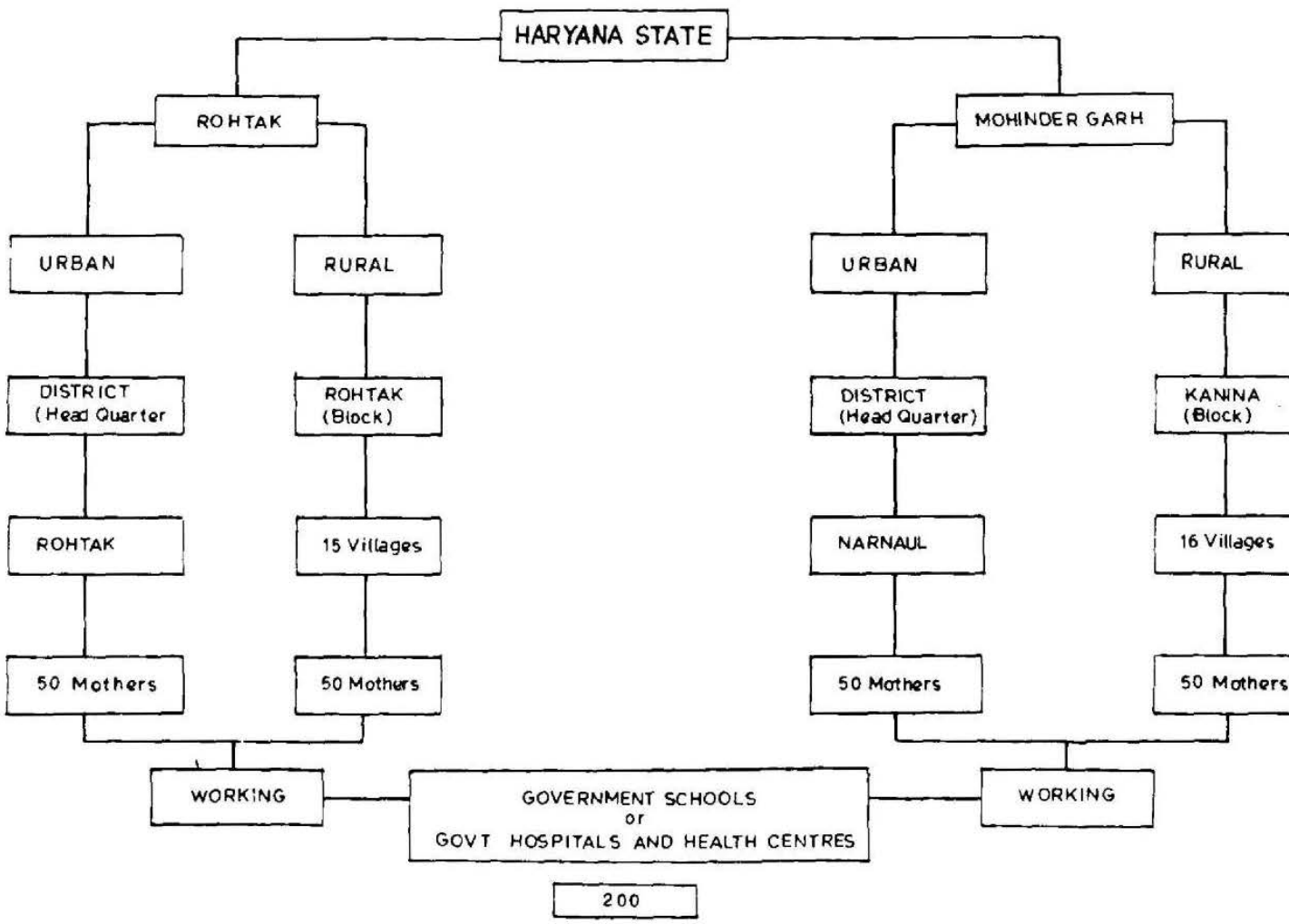


Fig.II. SAMPLING PROCEDURE ADOPTED FOR THE STUDY

health were considered for selection of the respondents. More number of women and employed in these two departments. Moreover, the service facilities of these two departments are commonly available in rural and urban areas.

The working mothers having atleast one child not more than three years of age were selected from rural and urban areas. A sample of 50 working mothers each from rural and urban areas by covering the two districts was drawn randomly. Thus, a total sample of 200 mothers constituted the ultimate sample for the study.

3.3 Variables and their Measurement

The dependent and independent variables of the study are enlisted below.

3.3.1 Measurement of dependent variable

For the purpose of present study, the child rearing practices have been operationally defined as the process by which parents interact with the children and lookafter them as their care-taker and train their behaviour in specific areas, viz., feeding and weaning, bathing, toilet, sleeping, immunization and health, sitting, walking and speech.

In order to study the existing pattern of child care practices, a structured schedule on each of the above mentioned areas was developed. Further for computing the level of each practices, the responses, so obtained on each practices were compared with the standards laid by Mason and Swash (1980). On the basis of comparison, relative scores were assigned. The

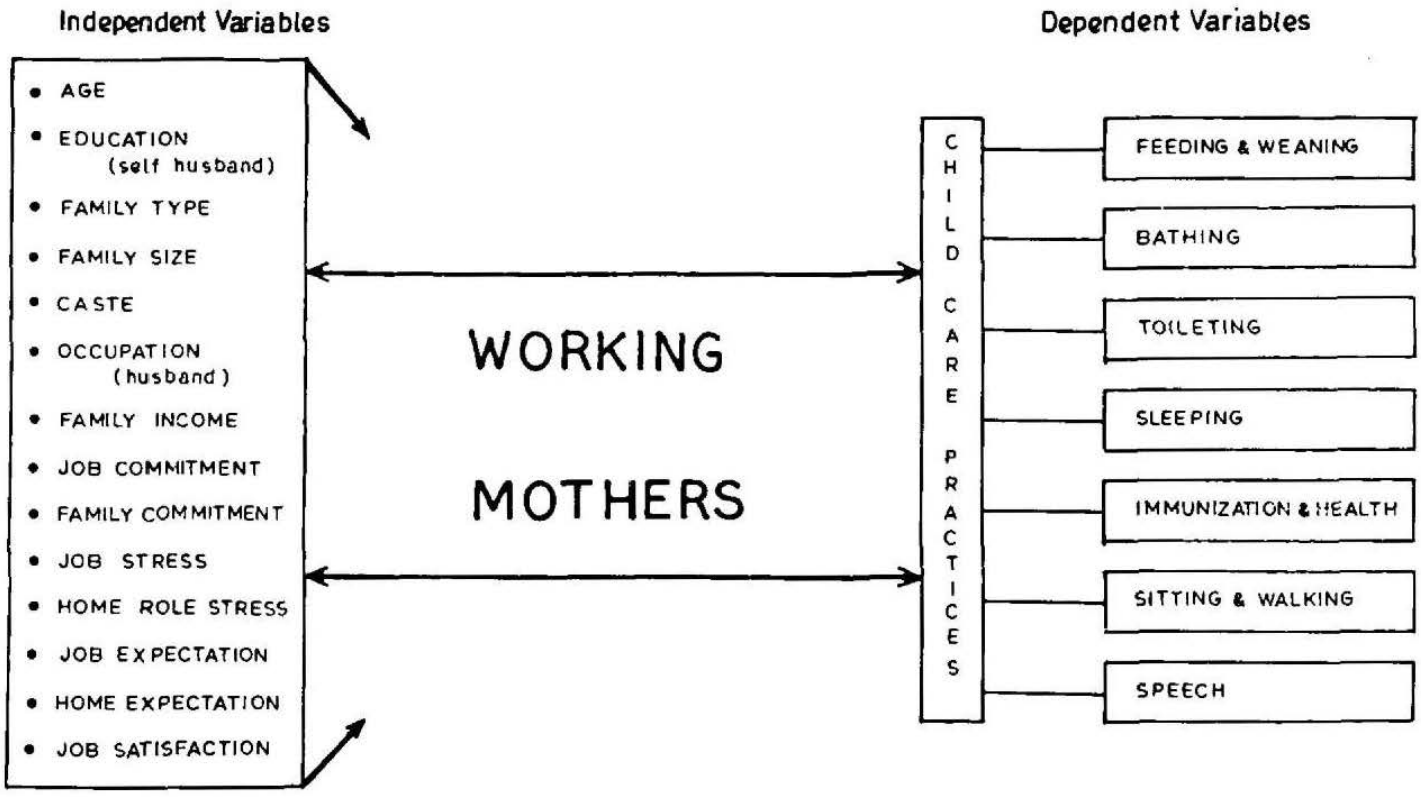


Fig. III. CONCEPTUAL MODEL OF THE STUDY

range of scores was divided into three categories i.e. low, medium and high. The cut points for these categories for each practice have been shown in Table 10,13,15,18,21,23 and 15.

3.3.2 Measurement of Independent Variables

The personal, social, economic and psychological variables, i.e., age, education (self), type of family, family size, caste, occupation (husband), occupational involvement, family income, job commitment, family commitment and also the role conflict variables viz., job stress, home role stress, job expectation, home expectationn and job satisfaction were the independent variables included in this study.

(a) Personal Variables

(i) Age: Age was operationalized as the number of full years completed by the respondents at the timem of inquiry. Thus, chronological age of the respondents was taken into consideration and categorized into four viz., below 20, 21-25, 26-30 and 31-35 years. These categories were given numbers as 1, 2, 3 and 4, respectively.

(ii) Education: Education was operationalized as the number of years of formal education. The different educational levels i.e. primary, middle, matric, intermediate or +2, graduate and postgraduate were given scores according to the modified Socio-Economic Status scale (SES) by Trivedi (1963).

(b) Social Variables

(i) Type of family: Type of family means whether it is nuclear or joint. Nuclear family is composed of members of only

Table 1. Variables and their measurements

S.No. Variables	Measurements
Independent Variables	
1. Personal	
a. Age	Modified Trivedi Scale (1963)
b. Education (self)	-do-
c. Education (husband)	-do-
2. Social	
a. Type of family	-do-
b. Size of family	-do-
c. Caste	-do-
3. Economic	
a. Occupation (husband)	-do-
b. Occupational involvement	Index developed
c. Family income	Index developed
4. Psychological	
a. Job commitment	Scale developed by Jauch (1978)
b. Family commitment	Index developed
5. Role conflict	
a. Job stress	Index developed
b. Home role stress	-do-
c. Job expectation	-do-
d. Home expectation	-do-
e. Job Satisfaction	Modified scale by Verma (1987)
Dependent Variables	
1. Child care practices	
a. Feeding and weaning	Structured interview schedule was developed
b. Bathing	
c. Toilet	
d. Sleeping	
e. Immunization and health	
f. Gross motor skills (Sitting and walking)	
g. Language skills (Speech)	

one person and includes minors and dependents. Joint family refers to one which is constituted of two or more brother's families. These types of family were operationally measured by SES scale of Trivedi (1963).

(ii) Size of family: The family size was operationally defined as the total number of members in the family. It was measured by in three categories viz., small, medium and large. Relative scores were assigned as per the scale mentioned above.

(iii) Caste: The caste refers to the class or distinct social hierarchy existing in society. The caste of the respondents was measured by the SES scale of Trivedi (1963). It was classified into three - lower, middle and higher. The lower caste include Dhanak, Bhangi, Doom, Jhimar and Dhobi; middle include Lohar, Khati, Kumar, Darji, Nai, Sunar, Ahir and higher caste included Brahmin, Jat, Baniya, Rajput and Bishnoi. Relative scores were assigned for these caste categories.

(c) Economic Variables

(i) Occupation: This refers to the occupation of husband which is his main source of income. It was divided into six categories viz., labour caste, occupation, business, independent profession, cultivation and service. The scoring procedure was followed as per the SES scale of Trivedi (1963).

(ii) Occupational involvement: It refers to number of years devoted in service by the respondents. Index was developed to measure this variable. Respondents involved for less than 5 years were assigned the score of one, those between

5-10 years were given the score of two and above 10 years were assigned the score of three.

(iii) Family income: This means the net revenue or profit to the family from job, investments or other profession. it was categorized into five categories viz., Rs. 1500-2000, Rs.2000-2500, Rs. 2500-3000, and Rs. 3500-4000. Relative scores of 1, 2, 3, 4 and 5 were assigned.

(d) Psychological Variables

(i) Job commitment: Jauch et al. (1978) defined professional or job commitment as the psychological bond between the individuals and the job or profession. It refers to individual's motivation and the willingness to be involved in any job or profession. In the present study, it has been operationalized as one's involvement in the activities of the profession. This variable was measured and quantified with the scale of Jauch et al. (1978).

(ii) Family commitment: It refers to the mutual sense of belongingness towards a family. It is the bond which is established between the individual and the family. It provides a sense of security to persons in a relationship. Here, it has been operationalized as the involvement in the activities of one's family.

This variable was measured through an index consisting of 13 statements. Responses were sought under three categories viz., very important, important and least important. The positive statements were assigned the scores of 3, 2 and 1, respectively while for negative statements, the scoring pattern

was reversed. On the basis of scores obtained, three categories viz., low, moderate and high rate were formed.

(e) Role Conflict Variables

A role is the pattern of actions expected of a person in activities involving others. It is a type of behaviour pattern, structured around specific rights and duties and associated with a particular status position within a group or social situation. A person's role in any situation is defined by the set of expectations for his/her behaviour held by others and by the person himself/herself.

When others have different perceptions or expectations of a person's role, that person tends to experience role conflict, because it is difficult to meet one set of expectations without rejecting another (Davis, 1981). Role conflicts are caused by the acceptance of two (or still more) roles to which different sets of expectations are laid.

Here, it has been operationalized as the conflict caused due to acceptance of two roles i.e. home role and job role.

To measure the extent of conflict faced, five variables viz., job stress, home role stress, job expectation, home expectation and job satisfaction were taken. Responses on three categories were obtained on all these variables. Then, relative scores of 3, 2 and 1 were assigned for positive statements and vice-versa for negative statements. The scores of all these variables were merged and on the basis of range of the scores three categories viz., low, moderate and high were formed.

(i) Job stress: Stress is a condition of strain of one's emotions, thoughts, processes and physical condition. It is a general term applied to the pressures people feel in life. As a result of these pressures, employees develop various symptoms of stress that can harm their job performance (Davis, 1981). Job related stress mostly originate from the physical working conditions of the job, time constraints, lack of feedback and various role defined factors such as degree of clarity and conflict concerning appropriate work behaviour. Thus, work overload, time pressures, poor quality of supervision, inadequate authority, too much responsibility and role ambiguity put employees under pressure leading to stress.

For the present study, job stress has been operationalized as the psychological and/or physical state of working mothers who fail to successfully master a stressful situation. A stressful situation occurs when there is a substantial imbalance between demands imposed upon him/her by the environment and his/her ability to cope with these demands.

To measure this variable, index was made consisting of 25 statements. Responses were sought on three categories viz., agree, undecided and disagree and on the basis of scores, three categories viz., low, moderate and high were formed.

(ii) Home role stress: Stress is caused when there is substantial imbalance between demands imposed upon him/her by the environment and his/her ability to cope with these demands.

Home role stress has been operationalized as the psychological and/or physical state of working mothers who fail to successfully master the home roles and responsibilities.

It was measured through an index comprising of 30 statements. The responses were obtained on three categories viz., agree, undecided and disagree which were given the scores of 3, 2 and 1 (in case of positive statements) and 1, 2 and 3 (in case of negative statements), respectively. On the basis of scores, three categories viz., low, moderate and high were formed.

(iii) Job expectation: It refers to the entire set of responses or behaviour anticipated and desired in relation to a certain job. Here, in this study, it has been operationalized as the respondent's expectations of herself as well as the expectations of others related to job.

It was measured through an index comprising of 13 statements on three response categories viz., agree, undecided and disagree and relative scores of 3, 2, 1 were assigned. Three categories viz., low moderate and high were formed on the basis of score range.

(iv) Home expectation: It refers to the responses or behaviour anticipated and desired in performing home role and responsibilities by the respondents. It has been operationalized as the respondents' expectations of herself as well as the expectations of other family members in performing home roles and responsibilities.

An index of 13 statements was prepared to measure this component. Responses obtained were assigned relative scores and on the basis of score range, low, moderate and high categories were formed.

Job satisfaction

An extensive review of studies on job satisfaction was conducted by Laharia (1978). He concluded that:

1. It reflects internal psychological state of heart and head
2. It is perception based
3. It indicates the gap between one's expectation and achievement. lesser the gap, higher is job satisfaction
4. It is multi-dimensional in nature i.e. it is the resultant effect formed by different aspects associated with either the job itself or performance of job

So, it is the favourablenss or unfavourableness with which employees view their work. In the present study, it has been operationalized as the degree of satisfaction or dissatisfaction of the respondents on various important job areas and job related aspects.

This was measured and quantified according to modified scale developed by Varma (1987).

3.4 Construction of the Schedule

To cover the various aspects related with the objectives of the study, the relevant literature was consulted. Informal meetings with the personnels working in Govt. schools and

hospitals were also held to have indepth understanding of the problem. Consultations with the experts in the field helped in giving the final shape to the schedule. Some questions were dropped, others added and some were modified as per their suggestions. In this way, a comprehensive schedule was prepared as per the requirements of the specific objectives of the study. Before administration, pre-testing was done and minor modifications were made in the schedule.

3.5 Field Procedure and Data Collection

At the initial stages, friendly but frank discussions were made by the researcher to establish rapport with the respondents. The schedule was administered personally by the researcher for data collection and the responses were recorded.

3.6 Statistical Tools and Analysis of Data

The qualitative data were quantified according to the standards laid down and tabulated to draw inferences. Statistical tests which were applied are given as below:

3.6.1 Frequency and percentages

Frequencies were obtained for the data and percentages were calculated to draw the inferences.

3.6.2 Coefficients of correlation (r)

To study the relationship between the variables (dependent and independent), Pearson's coefficient of correlation (r) was applied and correlation coefficient values were tested at 5 per cent level of significance.

3.6.3 Multiple regression

Multiple regression analysis was done to assess the magnitude of effects of antecedent variables in totality as well as individually. For this, regression coefficients were tested by testing 't' values at 5 per cent level of significance whereas, determinant of multiple regression coefficient (R^2) was tested through F values.

CHAPTER-4

RESULTS AND DISCUSSION

The study was conducted with stated methodology regarding child care practices and role conflict of working mothers. This chapter deals with the findings emerged out from the investigation. An attempt has been made to present the results keeping in view the objectives of the study under the following sub-heads:

4.1 General profile of the respondents

4.2 Child care practices

4.3 Role conflict

4.4 Relationship of background factors with the dependent variable

4.5 Magnitude of effect of antecedent variables on child care practices

4.1 General Profile of the Respondents

As discussed earlier in Chapter-3 (Methodology), 200 respondents were selected from two districts namely, Rohtak and Mohindergarh. Prior to discussing the major research results of the study, it is imperative to know the background of the respondents. Such information greatly help in further analysis and interpretation of the data. The background information of the respondents has been shown in Table 2 to 5. The data in

these tables show the percentage of respondents from low literacy and high literacy district separately and finally pooled also. Rohtak is the high literacy area (Area I) and Mohindergarh low literacy area (Area II).

4.1.1 Personal characteristics

A. Age: The distribution in table 2 shows that nearly half of the (49.5%) respondents were falling in the age group of 26-30 years. The percentage of such respondents is proportionately more in the urban area (61.0%) than in rural area (38.0%). It is further seen that the majority of the respondents were younger in age (21-30 age group). District-wise comparison shows that the percentage of young respondents in rural area of Mohindergarh district was more (64.0%) than that of Rohtak (50.0%). All the 11 respondents of age group 35-40 were from rural area in nearly equal number for both the districts.

B. Education (self): The table indicates that majority (40.5%) of the respondents were matriculates. About one-third number of the respondents were graduates or postgraduate but their percentage is higher (51.0%) in urban area than rural area (22.0%). District-wise comparison shows that the percentage of graduates and postgraduates is more in rural area of Rohtak (32.0%) than Mohindergarh district (12.0%). However, the percentage is just reverse in urban area i.e. graduates and postgraduates are more in the Mohindergarh (urban) than Rohtak (urban).

Table 2. Distribution of respondents according to personal characteristics (in per cent)

S.No.	Personal characteristics	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1.	Age (in years)							
	21-25	12	22	26	36	19	29	24.0
	26-30	38	66	38	56	38	61	49.5
	31-35	38	12	26	08	32	10	21.0
	36-40	12	00	10	00	11	00	05.5
2.	Education (self)							
	Matric	12	48	60	42	36	45	40.5
	High School	56	08	28	00	42	04	23.0
	Graduate	12	32	08	26	10	29	19.5
	Postgraduate	20	12	04	32	12	22	17.0
3.	Education (husband)							
	Middle	02	04	02	00	02	02	02.0
	Matric	16	38	38	36	26	37	32.0
	High School	24	32	24	16	24	24	24.0
	Graduate	34	18	28	08	31	13	22.0
	Postgraduate	24	08	08	40	16	24	20.0

Note: The figure in each cell is percentage.

R = Rohtak; M = Mohindergarh

C. Education (husband): As regard to husband's education of the respondents, it is seen that the husbands of 32.0 per cent respondents were matriculates. The total sample shows that percentage of graduate husbands was much higher (31.0%) in rural area as compared to urban area (13.0%), but the post-graduates were comparingly more in urban area. The district-wise comparison is the same as in the education of the respondents (self) i.e. number of graduates and postgraduates were more in rural area of Rohtak than Mohindergarh, while in urban area, Mohindergarh is much ahead than that of Rohtak. A striking observation was that there were four respondents whose husbands were educated only upto middle class but they themselves were matriculates.

4.1.2 Social profile

A. Family type: The data in table 3 indicate that most of the respondents (69.0%) belonged to nuclear type family. This percentage is more in urban areas (77.0%) than rural areas (61.0%). The district-wise analysis shows that such nuclear families are more in rural areas of Mohindergarh district (74.0%) than Rohtak district (48.0%).

B. Family size: The data show that over 50 per cent respondents were having small sized families. The urban area has more small sized families (65.0%) as compared to rural (48.0%). Inter-district comparison shows that small sized families are more prevalent in rural area of Mohindergarh district (56.0%) as compared to Rohtak (40.0%).

Table 3. Distribution of the respondents according to social characteristics (in per cent)

S.No.	Social characteristics	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Family type							
	Nuclear	48	76	74	78	61	77	69.0
	Joint	52	24	26	22	39	23	31.0
2	Family size							
	Small (below 5)	40	66	56	64	48	65	56.5
	Medium (5-10)	42	22	36	28	39	25	34.0
	Large (above 10)	18	12	08	08	13	10	09.5
3	Caste							
	Lower (Chamar, Bhangi, Jhimar, Dhobi, Badi)	04	00	10	04	07	02	05.0
	Middle (Lohar, Kumhar, Darji, Nai, Sunar, Ahir, Saini, Punjabi)	30	48	62	74	46	61	53.5
	Higher (Brahmin, Jat, Rajput, Bishnoi, Baniya)	66	52	28	22	47	37	41.5

Note: The figure in each cell is percentage.
R = Rohtak; M = Mohindergarh

C. Caste: Majority of the respondents (53.5%) belonged to middle caste. They were more (61.0%) in urban area as compared to rural (46.0%). District-wise comparison shows that middle caste respondents were more (68.0%) in Mohindergarh district as compared to Rohtak (39.0%). On the other hand, higher caste respondents were more (59.0%) in Rohtak than Mohindergarh (25.0%).

4.1.3 Economic profile

A. Occupation (husband): The pooled data in table 4 shows that over half of the respondents' husband (73.5%) were engaged in service. No difference is seen in rural-urban area on this aspect. None of the respondent was engaged in cultivation in Rohtak district but in Mohindergarh district, 7.0 per cent respondents belonged to farming family. Inter-district comparison shows that percentage of respondents' husband in service in Mohindergarh district was more (81.0%) than Rohtak district (66.0%).

B. Family income: The data further show that about one-third number of the respondents had a good economic status as their monthly income was more than Rs. 3500. Their percentage is certainly more (41.0%) in urban area than rural area (25.0%). There were 13.0 per cent respondents whose monthly family income was less than Rs. 2000 but all of them are in rural area. The rural respondents of Mohindergarh district were more prosperous (70.0%) as compared to Rohtak (46.0%) whereas reverse was the case for urban respondents in these districts.

Table 4. Distribution of the respondents according to economical characteristics (in per cent)

S.No.	Economical characteristics	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Occupation (husband)							
	Unemployed	00	00	04	02	02	01	01.5
	Business	36	30	06	10	21	20	20.5
	Independent profession	00	02	00	02	00	02	01.0
	Cultivation	00	00	08	06	04	03	03.5
	Service	64	68	82	80	73	74	73.5
2	Family income (Rs/month)							
	1500-2000	15	00	10	00	13	00	06.5
	2000-2500	22	06	02	22	12	14	13.0
	2500-3000	16	26	18	24	17	25	22.0
	3000-3500	38	34	28	06	33	20	26.5
	Above 3500	08	34	42	48	25	41	32.0
3	Occupational involvement							
	Less than 5 years	38	54	52	32	45	43	44.0
	5-10 years	52	44	40	64	46	54	50.0
	Above 10 years	10	02	08	04	09	03	06.0

Note: The figure in each cell is percentage

R = Rohtak; M = Mohindergarh

C. Occupational involvement: More than 50.0 per cent of the respondents were engaged in service for more than five years. The percentage of such respondents is more in urban area (57.0%) than rural area (46.0%). The district-wise analysis reveals that the percentage of the respondents having more than 5 years service is more in rural areas of Rohtak district than Mohindergarh, while in urban area, Mohindergarh has a higher percentage (68.0%) than that of Rohtak (46.0%).

4.1.4 Psychological profile

A. Job commitment: The pooled data in table 5 show that 63.0 per cent respondents have moderate level of job commitment. Rural-urban comparison show that proportion of such respondents is more (75.0%) in urban area than in rural area (51.0%) (Fig. IV). However, marked difference was observed in the two districts on this aspect.

B. Family commitment: Majority of the respondents (90.0%) were moderately committed towards their family (Fig. V). No significant difference is noticed in rural-urban areas. In rural areas of Mohindergarh district, all the respondents have moderate degree of commitment while in Rohtak district, they were 76.0 per cent. A notable point is that about 22.0 per cent rural respondents of Rohtak district had high level of family commitment, while no respondent is having high family commitment in Mohindergarh district.

It can be concluded that maximum number (49.5%) of the respondents were belonging to age range of 26-30 years, 40.5

Table 5. Distribution of the respondents according to psychological characteristics (in per cent)

S.No.	Psychological characteristics	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1.	Job commitment							
	Less committed (6-13)	48	22	50	28	49	25	37.0
	Moderately committed (14-21)	52	78	50	72	51	75	63.0
	Highly committed (22-30)	00	00	00	00	00	00	00.0
2.	Family commitment							
	Less committed (13-29)	02	02	00	16	01	09	04.5
	Moderately committed (30-46)	76	98	100	84	88	91	90.0
	Highly committed (47-65)	22	00	00	00	11	00	05.5

Note: The figure in each cell is percentage

R = Rohtak; M = Mohindergarh

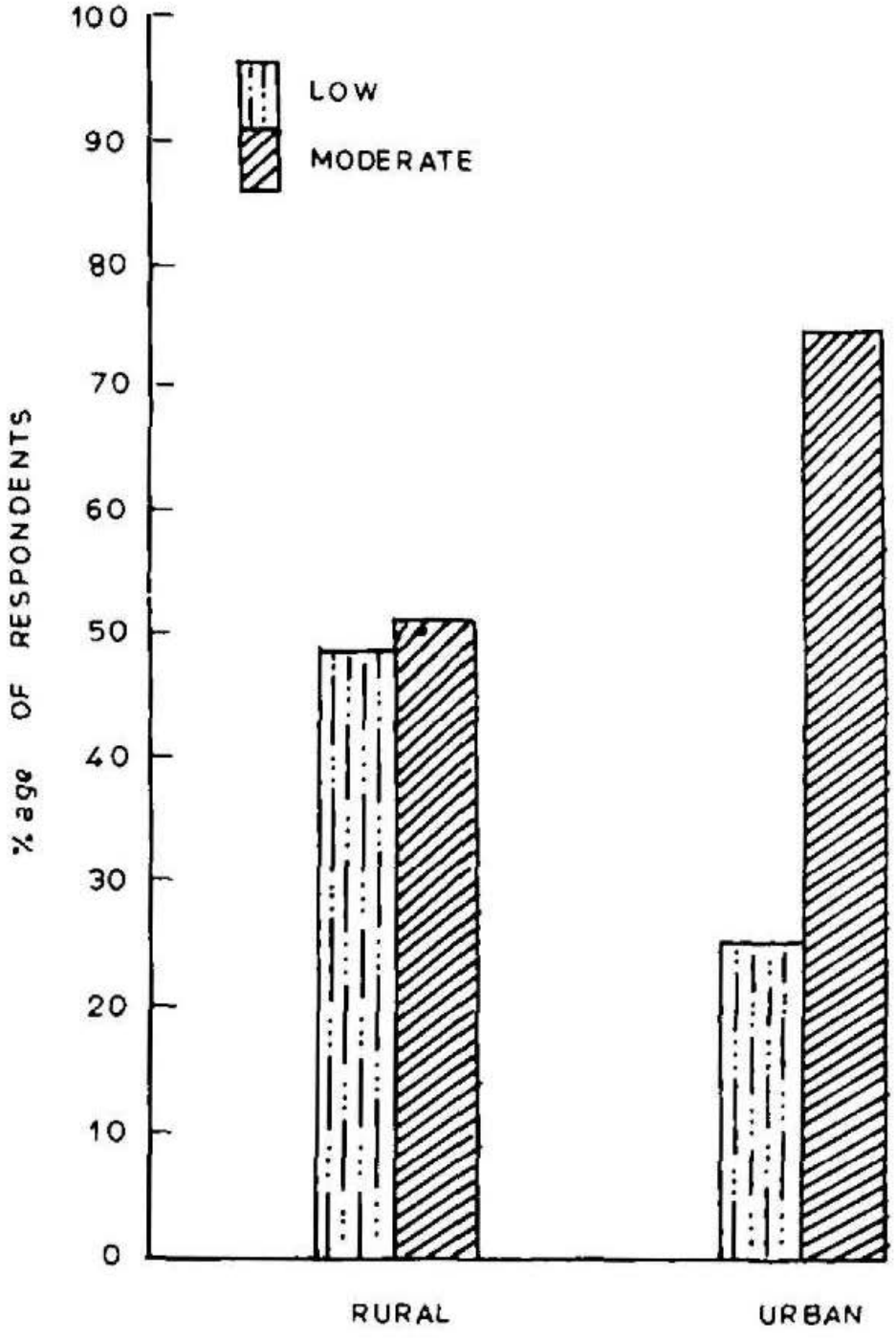


Fig. IV DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF JOB COMMITMENT

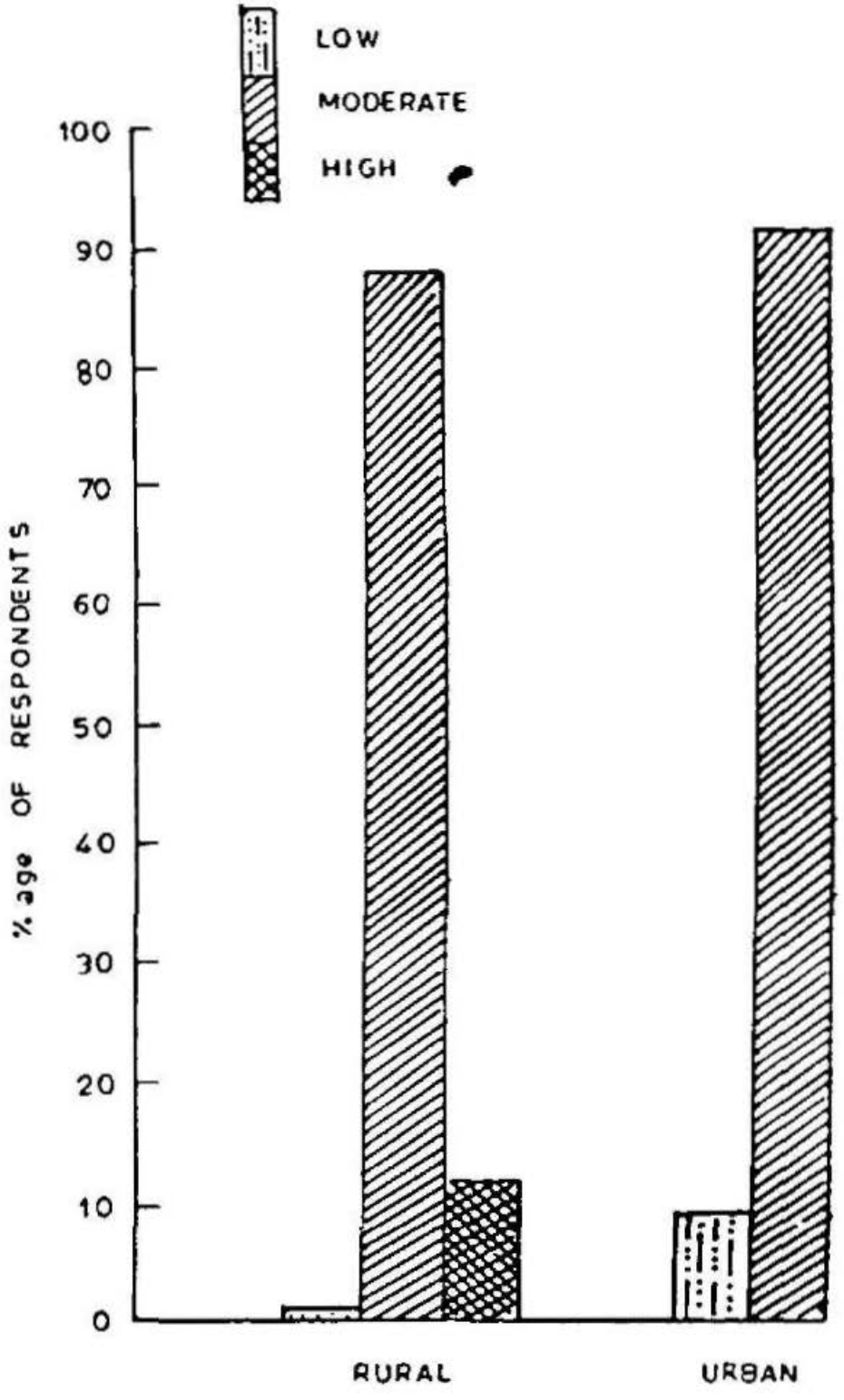


Fig. V DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF FAMILY COMMITMENT

per cent were matriculates. However, at Rohtak, maximum (16.0%) were having education upto high school and at Mohindergarh, maximum (25.5%) were matriculates. Thirty-two per cent of the respondent's husbands were matriculates. More than 50 per cent respondents were belonging to small sized nuclear families of middle caste Majority (73.5%) of the respondents' husbands were engaged in service. Half of the respondents were engaged in service from 5-10 years. Thirty-two per cent respondents were having family income above Rs. 3,500 per month. However, at Rohtak, maximum (18.0%) were having income between Rs. 3000-3500 per month and at Mohindergarh maximum (22.5%) were having income above Rs. 3500 per month. Majority of the respondents had moderate level of job and family commitment.

4.2 Child Care Practices

To fulfill the first objective of the study, child care practices prevalent among the respondents of both the districts were reviewed. The various practices reviewed were feeding and weaning, bathing, toilet, sleeping, immunization and health, sitting and walking and talking. The results have been compared with the standards laid by Swash and Mason (1980). As the study was descriptive in nature, that's why, the results have been presented in percentages rather than frequencies.

4.2.1 Feeding and weaning practices

A. Feeding practices: The feeding practices studied for the present investigation have been incorporated in Table 6.

Table 6. Distribution of the respondents according to feeding practices (in per cent)

S.No.	Feeding practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	2	3	4	5	6	7	8	9
1	Age at which feeding started (from Birth)							
	After 3-4 hrs	42	54	34	36	38	45	41.5
	After 7-8 hrs	44	32	42	46	43	39	41.0
	More than 8 hrs	14	14	24	18	19	16	17.5
2	First food given to child							
	Mother's milk	50	54	36	40	43	47	45.0
	Powdered milk	24	36	08	16	16	26	21.0
	Cow/goat/buffalo milk	08	06	30	24	24	15	14.5
	Ghutti (Honey + H_2O)	18	06	30	24	24	15	19.5
3	Duration of breast feeding at a time							
	5 min at each breast	54	54	58	56	56	55	55.5
	10 min at each breast	44	40	40	42	42	41	41.5
	15 min at each breast	02	06	02	02	02	04	04.0
4	Method of feeding							
	On demand	26	10	36	32	31	21	26.0
	On fixed schedule	74	78	52	52	63	65	64.0
	According to mothers' convenience	00	12	12	16	06	14	10.0

Table 6 contd..

1	2	3	4	5	6	7	8	9
5	Continuance of breast feeding							
	Less than 6 months	04	56	24	30	14	33	23.5
	Upto one year	44	52	46	46	45	49	47.0
	Upto two years	38	06	28	20	33	13	23.0
	More than two years	14	06	02	04	08	05	06.5
6	Difficulty in breast feeding							
	Yes	40	48	46	52	43	50	46.5
	No	60	52	54	48	57	50	53.5
7	Reasons given for difficulties faced							
	Maternal illness/ breast ailment	00	08	08	06	04	07	05.5
	Secretion inadequate	20	06	10	16	15	11	13.0
	Work outside	20	32	26	24	23	28	25.5
	Child illness	00	02	02	06	01	04	02.5

Note: The figure in each cell is in percentage

R = Rohtak; M = Mohindergarh

The table shows that majority (82.5%) of the respondents reported feeding of the child after 3-8 hours from birth. In urban areas, most (45.0%) of the respondents reported feeding after 3-4 hours from birth, while in rural areas, majority (43.0%) reported feeding after 7-8 hours from birth. it means that feeding is started late in rural areas. Comparison in urban areas showed that in Rohtak nearly half of the respondents (54.0%) reported feeding after 3-4 hours from birth whereas in Mohindergarh (urban), 46.0 per cent respondents were feeding after 7-8 hours from birth. However, the pattern of feeding in rural areas of both the districts was almost the same.

Information regarding first food given to the child revealed that irrespective of district and background of respondents, most (45.0%) of the respondents reported mother's milk as first food. Powder milk as first food was reported by 21.0 per cent of respondents wherein most of them hailed from urban area. Use of honey/ghutti was reported by 19.5 per cent respondents. In both the districts, the percentage of such respondents was more in rural area. Animal milk, specially that of cow/buffalo was given as first food to the child by only 14.5 per cent respondents wherein majority were from Mohindergarh district. It is further seen from the table that most of the respondents of rural and urban areas of both the districts preferred mother's milk as first food.

Results regarding duration of breast feeding revealed that more than half of the respondents (55.5%) were breast feeding the child for 5 minutes at each breast while 41.5 per cent reported 10 minutes at each breast. Irrespective of rural urban setting, the respondents showed similar results in both the districts.

Majority of the respondents (64.0%) followed fixed schedule of feeding the child while 26.0 per cent reported feeding on demand and 10.0 per cent as per their convenience. Of those, who followed the fixed schedule, were almost equally distributed in rural (63.0%) and urban (65.0%) areas. Inter-district comparison indicate that in Rohtak nearly three-fourth of the respondents followed fixed schedule against only 52.0 per cent in Mohindergarh district. None of the respondents fed the baby as per their convenience in rural areas of Rohtak district, whereas in Mohindergarh, 12.0 per cent of rural respondents were adopting this practice. It shows that the respondents in Rohtak district followed a better feeding schedule.

Nearly half of the respondents (47.0%) continued breast feeding upto one year while the number reporting upto less than 6 months and upto 2 years was nearly equal (23%). Only 6.5 per cent respondents reported the feeding of the child for more than 2 years. Over 40.0 per cent of the respondents were breast feeding the child in rural as well as urban areas of both the districts. Inter-ditrict comparison further indicated that in

PLATE NO. 1

Feeding the Child

Rohtak, the percentage of rural respondents who continued breast feeding upto 6 months was less (4.0%) as compared to Mohindergarh (24.0%). Rural respondents who had breast feeding the child upto 2 years were more in Rohtak (14%) than urban areas as well as that of Mohindergarh district.

About 46.5 per cent respondents reported some difficulty in breast feeding. The percentage of such respondents is more among the urban respondents of both the districts than the rural respondents. Work outside the home (25.0%) and inadequate secreation of milk (13.0%) were the major difficulties in breast feeding the child.

B. Weaning practices: To assess the weaning practices, information on various components like age of weaning, frequency, and different weaning foods was collected and has been presented in table 7.

The weaning period reported by the respondents ranged from 3 to more than 6 months. A little less than one-third of the respondents (29.0%) reported weaning the child from 5th month while 26.5 per cent started weaning from 6th month. Nearly one-fifth of them (19.0%) started weaning in the 4th month. This was followed by those who weaned at more than 6 months of age (17.5%). Only 9.0 per cent respondents started weaning in 3rd month. Rural-urban comparison shows most of the urban respondents (81.0%) started weaning by 5th month while most of the rural respondents (67.0%) started it from 6th month or afterwards.

Table 7. Distribution of the respondents according to weaning practices

S.No.	Weaning feeding	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1.	Age of starting weaning							
	3rd month	06	16	04	10	05	13	09.0
	4th month	04	34	08	30	06	32	19.0
	5th month	20	34	24	38	22	36	29.0
	6th month	42	08	42	10	42	09	26.5
	Above 6 month	28	08	22	12	25	10	17.5
2.	Frequency of weaning foods/ day							
	2-3 times	96	96	92	88	94	92	93.0
	4-5 times	04	04	08	12	06	08	07.0
*3.	Different weaning foods given							
	Biscuits	38	22	16	48	27	35	31.0
	Readymade w. foods	28	58	18	52	23	55	39.0
	Mashed fruits	70	84	80	72	75	78	76.5
	Vegetables	44	30	46	44	45	37	41.0
	Dalia	48	30	38	24	43	27	35.0
	Dal	42	50	60	58	51	54	29.5
	Khichari	46	36	26	40	36	38	37.0
	Curd	26	20	30	42	28	31	29.5
	Milk	86	98	100	100	93	99	90.0

*Multiple response

Information on frequency of weaning showed that almost all the respondents (93.0%) weaned the child 2-3 times a day while the rest weaned 4-5 times a day. Rural-urban and inter-district comparison also indicates the majority weaning 2-3 times a day.

Milk was identified as the common weaning food in 90.0 per cent cases followed by mashed fruits (76.5%), vegetables (41.0%), ready made foods (39.0%) and khicheri (37.0%). Similar trend is seen in rural urban areas of both the district.

Caretaker of child during mother's absence

The table 8 shows that Anganwadi/creche was major institution which was taking care of children in mother's absence (48.0%) followed by mother-in-law (44.0%). Rural-urban comparison shows that creche was major institution serving urban respondents (44.0%) whereas mother-in-law was main care-taker in rural areas (61.0%) in both the districts. Only 18.0 per cent respondents in rural areas were taking care of children themselves.

Effects of employment on feeding and weaning

Although the respondents reported lack of time as major effect of employment which affected feeding and weaning of child, but they also reported some positive effects of employment (Table 9). Due to employment, they were able to give good and nutritious foods (78.5%), got additional knowledge about nutritious foods (63.0%) and started weaning earlier (61.5%).

Table 8. Distribution of the respondents according to caretaker of child during mothers absence (in per cent)

Caretaker of child	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Husband	10	2	8	6	9	4	6.5
Mother-in-law	58	28	64	26	61	27	44.0
Your mother	4	0	2	0	3	0	1.5
Sister-in-law	0	18	0	0	0	9	4.5
Servant/Aya	10	14	0	18	5	16	10.5
Creche/Anganwadi	8	38	0	50	4	44	48.0
Self	10	0	26	0	18	0	18.0

Table 9*. Distribution of respondents according to the effect of employment on feeding and weaning (in per cent)

Effect of employment on feeding and weaning	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Helps the child to forget breast milk	56	40	46	76	51	58	54.5
Can start weaning early due to job	50	76	40	80	45	78	61.5
Can give good and nutritious food	76	88	70	80	73	84	78.5
Can get additional knowledge of nutritious foods	80	40	72	60	76	50	63.0

*Multiple response

Levels of feeding and weaning

The feeding and weaning practices adopted by mothers were compared against the standards laid down by Swash and Mason (1980). The scores thus, obtained were divided into three categories - low (9-13), medium (14-18) and high (19-24).

The results in table 10 shows that though most of them (62.0%) had attained medium and high levels in feeding and weaning practices, yet a very high number (42.5%) had got low level in this practice. The percentage of urban respondents having medium level is more (50.0%) to rural respondents (39.0%) (Fig. VI).

Table 10. Distribution of respondents according to levels of feeding and weaning practices (in per cent)

Level of feeding and weaning	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Low (9-13)	44	42	54	30	49	48	42.5
Medium (14-18)	32	54	46	50	39	50	45.5
High (19-24)	24	04	00	20	12	12	12.0

District-wise comparison indicate that in Rohtak (rural), though majority attained low (44.0%) and medium level (32.0%), 24.0 per cent were able to have high level whereas in Mohindergarh (rural), majority attained only low (54.0%) and medium levels (46.0%). However, in urban areas the situation was better among the respondents of Mohindergarh district than that of Rohtak district.

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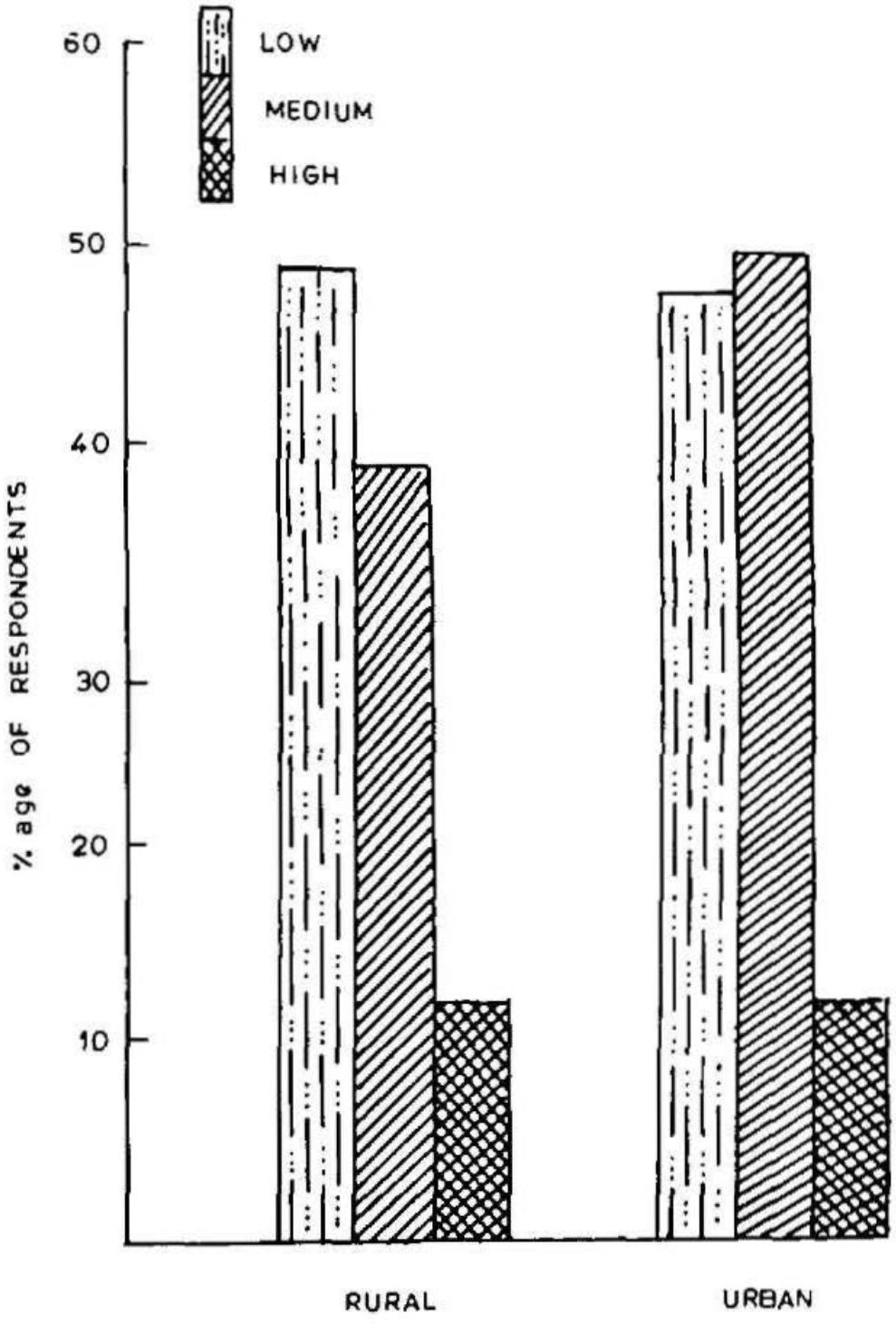

Fig. VI DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF FEEDING AND WEANING PRACTICES

It may be concluded that majority of the respondents gave the first feed after 3-8 hours from birth. The present finding is in confirmity with those of Bahl and Singh (1982) and Kalra and Dayal (1982). This present trend is probably due to general knowledge and education regarding importance of the first feed. Most of the respondents of both the districts as well as of different background reported mother's milk as first food. The existing traditions and availability of food material to the parents might be tentative reasons for present findings. Fixed schedule method was opted majority of respondents of both rural and urban areas of both the districts. This might be due to time availability with the respondent and their knowledge regarding child care practices and habit formation. This finding is in line with that of Khan (1977). Majority of the respondents were breast feeding their child upto one year of age and there was no difference among the respondents of rural-urban areas of different district. It shows that mothers were aware of correct feeding practices. About 50 per cent respondents were facing difficulty in breast feeding. This was mainly due to their work outside the home.

Majority of the respondents started weaning from 5th and 6th months of age. In urban areas, majority were weaning in 4th and 5th month whereas in rural, it was done in 5th month and above. Similar trend in result was obtained in rural and urban areas of both the districts. It means the mothers were aware of the right timings of weaning the child. Woltenstein (1971) also

reported similar results. Weaning was done twice or thrice a day in both the districts as well as in rural and urban settings. Milk was identified as common weaning food by most of the respondents in both the districts. Availability of food and eating pattern might be the possible reason for having milk as major weaning food.

It is also inferred that mother-in-law was main caretaker in rural areas while creche was the main caretaker of children in urban areas in both the districts. This is due to the fact that in rural areas, the respondents were mainly residing with their in-laws and also due to lack of good baby sitting facilities.

Nearly half of the respondents attained medium level on feeding and weaning practices i.e. they got medium level score on feeding and weaning. It is certainly a good feature and might be due to their better knowledge, exposure and appreciation about the health and care of children.

4.2.2 Bathing practices

The results regarding bathing practices are contained in Table 11. It was observed that first bath of child was commonly given just after birth by all the respondents irrespective of rural-urban settings or literacy level of districts. It was interesting to note that the respondents who delivered the baby at hospital, bathe the child with soap and water while those at home, bathe the child with paste of wheat flour mixed with little mustard oil and lukewarm water.

Table 11. Distribution of respondents according to bathing practices (in per cent)

Sr. No.	Bathing practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	2	3	4	5	6	7	8	9
1	Time of bathing							
	Just after birth	100	100	100	100	100	100	100.0
2	Frequency of bathing the child during summer							
	Below 1 year							
	Once a day	76	60	40	56	58	58	58.0
	Twice a day	16	32	10	30	13	31	22.0
	Alternate day	8	8	50	14	29	11	20.0
	Between 1 to 2 years							
	Once a day	40	10	70	20	55	15	35.0
	Twice a day	60	90	30	80	45	85	65.0
	Between 2 to 3 years							
	Once a day	50	6	56	16	53	11	32.0
	Twice a day	50	94	44	84	47	89	68.0
3	Frequency of bathing during winter							
	Below 1 year							
	Alternate day	24	62	20	56	22	59	40.5
	After 2 days	66	28	80	38	73	33	53.0
	Once a day	10	10	00	06	05	08	06.5

Table 11 contd..

1	2	3	4	5	6	7	8	9
	Between 1 to 2 year							
	Alternate day	56	50	40	60	48	55	51.5
	Once a day	44	50	60	40	52	45	48.5
	Between 2 to 3 years							
	Alternate day	58	60	52	70	55	65	60.0
	Once a day	42	40	48	30	45	35	40.0
4	Massage of child							
	Yes	84	44	58	30	71	37	54.0
	No	16	56	42	70	29	63	46.0
5	Material used for massage							
	Desi ghee	12	00	10	00	11	00	05.5
	Baby oil	22	36	10	22	16	29	22.5
	Mustard oil	50	08	38	08	44	08	26.5
6	Material used for bathing							
	Baby soaps	64	88	48	84	60	86	71.0
	Ordinary soaps	14	06	18	04	11	05	10.5
	Besan + ghee/ oil	22	06	34	12	29	09	18.5
7	Method of bathing							
	By putting the child in tub	22	58	56	62	39	60	49.5
	By holding the baby on legs	78	42	44	38	61	40	50.5
8	Satisfaction in bathing felt by mother							
	To great extent	76	64	42	58	59	61	60.0
	To some extent	16	34	36	28	26	31	28.5
	Not at all	08	02	22	04	15	08	11.5

PLATE NO. 2

Bathing the Child

It was further seen that children below one year age were given bath once a day during summers by 58.0 per cent of the respondents and twice a day by 2.20 per cent while 20.0 per cent reported bathing on alternate days. Rural-urban comparison also showed majority bathing their children once a day. Inter-district comparison shows significant difference in rural areas. Majority of the respondents (76.0%) who bathed their child once a day, hailed from Rohtak district (rural) while majority (50.0%) of the respondents giving bath on alternate days came from Mohindergarh district (rural). However, in urban area of both the districts, majority gave bath once a day.

In case of chidlren between 1 to 2 years of age, the respondents (65.0%) bathed their children twice a day while rest of them bathed the chidlren once-a-day. In rural area, majority (55.0%) of the respondents bathed their children once a day whereas in urban areas the majority (85.0%) bathed twice-a-day. Inter-district comparison shows the similar results in urban areas of both the districts. But 60 per cent of the rural respondents in Rohtak district gave bath twice-a-day as compared to that of Mohindergarh district where nearly same percentage of respondents were bathing their children once-a-day.

Almost similar results were reported among children between 2 to 3 years of age where bathing of child was reported twice-a-day in 68.0 per cent cases and rest (32.0%) had once a day. Here also in urban area majority (89.0%) reported bathing

twice a day while in rural area, most of them (53%) used to give bath, once-a-day. The same trend in results was observed in inter-district comparison in rural and urban areas of both the districts as it was in the case of 1 to 2 year child's bathing practice.

During winter, there was a change in bathing pattern of children wherein more than half of the respondents (53.0%) reported bathing after two days and 40.0 per cent bathed the child on alternate days among children below 1 year of age. Only 6.5 per cent respondents reported bathing of child once-a-day. It was also seen that frequency of bathing even in winter was better among the urban respondents as compared to the rural area. Majority of the respondents bathed the children, below 1 year age on alternate day in urban area (59.0%) and after 2 days in rural area (73.0%). Inter-district comparison also yields similar. The results in rural and urban areas of both the districts are similar. Almost an equal number of respondents reported bathing on alternate days (51.5%) and once-a-day bathing (48.5%) among children between 1 to 2 years of age while the corresponding figure among children below 3 year age was 60.0 and 40.0 per cent, respectively. The bathing practices of 1 to 2 year old child was better in rural area as compared to urban. Inter-district comparison showed better bathing practice in Mohindergarh (rural) than Rohtak (rural) whereas in urban areas, Rohtak was ahead of Mohindergarh.

The pattern bathing of children below 3 year age was almost same irrespective of rural-urban and districtwise

comparison as majority reported bathing on alternate days.

Almost an equal number of the respondents reported bathing by putting the child in tub (49.5%) and by holding the baby on legs (50.5%). Rural-urban comparison showed majority of the respondents bathing the child by holding the babies on legs in rural areas (61.0%) and by putting the child in tubs in urban areas (60.0%).

Inter-district comparison showed that in Rohtak district, bathing was done by holding the child on legs (60.0%) whereas in Mohindergarh, it was done by putting the child in tub (59.0%).

Before bathing, massage of child with baby oil/desi ghee was reported by 54.0 per cent cases, while no massage was reported by rest (46.0%) of the respondents. The practice of massaging was prevalent more in rural areas (71.0%) as compared to urban (37.0%). Inter-district comparison shows that majority (64.0%) in Rohtak district were following this practice whereas the majority (54.0%) was not observing the same in Mohindergarh district. Further, it could be seen from the table that adoption of this practice was more prevalent in rural areas of both the districts.

Information regarding the materials used for massage showed that mustard oil was used by 26.5 per cent respondents, followed by baby oil (22.5%) and desi ghee (5.5%). Remaining 46 per cent were not using any material for massage. Rural-urban comparison shows that majority of rural respondents used

mustard oil (44.0%) and urban respondents used baby oil (29.0%) if they used at all for massaging. Twenty-nine per cent and sixty three per cent urban respondents were not using any material. Similar were the results in both the districts.

For bathing the child, the respondents reported the use of baby soaps (71.0%), paste of besan (gram dal flour) and ghee/oil (18.5%) and ordinary soaps (10.5%). Irrespective of rural-urban settings and different districts, majority were using baby soaps for bathing. However, the use of baby soaps was more prevalent (76.0%) in Rohtak district than Mohindergarh (66.0%).

Information on satisfaction expressed by mother on account of baby bathing revealed that 60.0 per cent of them were greatly satisfied, 28.5 per cent were somewhat satisfied and the remaining (11.5%) were not satisfied. Irrespectice of rural- urban background and districts, the majority expressed satisfaction upto great extent in bathing the child.

Effects of employment on bathing

The results contained in table 12 regarding effect of mother's employment on bathing of child showed that most of the cases (60.0%) reported to have additional useful information to give proper bath to children. Similarly, 61.5 per cent of them reported to use good soaps for bathing the child as they are employed. But it was also observed that availability of time to them for bathing the children was a constraint to most of them (67.5%).

*Table 12. Distribution of respondents according to effect of employment on bathing practices (in per cent)

Effect of employment on bathing practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Can get additional information about bathing	80	40	70	50	75	45	60.0
No time to bathe child	70	60	60	60	65	60	67.5
Can use good soaps	78	44	58	58	68	51	61.5

*Multiple response

Table 13. Distribution of respondents according to levels of bathing practices (in per cent)

Level of bathing practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Low (17-19)	56	50	44	62	50	56	53.0
Medium (20-22)	36	34	44	22	40	28	34.0
High (22-25)	08	16	12	16	10	16	13.0

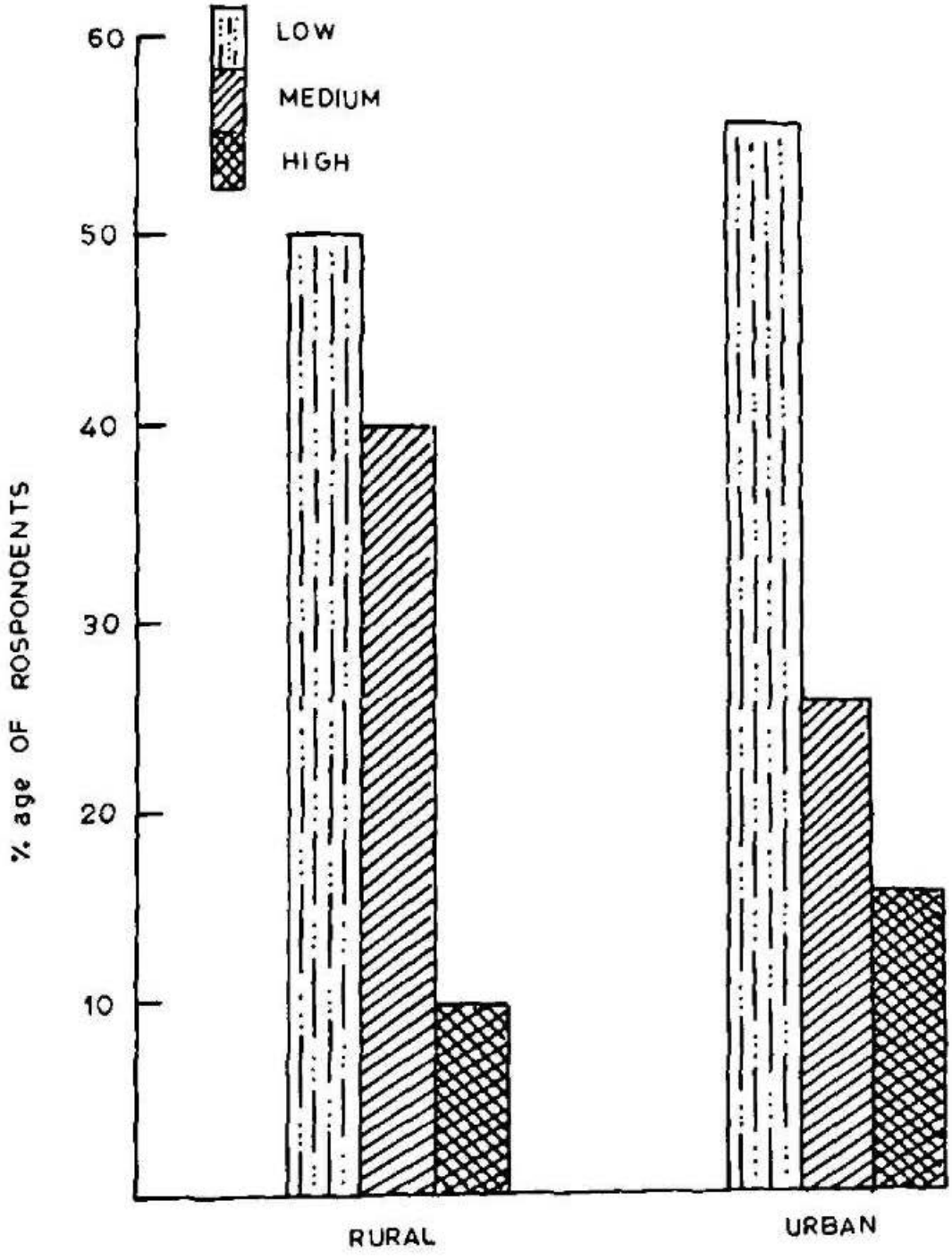

Fig. VII DISTRIBUTION OF RESPONDENTS ACCORDING TO LEVELS OF BATHING PRACTICES

Levels of bathing practices

When compared with standard, it was observed that most of the respondents were observing low (53.0%) to medium level (34.0%) of bathing practices, while only 13.0 per cent were observing upto high level (Table 13). The rural-urban comparison showed that 56.0 per cent of urban respondents were following to have low level of bathing practices as compared to 50.0 per cent in rural areas. Of those who followed high level of bathing, 16.0 per cent were from urban and 10.0 per cent from rural areas (Fig. VII).

Thus, there is no significant difference in bathing practices of children in rural and urban areas of both the districts.

Thus, all the respondents of both the districts reported bathing of child just after birth. The bathing practices differed in frequency with the age and season. Khan (1979) also observed the similar results. During summer, majority of the respondents bath their children belowlyear age for once a day. While the children of 1 to 3 years age were given two baths per day in urban area and once a day in rural area of both the districts. In winters, children below one year age were bathed on alternate days in urban areas and after 2 days in rural areas of both the districts. On the other hand, children of 1-3 years age were bathed on alternate days by majority of the respondents in both the districts in rural as well as in urban areas. It is seen that frequency of bathing is more in urban areas than rural areas. Attitude towards cleanliness and

general bathing facilities like water etc. might be the reasons for this difference.

Majority of the respondents of Mohindergarh district bath their children in a tub while in Rohtak, the respondents bath their children just holding them on legs. This might be due to different traditions in both the district and the guidance given by the elder members in the family.

On the whole, the respondents got low to medium scores on bathing practices. It means that the respondents were somewhat ignorant towards importance of bathing and cleanliness as well as correct bathing practices.

4.2.3 Toilet practices

The toilet practices included in the study are achievement of bladder and bowl movements at different age, frequency of bladder and bowl movements, age and toilet training, persons imparting training, method of training, problems faced in toilet training and level of toilet practices. The same have been incorproated in Table 14.

It is seen from the table that more than one-third of the children (34.0%) could control bladder movements upto 1½ years of age followed by 21.0 and 20.0 per cent who controlled their movements at the age of 1 year and 2 year, respectively. Regularity in bowl movements were achieved by majority (58.5%) of children upto 6 months of age. No marked difference was observed in rural-urban and inter-district comparison.

Table 14. Distribution of respondents according to toilet practices (in per cent)

Sr. No.	Toilet practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	2	3	4	5	6	7	8	9
1	Age of achiement of bladder movements							
	Upto 6 months	18	08	26	16	22	12	17.0
	Upto 1 years	30	08	22	24	26	16	21.0
	Upto 1½ years	40	34	34	28	37	31	34.0
	Upto 2 years	12	34	16	18	14	26	20.0
	Upto 2½ years	00	16	02	14	01	15	08.0
2	Age of achievement of bowl movements							
	Upto 6 months	66	56	62	50	64	53	58.5
	Upto 1 years	34	44	38	50	36	47	41.5
3	Frequency of bladder movements/day							
	Thrice	08	04	06	26	07	15	11.0
	Four times	68	38	38	44	53	41	47.0
	More than four times	24	58	56	30	40	44	37.0
4	Frequency of bowl movements/day							
	Once	78	90	94	84	86	87	86.5
	Twice	22	10	06	08	14	09	12.5
	Thrice	00	00	00	08	00	04	02.0
5	Toilet training							
	3 months	44	36	48	28	46	32	39.0
	5 months	38	36	26	30	32	33	32.0
	7 months	18	22	20	26	19	24	21.5
	9 months	00	06	06	16	03	11	07.0

Table 14 contd..

1	2	3	4	5	6	7	8	9
6	Person imparting training							
	Mother-in-law	56	20	30	34	43	27	35.0
	Self	44	80	70	66	57	73	65.0
7	Method of toilet training							
	Conditioning	100	100	100	100	100	100	100.0
8	Problems in training the child							
	Lack of time	28	90	78	76	53	84	68.0
	Child illness	20	00	00	06	10	00	06.5
	Inappropriate child response	04	02	00	06	02	01	03.0
	No problem	48	08	22	12	35	15	22.5

PLATE NO. 3

Training the Child for Bladder and Bowel Movement

With regard to the age of starting toilet training, majority (71.5%) of the respondents had started training at 5 months of age. Rural-urban and inter-district comparison yielded no substantial difference i.e. toilet training was started by majority at 5th months of age irrespective of rural urban and inter-district comparison.

The respondents, were training their children in 65.0 per cent cases. The percentage of such respondents was higher in urban area (73.0%) than the rural area (57.0%). District-wise comparison shows that percentage of such respondents is more (80.0%) in urban area of Rohtak district than Mohindergarh district (66.0%). However, in rural area, the situation is reverse i.e. such respondents were more (70.0%) in Mohindergarh district than Rohtak (44.0%).

Conditioning was the method employed by all the respondents to train the children in rural and urban areas of both the districts. Putting the child in a particular position taking him/her on feet after regular interval was common practice which conditions bladder movements.

Time availability seems to be the major problem faced by mothers (68.0%) in toilet training. More than three-fourth respondents were facing the problem in urban area while it was felt by about half of rural respondents (53.0%). District-wise comparison shows that percentage of such respondents is more in rural areas of Mohindergarh district (78.0%) than Rohtak (28.0%) while in urban area their percentage was higher (90.0%) in Rohtak than that of Mohindergarh (76.0%).

Levels of toilet practices

When the toilet practices adopted by mothers were compared with the standards, three categories were made in which all the respondents were classifed (Table 15).

Table 15. Distribution of respondents according to levels of toilet practices (in per cent)

Sr. No.	Level of toil practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Low (5-7)	00	10	02	16	01	13	07.0
2	Medium (8-10)	46	60	42	62	44	61	52.5
3	High (11-13)	54	30	56	22	55	26	40.5

The table indicates that majority of the respondents (52.5%) were classified in medium level of toilet practices. In urban area, the majority (61.0%) was in medium level while in rural area the majority (55.0%) was in high level category of adoption of toilet practices (Fig. VIII). Inter-district comparison also showed similar trends in results.

From the above, it can be said that the respondents of both the districts followed more or less similar toilet practices for their children.

Majority of the children had achieved bladder and bowl control by the time they were 18 months and 6 months of age respectively. This might be due to physiological and also training at proper time. Nearly 75 per cent respondents started toilet training their children at the age of 5 months. The

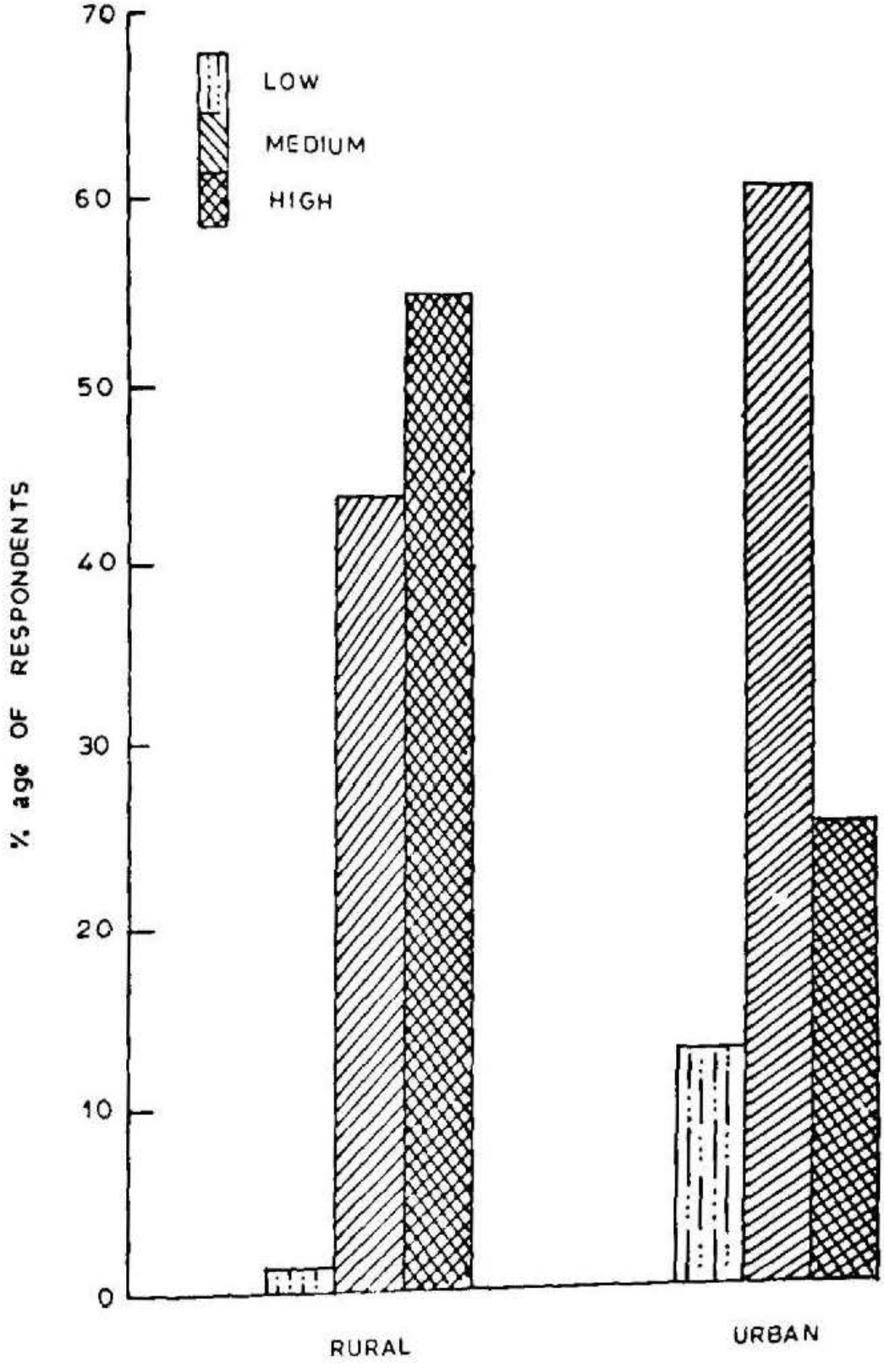

Fig. VIII DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF TOILET PRACTICES

respondents had given training through conditioning which is not a severe method. This might be due to general awareness of mothers towards the impact of training methods. They were not harsh or rigid in their approaches.

The respondents reported no difficulty in training their children, however, lack of time was the major problem as reported by the working mothers. The problem was reported more by the urban respondents than the rural respondents. However, in Rohtak district more urban respondents faced this problem while in Mohindergarh district, more rural respondents faced this problem. This might be due to more work load of working women in urban areas and lack of transport and other facilities in rural areas. Overall, the respondents got medium level scores in toilet practices. It suggests that they were somewhat appropriately following the toilet practices. This might be due to education and general awareness towards these practices.

4.2.4 Sleeping practices

Sleeping practices are discussed as under sleeping practices like age upto which child slept with mother, persons helping the child to sleep and method of putting the child to sleep; effect of employment on sleeping of children; levels of sleeping practices.

Sleeping practices

Sleeping, infact, is an essential need of the growing child. A comfortable sleep gathers energy for the child. When child is awake, he is full of energy and vigour to take up physical activities again. If child's sleep is not comfortable,

PLATE NO. 4

Helping the Child to Sleep

he may be irritable on waking. Sleep is also important for psychological growth of the child. Many children don't want to sleep, they feel insecure, irritated or uncomfortable otherwise. Many children cry and struggle to keep themselves awake. Under such conditions, soft and tender touch and security provided by person's lap, only can console the child. The best person, then is, the mother only. Since mother gives milk and sleeps with the child, she is the person who appearsto be the most trusted person for the child. Many children hold hair and clothes of mother because they have fear over mother's going away. Many children like listening lullaby, songs, stories alongwith patting and rocking before going asleep. If mother or their substitutes can provide such a trust and security to child, then the child will develop healthy - physically and mentally. The sleeping practices adopted by the working mothers are discussed below.

The Table 16 shows that 54.0 per cent respondents reported children as sleeping with them upto 2 years of age, while 27.0 per cent continued sleeping with their children upto 3 years of age. Only 19.0 per cent respondents discontinued sleeping of children with them after 1 year of age. Rural-urban comparison showed that majority of the rural respondents (64%) allowed the children upto 2 years of age to sleep with them whereas the urban respondents were nearly equally distributed in two categories i.e. upto 2 years of age (44.0%) and 3 years of age (47.0%). District-wise analysis did not showed marked

Table 16. Distribution of respondents according to sleeping practices (in per cent)

Sr. No.	Sleeping practices	Area I(R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Age upto which child slept with mother							
	1 year	10	32	08	26	09	29	19.0
	2 year	12	68	76	60	44	64	54.0
	3 year	78	00	16	14	47	07	27.0
2	Persons helping the child to sleep							
	Mother-in-law	50	20	10	06	30	13	21.5
	Sister-in-law	00	00	06	00	03	00	01.5
	Self	50	80	84	94	67	87	77.0
3	Method of putting the child to sleep							
	Pat the child	44	16	64	58	54	37	45.5
	Rock the child	30	76	24	20	27	48	37.5
	Sing lullaby	00	04	04	06	02	05	03.5
	Put him to bed and leave for other work	26	04	08	16	17	10	13.5

difference in urban areas of both the districts but in rural areas of Rohtak district, most of the mothers (78.0%) slept the children upto 3 years of age with them while in Mohindergarh, most of them (76.0%) were following this practice till their child was 2 years old.

Mothers used to help the children in sleeping in 77.0 per cent cases. About 21.5 per cent respondents also reported that child was helped by mother-in-law too. The percentage of the respondents who themselves were helping, was more in urban areas (87.0%) than in rural areas (67.0%) whether in Rohtak or Mohindergarh. However, in Rohtak (rural) assistance in sleeping was given equally by mother-in-law and mother both. In urban area of both the districts, mother was the main person helping the child in sleeping.

"Just patting" (45.5%) or "rocking" the child (37.5%) were the two methods used to make the child sleep. Difference was seen between rural and urban respondents. The rural mothers in general, used to do "patting" more while urban mothers preferred rocking. District-wise comparison shows some difference in frequency only. The majority (61.0%) of the respondents in Mohindergarh district patted the child whereas in Rohtak the majority (53.7%) of the respondents used to do rocking. In rural areas of both the districts, though, majority patted the child but in Rohtak, 26.0 per cent respondents also used this additional method i.e. putting the child to bed for self induced sleep.

Effects of employment on sleeping

The Table 17 shows both positive and negative effects of mothers employment. About 72.0 per cent respondents reported that their child's sleeping behaviour is disturbed due to their employment. Positive effect of employment on sleeping pattern as reported by the respondents were providing good bedding facilities (48.5%) and promoting regular sleeping habits (59.5%) among their children. Rural-urban comparison shows that majority in urban area (79%) perceived negative effect whereas majority (74.0%) in rural area perceived positive effect. District-wise, no difference was seen as both type of effects were reported by nearly equal number of respondents.

Levels of sleeping practices

On the basis of scores attained by the respondents, they were classified into three categories viz., low, medium and high. The Table 18 shows that majority (38.0%) of the respondents obtained medium level, followed by high level (32.5%) and low (29.5%) of practices in sleeping behaviour. The percentage of respondents getting high scores was more (37.0%) in urban area than rural area where majority (40.0%) obtained medium level of scores on sleeping practices (Fig. IX). District-wise analysis shows that 46.0 per cent respondents in urban area of Rohtak district, got high scores against that of 28.0 per cent in Mohindergarh district. On the other hand, in Mohindergarh district, most of them (46.0%) got medium level scores.

*Table 17. Distribution of respondents according to effects of employment on sleeping practice (in per cent)

Effect of employment on sleeping practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Can give good bedding facilities	80	20	68	26	74	23	48.5
Can promote good sleeping habit	60	46	76	56	68	51	59.5
Child's sleep is disturbed	60	88	68	70	65	79	71.5

*Multiple response

Table 18. Distribution of respondents according to levels of sleeping practices (in per cent)

Level of sleeping practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Low (2-3)	26	28	38	26	32	27	29.5
Medium (4-5)	52	26	28	46	40	36	38.0
High (6-8)	22	46	34	28	28	37	32.5

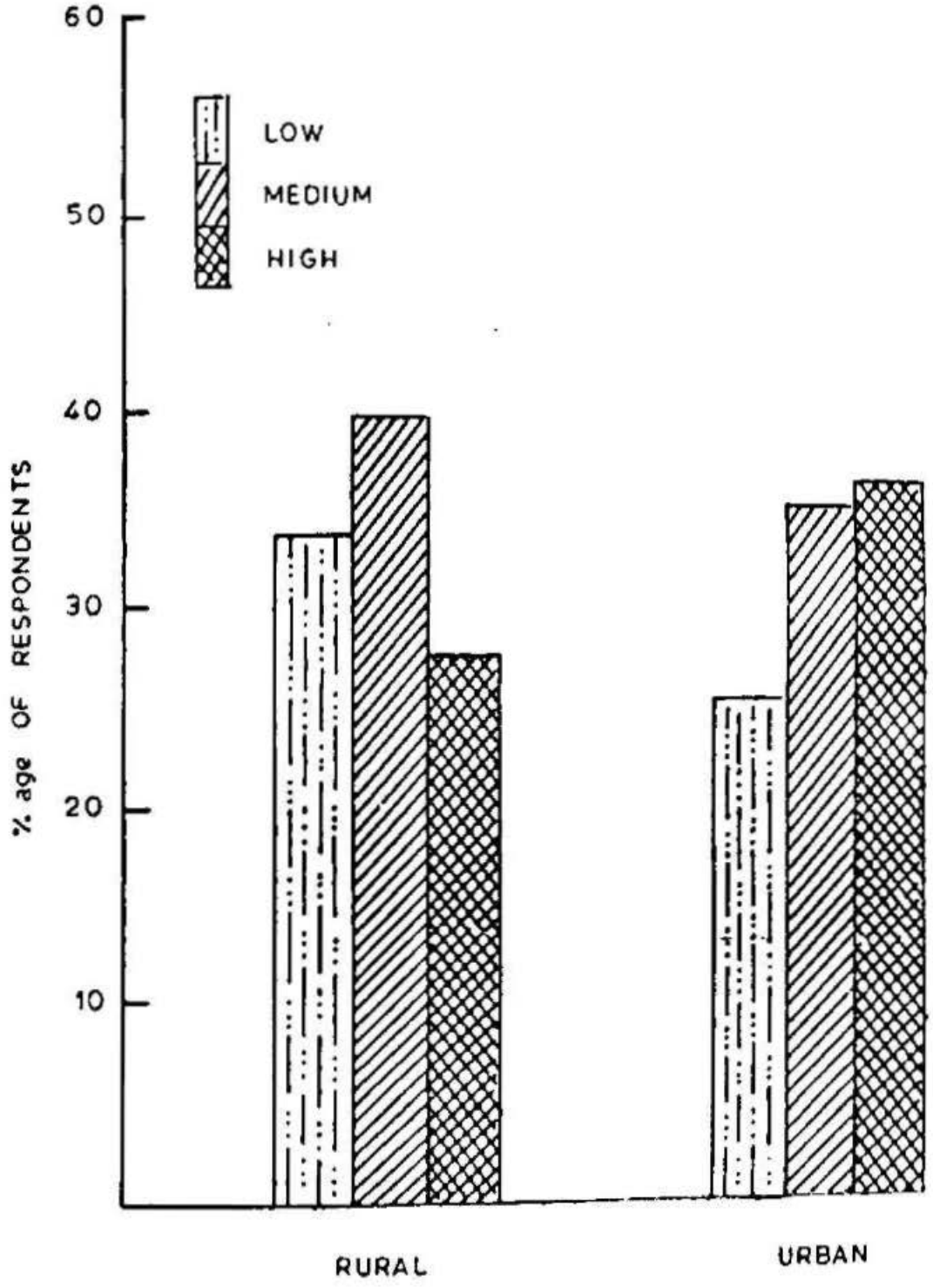

Fig. IX DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF SLEEPING PRACTICES

In rural area of Rohtak district, majority (52.0%) got medium level scores and in Mohindergarh district, majority got low (38.0%) and medium level scores (28.0%). Thus, the sleeping practices of respondents of Rohtak district were better than those of Mohindergarh respondents.

From the above results, it can be summarized that over half of therespondents sleep with their children upto 2 years of age both in rural as well as in urban areas. However, in Rohtak district, majority of them sleep with children upto 3 years of age while in Mohindergarh, the majority was sleeping with their child upto 2 years of age only. It might be followed as a part of tradition in the area.

As far as the practice of helping children in sleeping is concerned, there is no difference among the respondents. It is generally provided by the mothers when they are at home. Other members help children only when the mother is away from home. Generally, it is considered the responsibility of mothers to help their children in this regard and that is why this role is with them. "Patting" and "rocking" the child were the popular techniques used by the respondents to put the child to sleep. Substantial differences were noticed in rural-urban areas of both the districts. In rural areas, "patting" is more popular while in urban areas, "rocking" was most commonly adopted by the respondents. In Mohindergarh district, patting was found to be popular while in Rohtak, rocking was more prevalent. The difference might be accidental or indicative of differential to different tradition and cultural background.

Nearly three-fourth of the respondents reported that employment affected their child's sleeping behaviour. The working women have to wake up their children earlier and make them ready for going to creche etc. before their going to duty. However, some respondents also reported some of the positive effects on sleeping behaviour of their children.

The respondents got medium level scores on sleeping practices. However, in urban areas, they got high scores as compared to rural areas where they got medium level scores. However, majority got medium level scores in both the districts indicating substantial level of sleeping practices by working mothers or role taken over by their substitutes.

4.2.5 Immunization and health practices

The table 19 shows that ninty five per cent respondents adopted immunization practices; or little more in urban area than the rural area of both the districts. This shows that working women, in general, are more particular about immunization of the child against five major diseases. Due to more awareness and knowledge, the urban respondents have edge over rural ones in immunization. Regular health check-up is another important component of child's health care. Since weight is the best and correct indicator of child's growth, we have taken this act as a symbolic of health care practices. It appears that women, in general, do not bother about health check-up. They have other traditional indicators of proper healthy growth like-smiling child, appetite, activity level and sleep of the child.

Table 19. Distribution of respondents according to immunization and health practices (in per cent)

Sr. No.	Immunization and health practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Adoption of immunization practices							
	Yes	94	98	92	96	93	97	95.0
	No	06	02	08	04	07	03	05.0
2	Monthly check up (Weight)							
	Yes	06	16	00	10	03	13	08.0
	No	94	84	100	90	97	87	92.0

Table 20. Distribution of respondents according to effects of employment on adoption of immunization and health practices (in per cent)

Effect of employment on immunization and health practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Lack of time	60	80	76	86	68	83	15.5
Leave problem	34	04	24	04	29	04	16.5
No problem	06	16	00	10	03	13	08.0

*Multiple response

Regarding taking weight of child regularly after months' interval upto 6 months, only 8.0 per cent reported affirmatively. The percentage of respondents who weighed the child regularly was more in urban area (13.0%) than rural area (3.0%). District-wise comparison shows that no rural respondents in Mohindergarh district weighed her child but in Rohtak 6.0 per cent respondents weighed their child regularly. In urban areas too, Rohtak was a little ahead of Mohindergarh district in this respect.

Thus, it could be inferred that adoption of immunization and health practices were in general, much better than other health care practices. Urban respondents were ahead in following these practices. The availability of infrastructural facilities, knowledge and general awareness towards child care practices might be the major factors behind adoption of immunization practices.

Effects of employment on immunization

Majority of the mothers did not face any problem in immunization of their children. Usually the mothers took their children to the hospitals during holidays or evenings after coming back from work. Lack of time (15.5%) and asking for leave (16.5%) were two problem related to their employment (Table 20).

Levels of immunization and health practices

Medium scores were obtained by majority (40.5%) of the respondents, followed by those getting low scores (31.0%) and

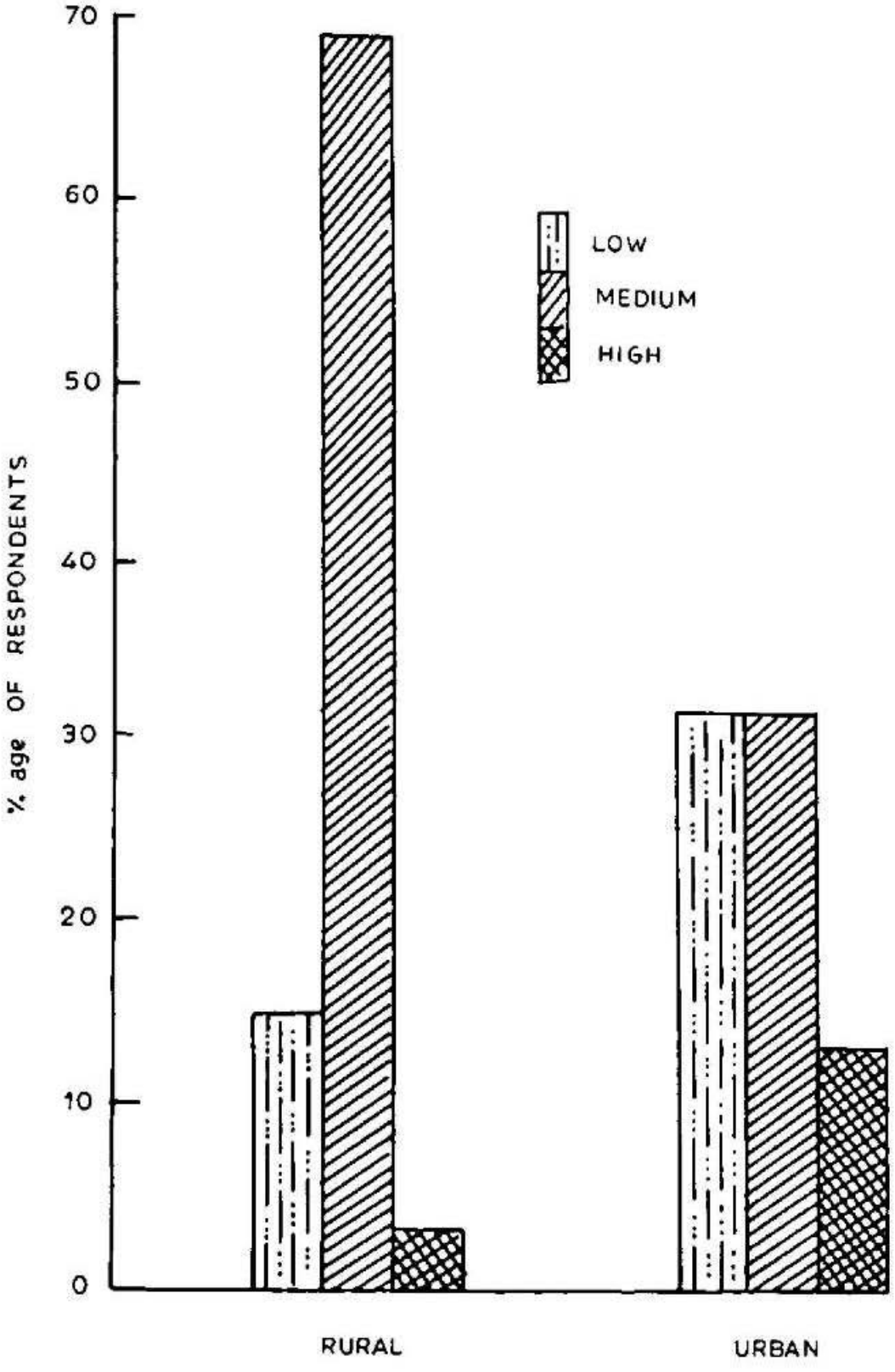

Fig. X DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF IMMUNIZATION AND HEALTH PRACTICES

high scores (28.5%). In rural area, majority (69.0%) got medium level scores whereas in urban area, the respondents were nearly equally divided in low (34.0%), medium (34.0%) and high (32.0%) categories (Table 21; Fig. X). It could be inferred that the respondents had general awareness for immunization practices but for health practices they were not aware, rather they were ignorant.

Table 21. Distribution of respondents according to level of immunization and health practices (in per cent)

Level of immunization and health practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	urban	Rural	Urban			
Low (0)	04	38	26	30	15	34	31.0
Medium (1)	90	62	74	26	69	34	40.5
High (2)	06	16	00	10	03	13	28.5

4.2.6 Gross motor skills (Sitting and walking practices)

Out of many, the two main gross motor skills were selected as a part of practices. These twoo sitting and walking practices adopted by the respondents have been presented in table 22. The table illustrates the age of sitting with and without support, age of walking, development of skills at proper time and reasons for delay alongwith the level of development of sitting and walking skills.

The table sows that the majority (51.0%) of the respondents reported that their children started sitting with

Table 22. Distribution of the respondents according to gross motor skills (sitting and walking practices) (in per cent)

Sr. No.	Gross motor skills (sitting and walking practices)	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	2	3	4	5	6	7	8	9
1	Age of starting sitting with support							
	3rd month	16	02	14	18	15	10	12.5
	4th month	44	30	38	34	41	32	36.5
	5th month and above	40	68	48	48	44	58	51.0
2	Age of starting sitting without support							
	6th month	08	20	08	12	08	16	12.0
	7th month	54	56	56	48	55	52	53.5
	8th and above	38	24	36	40	37	32	34.5
3	Age of starting standing with support							
	8th month	04	04	06	12	05	08	06.5
	9th month	58	28	54	56	56	42	49.0
	10th and above	38	68	40	32	39	50	44.5
4	Age of starting standing without support							
	10th month	04	04	08	10	06	07	06.5
	11th month	50	34	48	53	49	43	46.0
	12th and above	46	62	44	38	45	50	47.5

Table 22 contd..

1	2	3	4	5	6	7	8	9
5	Age of starting walking							
	12th month	06	04	10	08	08	06	07.0
	13th month	48	40	52	58	50	49	49.5
	14th and above	46	56	38	34	42	45	43.5
6	Development of sitting and walking at proper time							
	Yes	58	38	60	52	59	45	52.0
	No	42	62	40	48	41	55	48.0
7	Reasons for delay in sitting and walking							
	Work outside the home	28	44	30	38	29	41	34.0
	Weakness of child	14	18	10	08	12	13	12.5
	Less time devoted	00	00	00	02	00	01	01.5

PLATE NO. 5

Child Sitting with Support

support at the age of 5th month or little after while many children started sitting at the age of 4 months of age (36.5%) and a few at 3 months of age (12.5%). The proportion of children sitting at 5th month and above was higher (58.0%) in urban area than the rural (44.0%). However, there was no marked difference in two districts.

About 54.0 per cent respondents reported that their children started sitting on their own at the age of 7 months, followed by those who started at age of 8thmonth and above (34.5%) and at 6th month of age (12.0%). Similar trend was obtained in rural and urban areas of both the districts.

Majority of the respondents (93.5%) reported that their children started standing with support from 9th month onwards. Similar observation were reported in rural and urban areas of both the districts except that in urban areas of Rohtak, majority (68.0%) reported this development from 10th month onwards whereas in Mohindergarh (urban), majority (56.0%) reported it from 9th month onwards.

Children started standing without support either from 11th month (46.0%) or from 12th month (47.5%). Similar observations were reported by majority of the mothers in rural and urban areas of both the districts. Inter-district comparison further shows that percentage of such respondents was higher in rural areas of Rohtak as compared to Mohindergarh. However, the urban respondents who reported standing without support in 11th month of age were more (52.0%) in Mohindergarh, whereas standing of child at the age of 12th month and above

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PLATE NO. 6

Child Standing With Support

was reported by majority of urban respondents (62.0%) of Rohtak district.

Nearly ninty per cent respondents reported walking of children at the age of 13th months and onwards. No significant difference was noticed in rural and urban areas. Inter-district comparison shows that majority of urban respondents (58.0%) of Mohindergarh district reported walking at the age of 13th month whereas majority (56.0%) of the urban respondents of Rohtak district reported walking at 14th month and above.

Sitting and walking skills were developed at proper time has been reported by 45.0 per cent respondents whereas in 55.0 per cent cases, it was not developed according to standards. The percentage of cases having sitting and walking developed at proper time were more (59.0%) in urban as compared to rural (52.0%) area. District-wise comparison shows that majority of cases in rural areas of both the districts had sitting and walking developed at proper time. However, children of urban respondents in Mohindergarh distt. developed these skills at proper time but in Rohtak, it was not so. In about sixty per cent cases, these skills were notdeveloped at proper age. It was pointed out that work outside the home (41.0%) and weakness of child (13.0%) were two important reasons for delay in starting these practices by the children.

Levels of sitting and walking

When compared with standards, it was observed the majority (40.5%) of the respondents got medium level, followed

by low level (31.0%) and high (28.5%) (Table 23). The percentage of respondents getting high scores was more (32.0%) in urban area than rural area where majority (47.0%) had obtained medium level of scores (Fig.XI). District-wise analysis shows that majority (46.0 and 48.0%) in Rohtak and Mohindergarh district were at medium level in rural areas. In urban areas most of the respondents (42.0%) of Rohtak district got medium level and those of Mohindergarh district, got high level (44.0%) on sitting and walking practice.

Table 23. Distribution of the respondents according to level of gross motor skills (sitting and walking practices) (in per cent)

Level of gross skills motor	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Low (6-10)	30	38	26	30	28	34	31.0
Medium (11-15)	46	42	48	26	47	34	40.5
High (16-20)	24	20	26	44	25	32	28.5

It can be concluded that majority of the respondents reported sitting of their children with support at the age of 5th month in rural as well as urban areas of both the districts. This finding is in confirmity with the findings reported by Pathak (1971). The majority reported sitting of their children on their own at the age of 7th months. There was no difference among the rural and urban respondents in both the districts. Most of them also reported that children started standing with the support from 9th month and without support

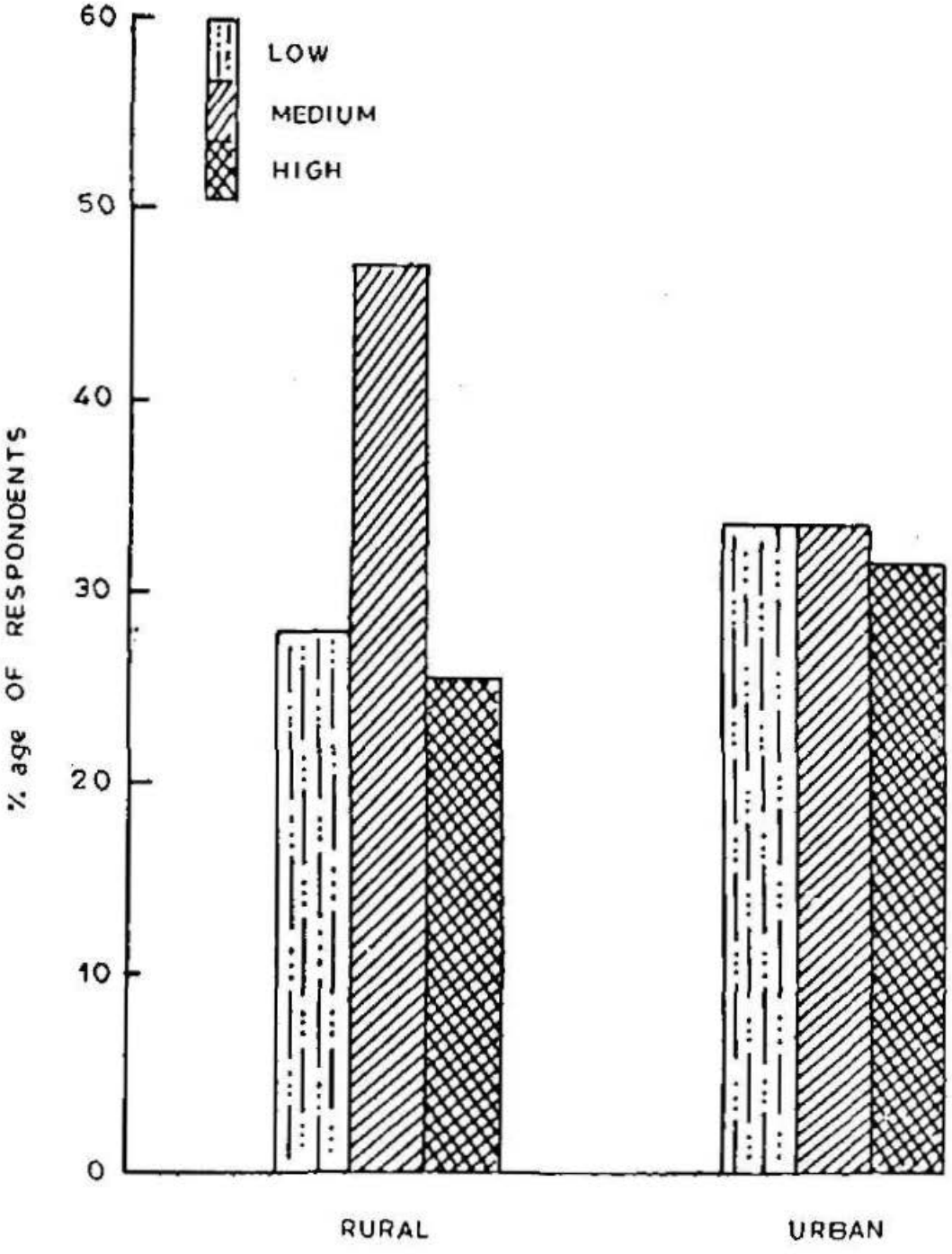

Fig. XI DISTRIBUTION OF RESPONDENTS ACCORDING TO LEVELS OF SITTING AND WALKING PRACTICES

from 11th month. Walking was reported by the majority at 13th month irrespective of sitting period. However, in Rohtak it was reported at 14th month and above whereas in Mohindergarh it was 13th month. These activities mainly depend on the motor development and growth of the children. The slight variation might be due to general difference in the care and health status of the children.

The sitting and walking skills were developed at the proper time in 45.0 per cent cases. Majority of the respondents in rural areas of both the districts reported acquisition of these skills by their children at proper time. However, in Rohtak (urban) majority of children did not acquire these skills at the right time. The acquisition of these skills by rural children at proper time might be possible due to more time devoted by the respondents on their children. The mothers of the children, who were not able to acquire these skills at the proper time reported that work outside the home and weakness of the child as the major reasons for the delay.

Further, majority of the respondents got medium level of development in sitting and walking skills. It means that majority of the respondents were somewhat appropriately following this practice. This may be due to general awareness and education of the respondents which made them to follow this practice of supporting the development of these skills somewhat appropriately.

4.2.7 Language skills (speech practices)

The various talking practices as shown in table 24 are age of babbling, using first words and forming sentences and reasons for delay.

The table shows that over ninty per cent respondents reported babbling of children at the age of first month in rural as well as urban areas of both the districts.

Majority (52.5%) of the respondents reported that their child started using first words from 11th month onwards. However, 41.0 per cent reported the same at 10th month of age. Rural-urban comparison shows that in rural area, child started using first words from 11th month onwards whereas in urban area, nearly equal percentage of the respondents reported acquisition of this skill at 10th month (47.0%) and 11th month or above (45%). District-wise comparison shows that in rural area of both the districts, this skill was acquired at the age of 11 months and above, whereas in urban areas, the same skill was acquired at 10th month of age.

Sentence formation took place at 2½ years of age in majority (55.5%) of cases, followed by 41.5 per cent cases in whom it took place at 2 years of age. The percentage of the respondents reporting acquisition of sentence formation skill at 2½ years was more in rural area (61.0%) as compared to urban (50.0%). District-wise comparison also indicates the similar findings in rural as well as in urban areas. Not much difference was obtained in the two districts.

PLATE NO. 7

Prompting the Child to Speak

Table 24. Distribution of the respondents according to language skills (in per cent)

Sr. No.	Talking practices	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
		Rural	Urban	Rural	Urban			
1	Age of starting babbling							
	Ist month	98	96	98	92	98	94	96.0
	2nd month	02	02	02	08	02	05	03.5
	3rd month	00	02	00	00	00	01	00.5
2	Age of starting using first words							
	9th month	06	04	04	12	05	08	06.5
	10th month	36	44	34	50	35	47	41.0
	11th and above	58	52	62	38	60	45	52.5
3	Age of forming sentences (years)							
	1½ year	00	02	00	10	00	06	03.0
	2 year	38	46	40	42	39	44	41.5
	2½ year and above	62	52	60	48	61	50	55.5
4	Reasons perceived for delayed speech							
	Less time devoted	48	44	32	16	40	30	35.0
	Work outside	14	08	28	32	21	20	20.5
	No delay	38	48	40	52	39	50	44.5

The major reasons given for delayed speech were devotion of less time (35.0%) followed by outside employment (20.5%). District-wise comparison shows that devotion of less time was conceived as the main reason for delayed speech by majority of the respondents in rural areas of Rohtak (48.0%) and Mohindergarh (32.0%) as well on the other hand, urban respondents of Mohindergarh (32.0%) reported working outside as major constraining factor whereas devoting by less time was reported by majority (44.0%) of the respondents as a major reason for delayed speech in Rohtak district (urban).

Levels of language skill (speech)

From the table 25, it can be seen that majority (38.0%) got high level, followed by medium (35.0%) and low level (27.0%). Rural-urban comparison further indicates that 39.0 per cent of the rural respondents reported to have reached medium level as compared to 47.0 per cent in urban areas having reached high level in talking practice. There was no significant difference in talking practices of children in rural and urban areas of both the districts as the majority in rural areas of both the districts attained medium level and in urban areas, majority attained high level on talking practice (Fig. XII).

It can be inferred that majority of the rural children started speaking at the age of 11 months while the urban children started it at the age of 10th month of age in both the districts. Sentence formation started at the age of 2½ years in

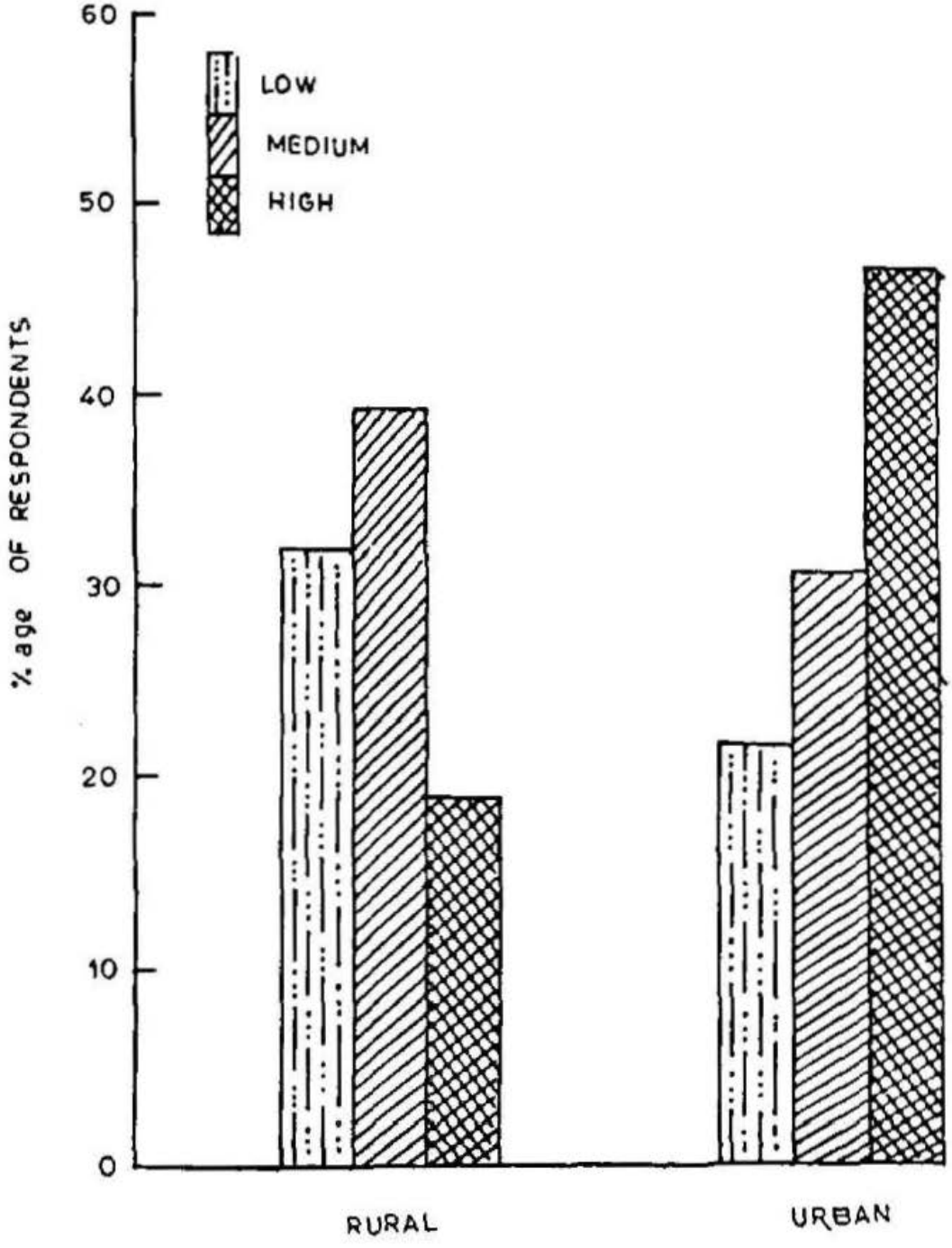

Fig. XII DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF SPEECH PRACTICES

Table 25. Distribution of the respondents according to level of language skills (in per cent)

Levels of language skills	Area I (R)		Area II (M)		Rural (R+M)	Urban (R+M)	Total
	Rural	Urban	Rural	Urban			
Low (5-6)	30	32	34	12	32	22	27
Medium (7-8)	40	30	38	32	39	31	35
High (9-10)	10	38	28	56	19	47	38

rural as well as in urban areas of both the districts. It was also reported by most of the respondents that the lack of time devoted on children due to their job outside the village/town was the major reason for delay in starting speaking and sentence formation. On the whole, the respondents reached upto high to medium level of scores on talking practice. Thus, on the whole, the respondents were prompting their children to start speaking at right age. The findings is in confirmity with the findings of Cormican (1976), Gunter (1986) and Falco (1987). This was mainly due to general awareness of respondents towards this practice which was due to their education.

It can be inferred that majority of the rural children started speaking at the age of 11 months while the urban children started it at the 10th month of age in both the districts. Sentence formation started at the age of 2½ years in rural as well as urban areas of both the districts. It was reported by most of the respondents that the lack of time devoted on children due to their job outside the village/town

was the major reason for delay in starting speaking and sentence formation.

4.3 Role Conflict

To assess the extent of role conflict, five variables viz., job stress, home role stress, job expectation, home expectation and job satisfaction were studied. These all variables are presented in three categories viz., low, moderate and high. To have the extent of role conflict, the range of total scores of above mentioned variables were divided into three to have three categories viz., low, moderate and high were made. Thus, role conflict is expressed as low, moderate and high.

4.3.1 Job stress

The data in Table 26 revealed that 74.5 per cent respondents faced moderate level of stress, followed by those who expressed low (23.0%) and high level (9.5%) of stress in their job roles. Rural-urban comparison further indicates that the majority in both the areas were facing moderate level of job stress. However, it may be further noted that the percentage of respondents facing low level of stress was less in urban area (7.1%) (Fig. XIII).

District-wise comparison indicate that moderate level of stress was experienced by majority of the respondents of Rohtak district (72.0%) whereas majority of the respondents from Mohindergarh district (54.0%) faced low level of job stress. It indicates that respondents from high literacy district had

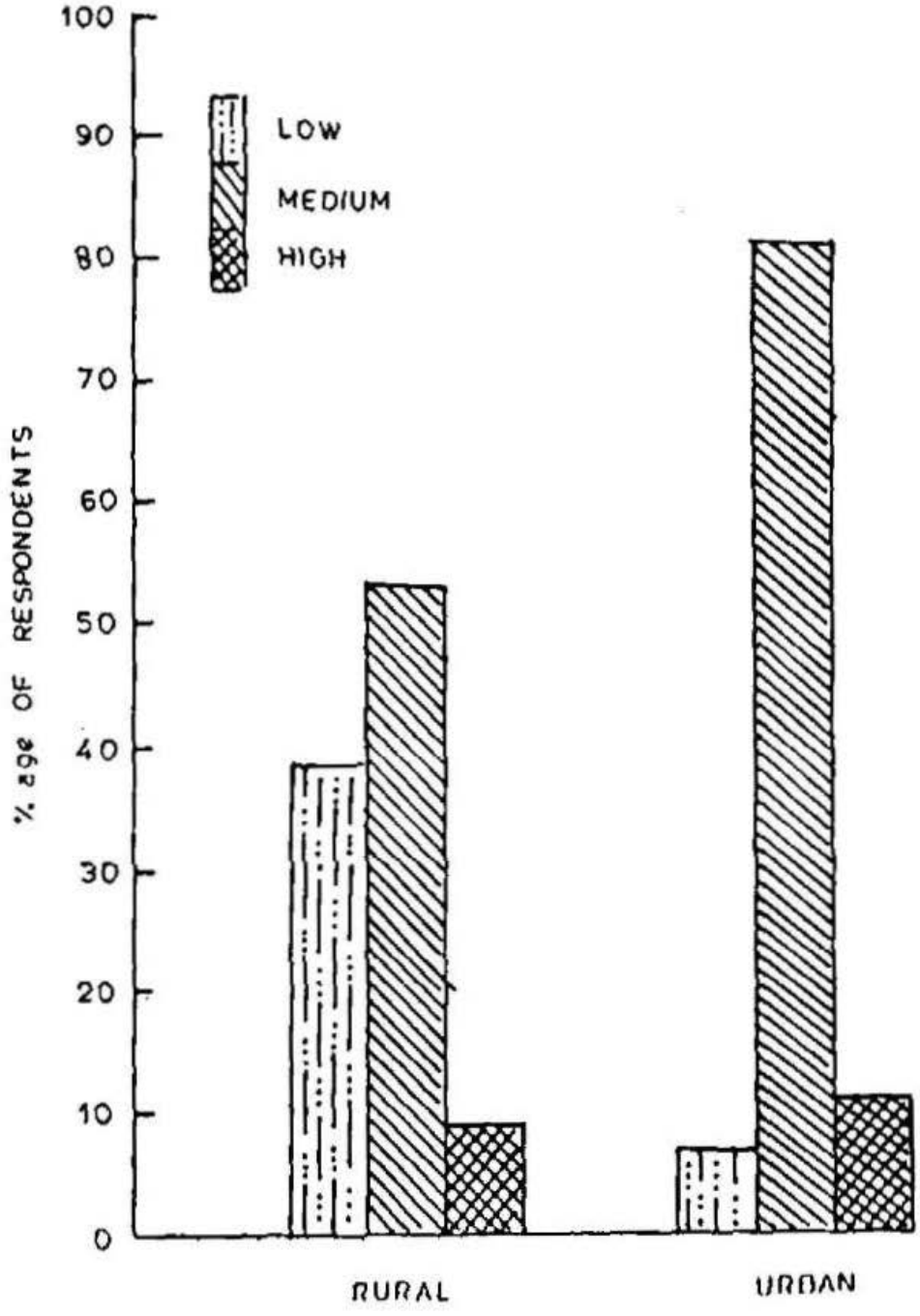

Fig. XIII DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF JOB STRESS

Table 26. Distribution of the respondents according to conflict faced in dual roles (Job role and home role) (in per cent)

Sr. No.	Role conflict variables	Area I (R) Rural	Area I (R) Urban	Area II (M) Rural	Area II (M) Urban	Rural (R+M)	Urban (R+M)	Total
1	Job stress							
	Low (24-39)	24	08	54	54	39	07	23.0
	Moderate (40-55)	64	80	42	42	53	82	74.5
	High (56-72)	12	12	04	04	08	11	09.5
2	Home role stress							
	Low (28-46)	10	00	06	02	08	01	04.5
	Moderate(47-65)	48	54	70	66	59	60	59.5
	High (66-84)	42	46	24	32	33	39	36.5
3	Job expectation							
	Low (22-27)	08	00	00	00	04	00	02.0
	Moderate(28-33)	04	04	06	06	05	03	04.0
	High (34-39)	88	96	94	94	91	97	94.0
4	Home expectation							
	Low (22-27)	00	00	00	00	00	00	00.0
	Moderate(28-33)	00	00	00	00	00	00	00.0
	High (34-39)	50	50	50	50	100	100	100.0
5	Job satisfaction							
	Low (19-31)	18	10	14	10	16	10	13.0
	Moderate(32-44)	70	88	82	80	76	84	80.0
	High (45-57)	12	02	04	10	08	06	07.0
6	Extent of role conflict							
	Low (174-205)	22	04	32	06	27	05	16.0
	Moderate (206-237)	60	78	58	76	59	77	68.0
	High (238-268)	18	18	10	18	14	18	16.0

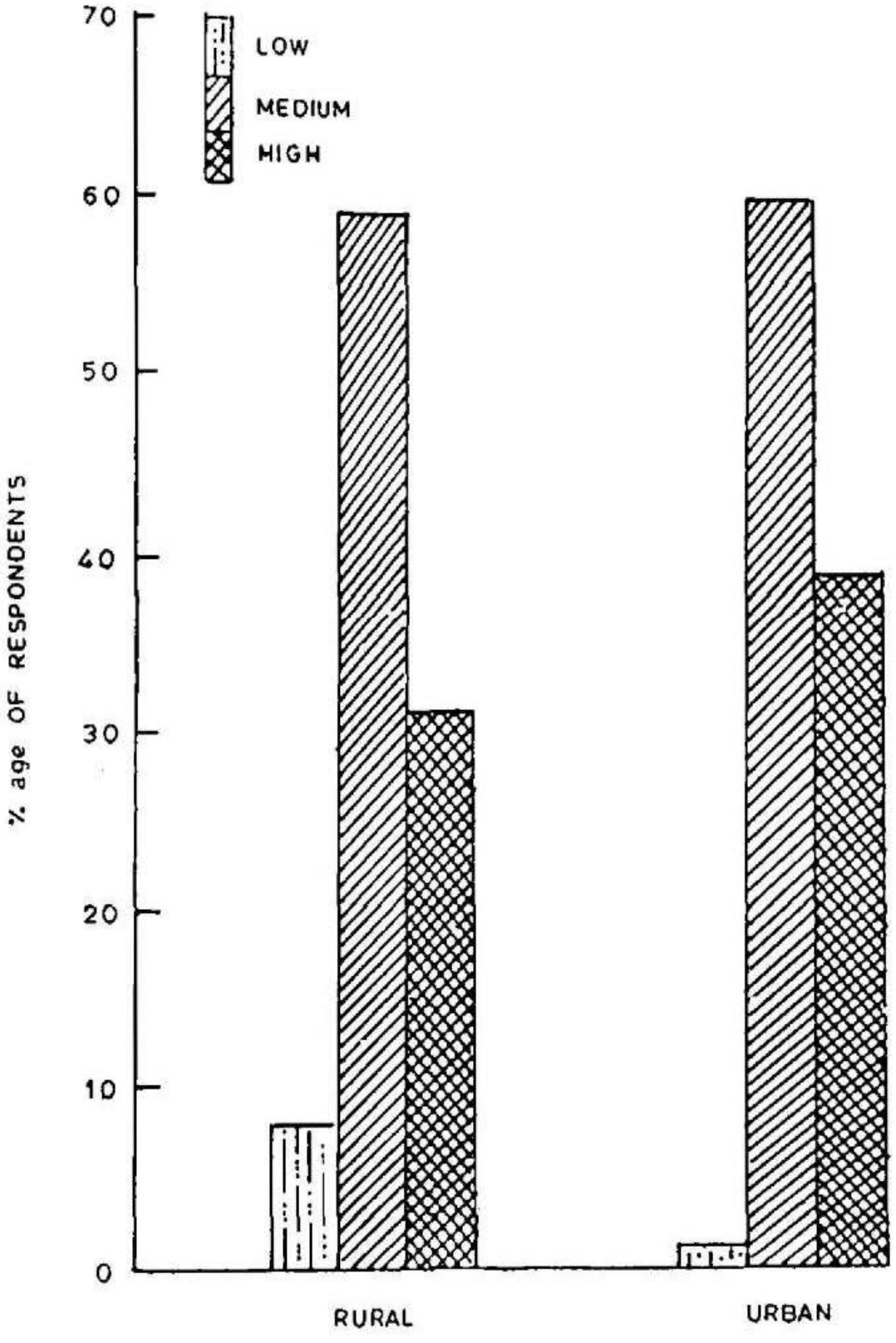

Fig. XIV DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF HOME ROLE STRESS

more job stress than those belonging to Mohindergarh district, the low literacy level district.

4.3.2 Home role stress

The table further indicates that the respondents faced moderate (59.5%) to high level of stress (36.5%) in performing the home roles and responsibilities. Only 4.5 per cent respondents were facing low level of role stress at their homes. Similar trend in results was observed in rural and urban respondents whether from high literacy district or from low literacy district where majority were facing moderate to high level of stress (Fig. XIV). Inter-district comparison further shows that in Rohtak district, the number of the respondents facing high level of stress were more (44.0%) than in Mohindergarh district (28.0%) whereas moderate level of stress was reported more (68.0%) by the respondents from low literacy district Mohindergarh district than Rohtak, the high literacy district (51.0%). It may be interpreted that district-wise the respondents from Rohtak district had experienced more stress related to the home roles and responsibilities than those of Mohindergarh district.

4.3.3 Job expectation

Almost all the respondents (94.0%) expressed high expectations from their job. Only a small number of respondents had moderate (4.0%) and low level (2.0%) of job expectation (Fig. XV). There was no difference among the respondents of rural and urban either from Rohtak or Mohindergarh district in this respect.

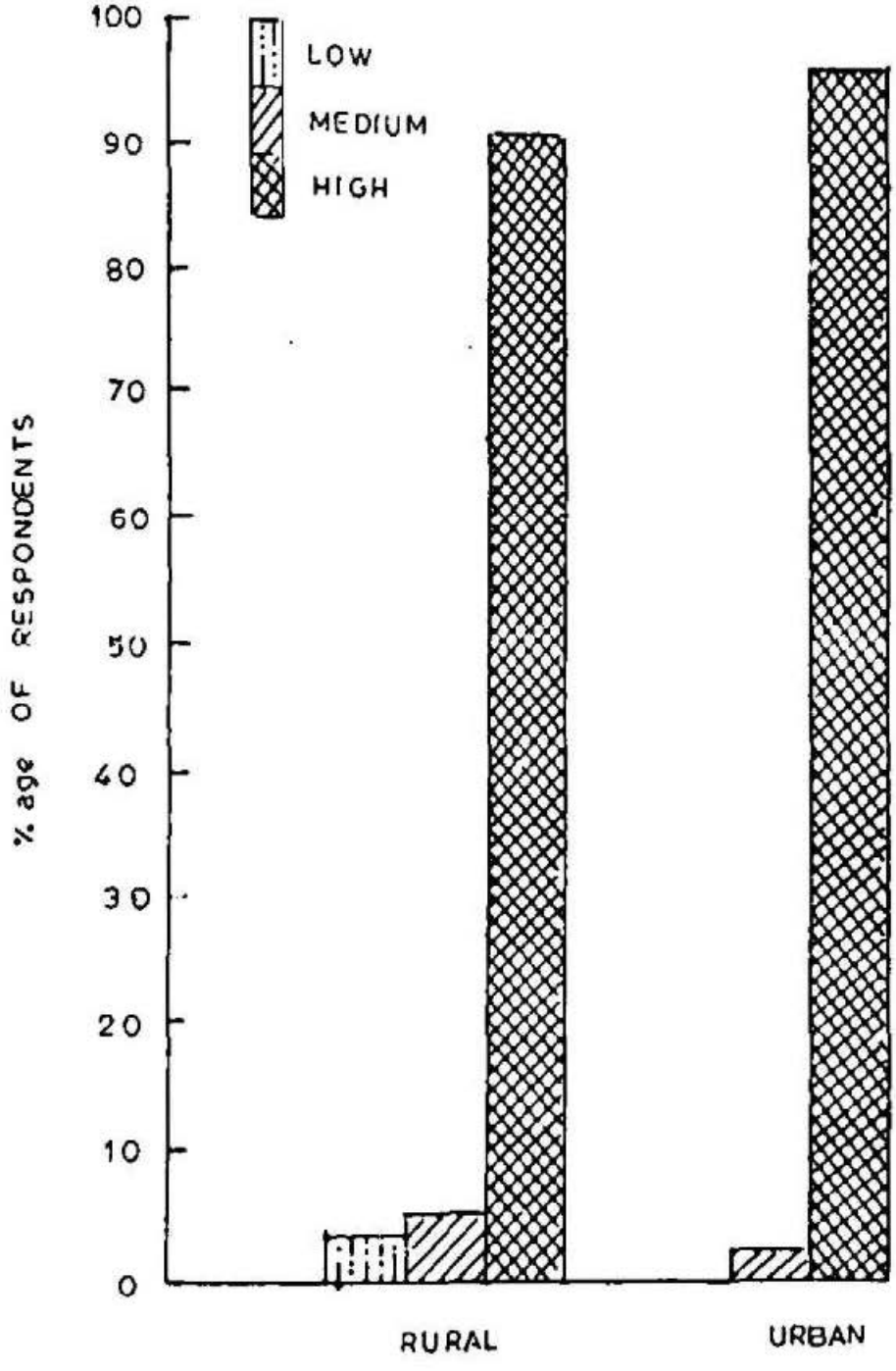

Fig. XV DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF JOB EXPECTATION

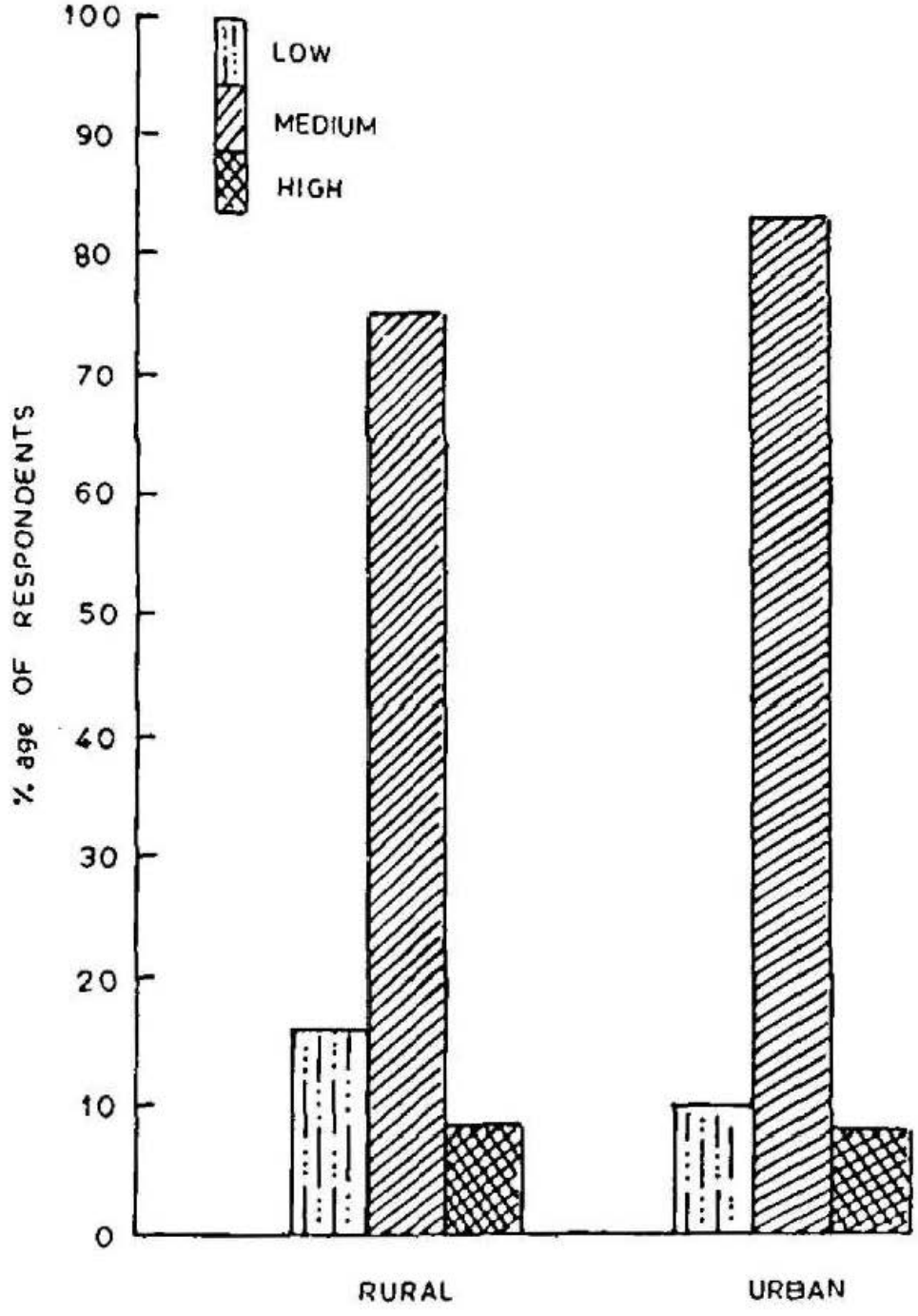

Fig. XVI DISTRIBUTION OF THE RESPONDENTS ACCORDING TO LEVELS OF JOB SATISFACTION

4.3.4 Home expectation

All the respondents irrespective of background and districts had high expectations from their homes.Thus, they wanted more cooperation from their family members. Considering the strain and stress caused by the job roles, the family members should cooperate more with the working mothers for better performance of home roles and responsibilities.

4.3.5 Job satisfaction

Eighty per cent respondents expressed moderate level of job satisfaction, followed by those who experienced low (13.0%) and high (7.0%) job satisfaction. Rural-urban and inter-district comparison shows nearly similar results (Fig. XVI). It implies that there is scope to improve working conditions to increase the job satisfaction of the respondents because it not only harms the individual rather affects the performance level of workers also. Some of the respondents had low level job satisfaction (about 13.0%). The case study in last section of this chapter will help to ascertain the reasons behind low level of job satisfaction.

4.3.6 Role conflict

To assess the conflict faced in performing home roles and job roles, the scores of above mentioned variables were merged together. The three categories were made i.e. low, moderate and high by dividing the total range into three equal divisions.

The data reported in table show that 68.0 per cent respondents faced moderate level of conflict in performing both

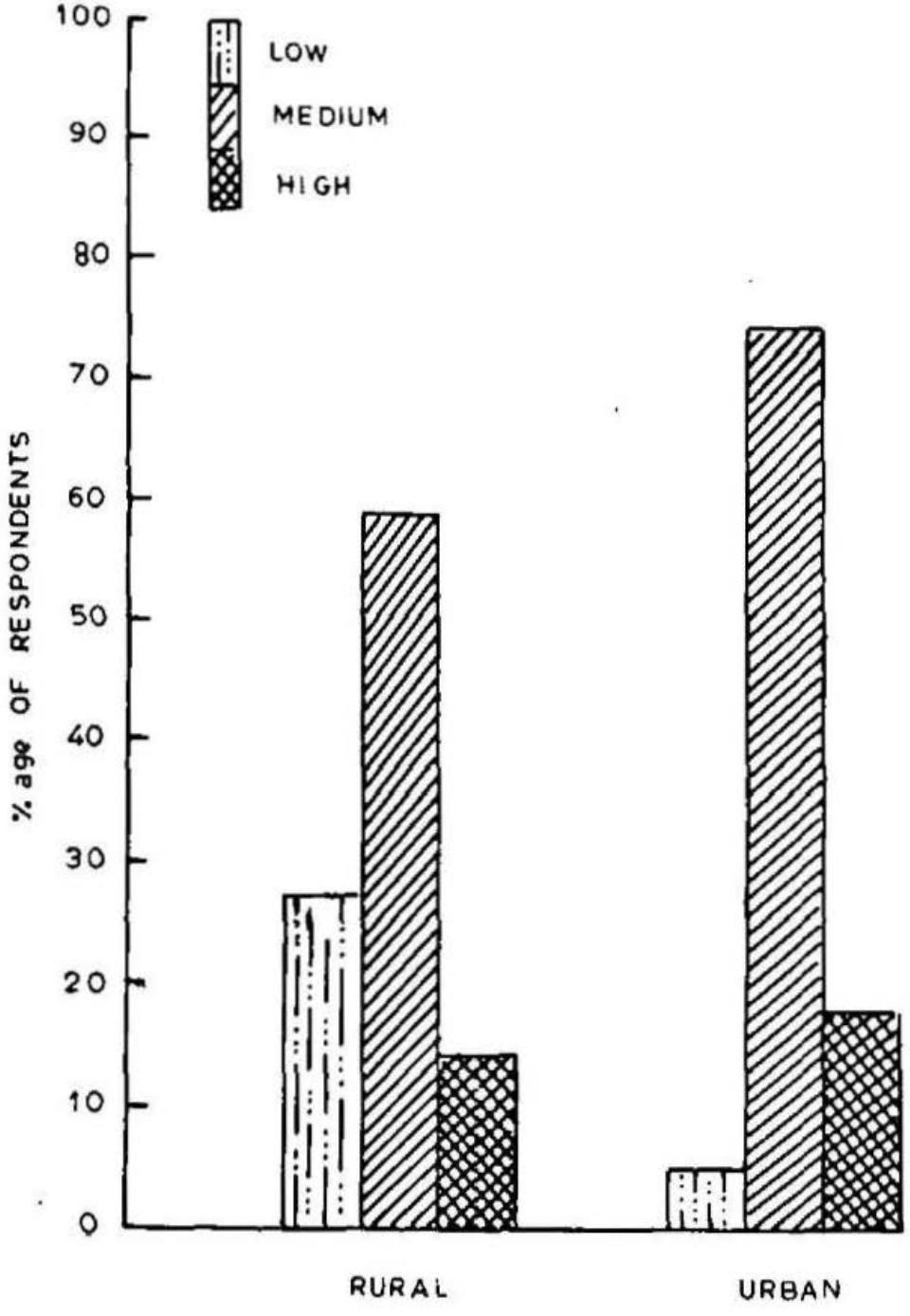

Fig. XVII DISTRIBUTION OF THE RESPONDENTS ACCORDING TO EXTENT OF CONFLICT FACED IN MANAGING DUAL ROLES

types of roles while equal percentage (16.0%) of the respondents experienced low and high level of conflict in handling the dual roles. Rural-urban comparison shows that the percentage of the respondents facing modeate level conflict was more in urban areas (77.0%) than in rural (59.0%) (Fig. XVII). Inter-district comparison also yields similar findings i.e. more urban respondents of both the districts were facing moderate and high conflict as compared to rural respondents of both the district who were facing moderate or low. It means that the respondents of both the districts, particularly of urban area were facing conflict to a greater extent in performing the dual roles. Steps are needed to minimize the role conflict to the maximum possible extent.

Thus, it can be concluded that most of the respondents were facing job stress and home role stress though it was of moderate level. The stress in job and home roles was more in the respondents of Rohtak district as compared to those of Mohindergarh district. The respondents had high expectations from job and home and most of them expressed moderate level of satisfaction. Combining all these variables to assess the extent of role conflict, it was found that they were facing moderate level of conflict in performing both the job and home roles. Thus, it could be interpreted that working women were facing stress in combining both the home and job roles. The findings is in line with the findings of Singh (1972), Craig (1979), Malhan and Gilbert (1980), Mies (1980), Maret and

finlay (1984), Rapoport and Rapoport (1980), Paranjpee (1986), Moss (1983), Hoffman (1979) and Rutter (1981).

Thus, if the working gets better job and home atmosphere, than only her role conflict can be reduced to have happy experiences in caring the child.

4.4 Relationship of Dependent Variables with Child Care Practices Adopted by Working Mothers

Correlational analysis was done to assess the relationship between various independent factors with different child care practices and the values obtained were tested at 5 per cent level of significance.

It is seen from the table 27 that eight variables viz., age, family type, family size, caste, occupation (self and husband), income and family commitment showed no significant relationship with any of the child care practices adopted by the respondents. Thus, it can be inferred that above mentioned variables are not directly related with these child care practices of working mothers. The correlational table further shows that the extent of correlation is, in general, very low. It is as low as 0.006 and as high as 0.865 (job expectation with bathing and toilet). Barring these correlations, all other correlations are very low, though may be significant because of greater N.

Further, four variablez, viz., occupational involvement, job satisfaction, job stress and role conflict showed relationship with a few child care practice only.

Table 27. Correlation coefficient between different child care practices of working mothers with their independent variables

Sr. No.	Independent variables	Feeding and weaning	Bathing	Toilet	Sleeping	Immunization and health	Sitting and walking	Speech
1	Age	0.0503	0.039	0.078	-0.119	-0.101	0.086	0.014
2	Education (self)	0.3031*	0.068	0.029	0.051	0.161*	0.237*	0.193*
3	Education (husband)	0.2341*	0.015	0.046	-0.048	0.100	0.206*	0.168
4	Family type	0.090	-0.022	-0.056	0.044	0.033	0.090	-0.013
5	Family size	0.060	0.035	-0.001	0.070	-0.034	0.061	-0.051
6	Caste	0.015	-0.055	-0.026	-0.050	0.047	-0.020	-0.013
7	Occupation (self)	0.000	0.000	0.000	0.000	0.000	0.000	0.000
8	Occupation (husband)	0.041	0.035	0.054	0.030	0.013	0.018	0.041
9	Occupational involvement	0.032	0.032	0.08#	-0.007	-0.187*	0.112	0.053
10	Family income	0.076	0.034	0.047	-0.055	0.068	0.087	0.088
11	Job commitment	0.229*	0.028	0.067	-0.144*	0.104	0.189*	0.120
12	Family commitment	0.054	-0.114	-0.124	-0.075	0.125	0.018	0.016
13	Job satisfaction	0.151*	0.019	0.061	-0.086	0.025	0.110	0.023
14	Job stress	0.210	0.017	0.013	-0.021	0.019	0.048	0.029
15	Home role stress	0.042	-0.181*	-0.237*	0.079	0.195*	-0.099	0.057
16	Job expectation	0.453*	0.865*	0.860*	-0.197*	-0.048	0.441	-0.015
17	Home expectation	-0.007	0.173*	0.291*	0.074	0.102	-0.226*	0.475*
18	Role conflict	0.129	-0.107	-0.113	0.056	0.116	-0.062	-0.510*

*Significant at 0.05 level with 198 d.f.

The most important variable identified was job expectation which had significant relationship with five child care practices viz., feeding and weaning (+ve), bathing (+ve), toilet (+ve), sleeping (-ve), and sitting and walking (+ve). Further, the positive relationship shows that proficiency in one will affect the performance in other field. For example, if job expectation is high, the level of practices like feeding and weaning, bathing, toilet and sitting and walking will be better. When a mother expects more in jobs, her satisfaction level may not be high and she seems to be involved more in home rather than her job. And as a result, she might be availing more leaves and spending more time on her children. Thus, the level of practices were better in these women. However, the negative correlation with sleeping practices shows that she leaves this job (sleeping the child) for others and involves herself with other practices which need her active participation.

The other important variables were education (self) and home expectation. These two variables had significant relationship with four child care practices. Education of self had significant positive relationship with feeding and weaning, immunization and health, sitting and walking and speech practices. Thus, more the educated mother is, the better will be her participation in these above mentioned child care practices. The influence of education is logical as the educated mothers would tend to take more care of the child. She

is aware of importance of immunization, child's nutrition and stimulation for muscular development and other skill development like speech. This finding finds support from Madhok and Deulkar (1970), Kalara and Dayal (1982) and Alvarez (1985).

Similar working mother's expectation from home roles and responsibilities had positive relationship with bathing, toilet and talking practices and negative relationship with sitting and walking. Thus, higher expectations from home will lead to better bathing, toilet and speech practices, whereas sitting and walking will be affected adversely. The home role expectations include expectations by the mother from other members of the family. Under such mental state, when both the parties are expecting high from each other, this will lead to more alertness among them. If one is unable to perform the child related activities, others will take up and hence, the child will be cared in a better way. The results here have shown better bathing and toilet and other speech related practices, somehow, the sitting and walking were affected adversely.

Three variables, namely, education (husband), job commitment and home role stress showed significant relationship. Education (husband) showed significant relationship with feeding and weaning, sitting and walking and talking practices while job commitment influenced feeding and weaning, sleeping (-ve) and sitting and walking practices significantly. This shows that when husbands are educated, either they participate in some of the activities related to

child's care or make other family members take proper care of child. Such practices are related to child's proper milk intake and other supplementary foods. They also help in encouraging the child to sit, walk and repeat babbling or small words. Bathing, toileting, sleeping and immunization were the practices where they did not interfere much. The higher job commitment of mothers were also related to two practices positively and one practice negatively. The more committed women are more sincere towards their role in general. This seems to be a psychological characteristic and committed persons will perform their roles more efficiently and this is the reason that women committed to job have not ignored their commitment towards the child. They are involved where their active participation is required and actively like sleeping is left to others.

The home role stress showed significantly negative relationship with bathing and toilet practices and positive relationship with immunization and health practices. Nelson (1979) also observed that there was more dissatisfaction from house work than in job. Thus, if the respondents are facing more stress at home, then their bathing and toilet practices would suffer i.e. they would not be able to devote more timings on these practices. Similarly, if they are facing more stress, then they would be following immunization and health practices properly because these cannot be ignored as they are educated and know its importance.

Analysing the results practicewise, it can be from table 28 that feeding and weaning practice has association with as many as six variables i.e. education (self), education (husband), job commitment, job satisfaction, job stress and job expectation. While sleeping practice has negative relationship with two variables viz., job commitment and job expectation. It means that if a working mother is highly committed towards her job and had high expectation, than the sleeping practice will be adversely affected and vice-versa. Further the association pattern is same in some cases. For example, both the bathing and toilet practices have association with home role stress (-ve), job and home expectation variables. Similarly, the self education as well as education of the husband is positively associated with feeding and weaning, sitting and walking and speech practices highlighting their role for these practices.

4.5 Magnitude of Effect of Independent Variables on Child Care Practices Adopted by Working Mothers

To find out the magnitude of effect of independent variables in totality as well as individually on different child care practices adopted by the working mothers, a multiple regression analysis was done. This technique was applied on those variables which had significant correlation with the dependent variables. The findings are presented in table 29.

It is seen from the table that out of ten variables which had significant correlation with the dependent factor, only six variables viz., education (self), job commitment, occupational

Table 28. Relationship between different child care practices and independent variables

Sr. No.	Child care practices	Dependent variables
1.	Feeding and weaning	Education (self), Education (husband), Job commitment, Job satisfaction, Job stress, Job expectation.
2.	Bathing	Job expectation, Home expectation, Home role stress (-ve).
3.	Toilet	Home role stress, Job expectation, Home expectation
4.	Sleeping	Job expectation (-ve), Job comitment (-ve)
5.	Immunization and health	Education (self), Job expectation(-ve), Occupational involvement (-ve).
6.	Gross motor skills (sitting and walking practices)	Education (self), Education (husband) Job expectation, Home expecation (-ve)
7.	Language skills (speech)	Education (self), Education (husband), Home expectation.

Table 29. Regression coefficients of child care practices by working mothers with independent variables

Sr. No.	Independent variables	Feeding and weaning	Bathing	Toilet	Sleeping	Immunization and health	Sitting and walking	Speech
1	Education (self)	0.760*	-	-	-	-0.030	0.766	0.488
2	Education (husband)	0.052	-	-	-	-	0.178	0.177
3	Job commitment	0.118	-	-	-0.060*	-	0.222	-
4	Job satisfaction	0.036	-	-	-	-	-	-
5	Occupation involvement	-	-	-	-	-0.130*	-	-
6	Job stress	0.050	-	-	-	-	-	-
7	Home role stress	-	0.035	-0.006	-	0.016*	-	-
8	Job expectation	0.343*	1.320*	1.312*	-0.054*	-	0.750*	-
9	Home expectation	-	-0.224*	-0.020	-	-	0.560	-0.543*
10	Role conflict	-	-	-	-	-	-	-0.011
	R^2	34.5	76.9	74.0	6.0	8.0	41.0	27.7
	F	16.94	218.37	186.09	6.34	5.74	27.01	18.73

*Significant at 5 per cent level of significance

involvement, home role stress, job expectation and home expectation yielded significant regression coefficients with different child care practices. It could be, thus inferred that these six variables are causing variation in adoption of different child care practices.

The most important variable was job expectation as it showed significant regression coefficient with five child care practices viz., feeding and weaning, bathing, toilet, sitting and walking and sleeping. It may be inferred that job expectation is the major source of variation in five child care practices.

Husband's education, job satisfaction, job stress and role conflict had no significant regression coefficients. Thus, these variables are not important for causing variation in child care practices. Education of husband may not be important as mainly mothers are involved in child care practices. Thus, father's education do not cause any significant variation. Since most of the respondents were employed in only government job, they may not have the problem of job stress and role conflict. If they don't have stress in job and don't face any conflict, then they would be satisfied in job too. Due to these reasons these variables and job satisfaction have no significant regression coefficient.

Further, it is also seen from the table that value of R^2 is significantly high only in two practices i.e. bathing and toilet. It indicates that variables taken for these practices

Table 30. Significant regression effect of independent variables on dependent variables

Sr. No.	Variables	Child care practices with which the variables has a significant regression coefficient
1.	Job expectation	Feeding and weaning, bathing, toilet sleeping and sitting and walking.
2.	Home expectation	Bathing, sitting and walking and speech
3.	Home role stress	Immunization and health
4.	Occupational involvement	Immunization and health
5.	Job commitment	Sleeping
6.	Education (self)	Feeding and weaning

are very important in causing variation. About 75.0 per cent variation in these practices is influenced by three variables i.e. home role stress, job expectation and home expectation. So, these variables are important in causing variation in bathing and toilet practices.

In rest of the cases, the R^2 value is low and non-significant. Hence, there must be some other factors also influencing the variation in the adoption of remaining five practices i.e. feeding and weaning, sleeping, immunization and health, sitting and walking and speech practices.

Thus, on the whole, it may be concluded that job expectation is the most important variable which is causing

variation in adoption of different child care practices (Table 30). Further, bathing and toilet practices showed significant R^2 values and their variation is influenced by home role stress, job expectation and home expectation.

The following section includes case studies of two respondents of the sample.

CASE STUDIES

1. Nirmal Kumari

She was 30 years old and was married to Shri Ram Mehar in the year 1986. The main occupation of their family was service. Both were in government jobs. The respondent's father was also a government employee. He was well educated and was working in a bank. However, her mother was simply a housewife. Thus, occupation of her parental family was also service. The respondent herself was working as a staff nurse in Primary Health Centre at Chiri village of Rohtak block and her husband was a teacher in government school in a nearby village. She was educated upto matric and her husband was graduate. There were only four members in the family. She had two sons, one aged 5 years and another aged 2 years. Her in-laws were not residing with her, though, they were paying frequent visits. Thus, her family was a nuclear family. She was Jat by caste and economically her family condition was quite sound. Though, mother-in-law was not residing with them but at the time of delivery, she was the main caretaker. She was main source of information about child-care.

Her average breast feeding span to children was about one year. She started breast feeding after 7-8 hours of birth. Though, Ghutti was given to the children, but, otherwise, mother's milk was the first food. She was breast feeding the

children 5 to 6 times in a day at fixed schedule and did not faced any difficulty in breast feeding. Weaning was started by her at 5th months of age and was serving the weaning foods two or three times a day. Top milk was given at four months of age and in weaning foods, she gave the children, the readymade weaning foods (cerelac, farex) and dal water, etc. Then, after a month, she gave them mashed potato and banana and biscuits too. On the whole, her feeding practices were good.

Regarding the adoption of bathing practices, her children were bathed just after birth by the ANM as she delivered both the babies at the hospital. She was bathing the children daily in summers and on alternate days in winters. Her husband was helping her in doing this activity in later stages. She was using ordinary soap for bathing the child. For massage, she was using mustard oil and coconut oil. She was bathing the children by holding them on legs.

Toilet training was started on average at 5 months of age. The training was given through conditioning the child in which the child is held in a particular position after regular intervals. Independence in bladder movements were achieved at the age of 2 years. Mother-in-law imparted the training upto 6 months and afterwards the respondent was the main person. About 2-3 hours were spent daily on training the child in various activities.

Regarding sleeping habits, she made the child sleep with her upto 2 years of age and mother-in-law was the main

caretaker when she was away. Infact, her house was so close to the hospital that she herself took full care of the child. However, whenever she had to leave the centre or village, she left her child with her mother-in-law who was living in nearby village. She also adopted immunization schedule as prescribed and checked the weight of the child regularly after every month for the first six months. Easy availability of the scale was probably the main reason.

Her child was able to sit with support at 6 months of age and without support at 8th month of age. Standing with support was observed at 9th month and without support was observed at 12th month. Working skills were accomplished at 14th month of age. Both, the father and mother stimulated the child for this development. Their grand-parents also helped in achieving these gross motor skills. But, sitting and walking skills were not developed according to the standards laid. Although the child was late in acquisition of these skills, physical weakness of child was reported as the major reason for late development. Physical weakness was not due to any major illness, but it was only the general weakness.

Language skills (speech) were accomplished a little late as the child started babbling at 2 months of age. The child used first words at 1½ years of age and sentence formation took place at 3 years of age. Although, the child was encouraged by all the family members to talk, but weakness of the child was again hindering the speech skills.

She was assisted well by her mother-in-law and husband in taking care of children and home. Her husband was very cooperative. He was assisting her in all the child care practices on working days and holidays. She was not facing any conflict due to her role as a mother.

She was not facing any conflict due to home duties too. Her mother-in-law, though was not educated, but was managing home well. She was about 50 years of age but was still active enough to perform the home roles. Earlier, she stayed during delivery and would also come quite often to help her and the child. The respondent herself was performing the home duties like cleaning of the house, cloth washing, dish washing, etc., though her husband also helped her in these activities.

Further, there was no tension in the family on account of her going to job as she was assisted by other family members i.e. mother-in-law and husband. She did not carry home worries along while at the desk. The hospital was close to her house and thus she could manage to go home quite frequently. As she was working in primary health centre, her workload was very less. She was very much satisfied with her job as it was not mounting tensions in her mind and she was able to devote full time and attention to her home and children.

As a result, she was attending her child with warm love and tender care. All feeding, weaning, sleeping and health practice were being observed with full care and attention. The family environment was congenial, cooperative and full of understanding for each other. There were no job and home tension and child was given full care and attention.

2. Santosh

She was 27 years old and was married to Rajinder Kumar in the year 1987. The respondent's husband was working in a private company and she herself was lecturer at Government Girls' Senior Secondary School, Narnaul. Thus, the main occupation of family was service.She was postgraduate and her husband was graduate. There were five members in the family. She had two daughters aged 5 years and 1 year and belonging to nuclear family. She was Ahir by caste and her family condition was economically not sound enough. Her mother-in-law was residing with her and her father-in-law died in year 1985. Her husband was the only son who could look after the mother.

She breast fed the children upto 6 months only as she was also weak and milk was not adequate. She started breast feeding after 3-4 hours from birth. 'Ghutti' was given to the children, but, otherwise, mother's milk was the first food. She was breast feeding the child 3 to 4 times in a day at fixed schedule, though, she faced difficulty in breast feeding. It was because of her weakness. Weaning was started at 5th month of age and was serving weaning foods three times a day. Milk, mashed potato and banana, dal water, juice, biscuits and cerelac were used as the weaning foods by the respondents. On the whole, she managed to provide the child nutritious feeds.

Regarding the adoption of bathing practices, her children were bathed just after birth by the trained nurse who was called at home at the time of delivery. She was bathing the child daily in summers and on alternate days in winters. Her

mother-in-law helped her in this activity. Her husband was not at all interested in these activities. Baby soap was used for bathing and coconut oil was used for massaging. Children were bathed in tub.

Toilet training was started at 8th month of age and complete independence in bladder movements was achieved at the age of 2 years. Mother-in-law and she herself was imparting training through simple conditioning method. About 1-2 hours were spent daily on training the child in various activities.

Regarding sleeping habits, she made the child sleep with her upto 3 years of age and mother-in-law was taking care of child when the respondent was away. Though, immunization schedule was adopted, but, she did not checked the weight of her children regularly after every month. This was mainly because of lack of time. Moreover, the hospital was very far away from her home and her husband was not interested in all this. So, it was very difficult for her to pay regular visits to the hospital at her own.

Her child was able to sit with support at 7th month of age and without support at 8th month of age. Standing with support was observed at 1 year and without support at 1¼ years. Walking was accomplished at 1-3/4 years. The child was weak and moreover did not receive much help in this area, as she was working outside and was faced with shortage of time in managing home and job roles. Her mother-in-law, though was taking care of the children, but was not helping the child in acquisition

of these gross motor skills. Her husband was not at all interested in these activities. These skills were acquired at later stage mainly due to lack of stimulation, encouragement and due to weakness of child.

Language skills (speech)were acquired at proper time. The child started babbling at 1 month age and first words were used by the child at 11th month of age. Sentence formation took place at 2 years of age. The respondent and her mother-in-law were the main sources who promoted the child for babbling and other language skills.

Thus, the child care practices were accomplished with the help of mother-in-law. Her husband was not helping her. Mother-in-law, though, was handling the children, but still, her treatment was very harsh and rude. She was, thus, having conflict in her mind due to the family atmosphere and was having tension in her mind.

Regarding the home role, she had to do everything in the home. She was getting up at 4.30 a.m. At morning, she was doing cleaning of house, dish washing, cooking and getting ready for her job. She was residing in a nearby village and thus had to leave the home one hour before the school timings. She was not receiving any kind of help in matter of looking after the home roles. She was performing all the tasks single handedly. After returning from school, she was not having any rest. She, then got engaged in different household activities. Thus, she was facing conflict due to her home.

Further, there was tension in the family on account of her going on the job as she was not assisted by other family members i.e. mother-in-law and husband. While on the job, she was worried of home duties as she was performing them single handedly. Due to more task at home, she was often reaching late to school, and thus, her job was affected. Moreover, sometimes, she was not able to complete the job tasks also. She was not satisfied with the way she was handling the job but she was in vain. Due to heavy work-load at home and job, she was having conflict in her mind due to dual roles and she was not able to devote full time and attention to home and children.

As a result, she was not able to attend her children with warm love and affection. Sometimes, she was very rude to them due to tensions. But, sometimes she was doing her best to give full care and attention to them. All this was done at her own cost i.e. in doing all this, she was overstraining herself. Her family environment was unpeaceful, non-cooperative and was lacking understanding. Due to all these, the respondent was having tensions in her mind while attending to the children and performing other tasks.

CHAPTER-5

SUMMARY AND SUGGESTIONS

Children, being the most crucial human resources of a country, require special care and attention right from the birth to ensure their healthy growth and development. But, when mother and father both work either the child gets ignored or the mother gets overstrained. The conflict lies between her roles of a housewife and mother on one hand and occupational role on the other. In Indian culture, working women face number of problems due to traditional role expectations and non-conductive environmental inputs or lack of appropriate substitute care. The child and mother all get affected. Recognizing the crucial importance of child care practices and conflict faced by these mothers, the present study was undertaken keeping in view the following objectives:

1. To study the child care practices among working mothers
2. To ascertain the nature and extent of role conflict among mothers and its effect on child care practices
3. To identify the factors associated with child care practices

The study was conducted in rural and urban areas of Rohtak and Mohindergarh district of Haryana state. The rural sample was drawn from one block of each district and the urban sample was drawn from the district headquarters. The

respondents were 200 mothers serving at health centres or government schools in both the areas.

The socio-personal, economic and psychological characteristics of respondents viz., age, education, education (husband), family size, type of family, caste, occupation (husband), family income, occupational involvement, job commitment and family commitment were taken as independent variables. Various components of child care practices viz., feeding and weaning, bathing, toilet, sleeping, health and immunization, sitting and walking and speech , etc. were the as dependent variables. The independent variables viz., age, education, education (husband), type of family, family size, caste, occupation (husband) were measured through SES scale of Trivedi (1963). For family income job commitment and family commitment, indices were made. The dependent variable was measured through structured schedule. The data were collected personally with the help of an interview schedule and analyzed by applying percentages, co-relation and multiple regression technique.

Results

Profile of the respondents

The majority of the respondents belonged to the age group of 26-30 years (49.5%) and were matriculates (40.5%). Thirty-two per cent of the respondents' husbands were matriculates. More than 50.0 per cent respondents had small sized nuclear families and belonged to middle caste. Majority (73.5%) of the respondnts' husbands were engaged in service.

Thirty-two per cent respondents were having family income above Rs. 3500 per month. Majority of the respondents had moderate level of job and family commitment.

Child care practices

Feeding and weaning: Majority of the respondents (82.5%) gave first feed to their child after 3-8 hours from birth and mother's milk was the first food. Majority (64.0%) were giving feed at fixed schedule and continued breast feeding upto 1 year (47.0%). The breast feeding was disrupted due to their working outside the home (25.5%). The highest number of the respondents (29.0%) started weaning foods at 5th month of age. Milk was the weaning food in case of 96.0 per cent of the respondents which was given twice or thrice a day. Mother-in-law was the main caretaker of children during the absence of the mother (44.0%). More than 50.0 per cent respondents reported employment to have affected the feeding and weaning both as it helped the child to forgot breast milk and adapt to weaning foods easily. Though 57.5 per cent respondents were having medium or high level of feeding and weaning practices, yet a sizeable number (42.5%) were rated low on this practice. The feeding and weaning practices were more satisfactory in Mohindergarh distict than Rohtak district. However, in rural areas, Rohtak district was better while in urban areas, Mohindergarh district exhibited better performance.

Bathing practices: All the respondents got their child bathed just after birth. Half of the respondents were bathing

their c below 1 year age child once a day and 2 or 3 year age child twice a day during summer. In winter, over half of the respondents bathed below 1 year age child after 2 days and 1 to 2 years or 2 to 3 year age child on alternate days. No significant difference was observed in both the districts.

At Rohtak, bathing was done in traditional way and at Mohindergarh in non-traditional way. The practice of massaging the child before bath was more common in Rohtak district (rural) than in Mohindergarh district. Mustard oil was the media for massage in rural areas and baby oil in the urban areas. Soap, in general, was used for bathing the child. Majority were satisfied by bathing practices adopted. However, time was the major constraint. Majority of the respondents were rated as following low (53.0%) to medium (34.0%) level of bathing practices. There was no marked difference in bathing practices followed in rural or urban areas of both the districts.

Toilet practices: Bowel and bladder movements were controlled by the 6th month and 18th month respectively. Toilet training was started at the age of 5th month. Simple conditioning method was employed for training the child. Time was a major constraint (68.0%). Over half of the respondents (52.5%) attained medium level scores on toilet practices. However, in rural areas of both the districts, respondents had better level of adoption of this practice.

Sleeping practices: Majority of the respondents (54%) were making the child sleep with them. Patting was the method used by more at Mohindergarh district and rocking at Rohtak district. About 71.5 per cent respondents reported child's sleep affected by their employment whereas 50 per cent of the respondents reported that employment promoted good sleeping habits in children. Majority of the respondents exhibited medium level (38%) followed by high level (32.5%) and low level (29.5%) of sleeping practices. The sleeping practices of respondents of Rohtak district were better than those of Mohindergarh district.

Immunization and health practices: Majority (95.0%) of the respondents had followed immunization schedule. The adoption was more in urban areas of both the districts. Only 8.0 per cent respondents checked the weight of their child regularly. Rohtak district was ahead of Mohindergarh district in adoption of this practice.

Sitting and walking practices: More than 45.0 per cent respondents's children started sitting, standing and walking at 7th month, 12th month and 13th month of age, respectively. However, the children of Mohindergarh district started walking a little earlier than those of Rohtak district. Nearly, half of the children acquired these skills a little late. Mother's work outside the home or physical weakness of child were the major reasons obstructing acquisition of these skills.

Language skills (speech): Babbling, in general, was started at first month of age. The children started using first

words and forming sentences by the 11th month and the 13th month of age. The delayed speech was caused due to the neglect of the child. Not much difference was observed in both the districts in rural and urban areas regarding speech practices.

Role conflict: Majority of the respondents (80.0%) had reported moderate level of job satisfaction, job stress and home role stress. They had high expectations from their job and home. On the whole, majority of the respondents (68.0%) had faced moderate level of conflict due to their home and job roles.

Relationship of independent variables with child care practices

The most important variables identified were job expectation followed by self education, home expectation, husband's education, job commitment and home role stress. The important practices identified were feeding and weaning, sitting and walking, immunization and health and speech practices.

Magnitude of effect of antecedent variables

The important variables which were causing variation were job expectation, home expectation, home role stress, occupational involvement, job commitment and self education. Bathing and toilet practices showed significant R^2 values. The variation among these practices is influenced by home role stress, job expectation and home expectation.

Suggestions

The study provided an in-depth information of the phenomenon and yielded valuable information. On the basis of findings of the study, following suggestions are submitted which can help the working mothers in better care of their children.

1. Proper measures should be adopted for educating people on different aspects of child care practices.

2. Greater stress should be placed on establishment of creches and day care centres for the children of working mothers.

3. Efforts should be made by government to provide accomodation to government functionaries working in health centres and schools of rural areas.

4. Frequent transfers of women employees should be avoided as these cause innumerable problems in accomodation and adjustment.

5. As a consequence of women's participation in gainful activities, certain changes should be brought about in the attitude towards traditional role of women and in the way in which domestic responsibilities are shared.

6. Contribution of family members in household work is necessary to help the working mothers to adjust successfully.

7. Expectations from working mother should be somewhat different from those of full time housewives regarding performance of home tasks.

8. Last, but not the least, it may be suggested that there is need of deeper probing into problem. An interview of households, parent-in-laws neighbours and employer of working mother will be useful. Further, comparison of

employed and unemployed will give further information on the different problems which will enable us to get different patterns of child care practices existing among them.

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APPENDIX - I

Job Commitment Scale

Below are given some statements. Each statement has five possible responses viz., very least important (VLI), least important (LI), important (I), greatly important (GI) and very greatly important (VGI). Kindly check (_/) against each statement to which you agree.

S.No.	Statement	VLI (1)	LI (2)	I (3)	GI (4)	VGI (5)
1	To make use of your knowledge and skill in your job					
2	To increase your knowledge of your field					
3	To work with colleagues of high technical competence					
4	To build your professional reputation					
5	To work on difficult and challenging problems					
6	To contribute new ideas to your field					

APPENDIX - II

Job Commitment Index

Below are given some statements. Each statement has five possible responses viz., very least important (VLI), least important (LI), important (I), greatly important (GI) and very greatly important (VGI). Kindly check (_/) against each statement to which you agree.

S.No.	Statements	VLI (1)	LI (2)	I (3)	GI (4)	GLI (5)
1	Taking care of children in important to me					
2	Working for the family in difficult and critical situation is my responsibility					
3	Fulfilling needs of different family members is not important					
4	Supporting my husband and children is my responsibility					
5	Devoting time for the interest of the family members is not important to me					
6	Looking after aged parents and other social customs is not my responsibility					
7	Understanding problems of my family members is important for me					
8	Performing each and every task at home is not important to me					
9	I cannot sacrifice everything for the sake of my family members					
10	Helping the family members in different household affairs is important to me					
11	As a person, my family is more important than anyone else, including my job, parents, siblings					

Appendix - II contd..

S.No.	Statements	VLI (1)	LI (2)	I (3)	GI (4)	GLI (5)
12	I look forward to being with my family whenever I am away for sometime					
13	I donot enjoy my relationship with my family members					

APPENDIX - III

Job Stress Index

Given below are some statements. Each statement has five responses viz., strongly agree (SA), agree (A), undecided (UD), disagree (DA) and strongly disagree (SDA). Kindly check (_/) against each statement to which you agree.

S.No.	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
1	I am looked down by senior officers					
2	I am neither criticised nor praised					
3	My position is very petty as I am left with no scope to exercise power					
4	I am encouraged to exercise creative and innovative activities					
5	My suggestions are sought for solving job related problems					
6	Due to official pressures I have to do that work with which I may personally disagree					
7	Very often I have to manage with inadequate resources					
8	Criteria for promotion is not clear, definite and sure					
9	Due to heavy work, I don't get sufficient time for personal affairs					
10	Recreational facilities are very few					

Appendix - III contd..

S.No.	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
11	I enjoy status among my colleagues					
12	I am given adequate recognition for my excellence					
13	I enjoy freedom of work					
14	I have to perform set routine of activities which adds to boredom					
15	I am pressed too hard to complete the daily routine work					
16	The schedule of work is tight for me					
17	Working conditions are very straineous due to working with different personalities					
18	I do get sufficient time for recreation					
19	Very often instructions from the superiors are incompatible and these seriously affect my performance					
20	My assignments at job keep me happy					
21	I hardly get timely help and support from superiors					
22	My assignments at job keep me tensed					
23	My failures are magnified but successes are ignored					
24	The work seems to be easy to pose challenges ahead					
25	There are chances for career advancement					

APPENDIX - IV

Home Role Stress Index

Given below are some statements. Each statement has five responses viz., strongly agree (SA), agree (A), undecided (UD), disagree (DA) and strongly disagree (SDA). Kindly check (_/) against each statement to which you agree.

S.No.	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
1	I am looked down by my in-laws					
2	I am neither criticised nor praised by in-laws					
3	I am given recognition for my work by in-laws					
4	I have to hear circastic comments from in-laws					
5	My in-laws are cooperative					
6	My in-laws get irritated when I return late from job					
7	I am looked down by my husband					
8	I am neither criticised nor praised by my husband					
9	I am given recognition for my work by my hsuband					
10	I have to hear circastic comments from my husband					
11	My husband is non-cooperative					
12	My husband get irritated when I return late from the job					
13	My husband takes full responsibilities for home when I am away					
14	My husband gets irritated when I do job work at a time					
15	My children do care for me					

Appendix - IV contd.

S.No	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
16	My children feel neglected due to my work					
17	My children roam here and there as there is no one to look after them					
18	My suggestions are sought for solving family matters					
19	Due to home pressures, I have to perform duties with which I may personally disagree					
20	I have to perform duties as soon as I reach home					
21	Very often I have to manage with insufficient resources at home to perform household chores					
22	Due to over work, I do not get sufficient time for recreation					
23	I have to neglect myself for sake of family and job					
24	My adjustments at home are comfortable					
25	I have status in my family					
26	I have to perform household chores single handedly					
27	I have to wake up early in the morning to complete all the household work before going to job					
28	I feel guilty conscious as I am not able to give adequate time to children					
29	I do not find any time for relaxation after reaching home					
30	I do not find enough time to do assignments of the job					

APPENDIX - V

Job Expectation Index

Given below are some statements. Each statement has five responses viz. strongly agree (SA), agree (A), undecided (UD), disagree (DA), strongly disagree (SDA), kindly check (_/) against each statement to which you agree.

S.No.	Statements	SA	A	UD	DA	SDA
1	The work assigned to me should be according to my talent					
2	My job should be rewarding					
3	My job should not be montonous					
4	Timing of job should be practicable					
5	My talents and skills should be channelized properly					
6	I should get due respect and recognition at my work place					
7	My job should be free from worries					
8	The timings of job should be such that I and my family do not suffer largely due to it					
9	I should be paid more than what I am getting					
10	The job place should be suitable to me					
11	At working place, men and women should be treated equally					
12	My job should provide opportunities for career advancement					
13	Superiors should be cooperative					

APPENDIX - VI

Home Expectation Index

Given below are some statements. Each statement has five responses viz., strongly agree (SA), agree (A), undecided (UD), disagree (DA), strongly disagree (SDA), kindly check (_/) against each statement to which you agree.

S.No.	Statements	SA	A	UD	DA	SDA
1	Every member of the family must cooperative with me to run home more efficiently					
2	As soon as I reach home from job, I should not be asked to attend any domestic work					
3	I should be allowed to relax for sometime after my duty hours					
4	My husband should also help me in household chores					
5	My in-laws should cooperate me in household duties					
6	I should be treated equal to man in family matters					
7	I should be given some liberty to manage my family tasks according to my convenience					
8	My children should also not disturb me when I return from job					
9	The attitude of husband is positive towards my work					
10	The attitude of in-laws is positive towards me					
11	My children should not loiter outside here and there while I am away					
12	I should have some freedom to spend my pay according to my necessities					
13	I should have freedom to spend my leisure hours as I feel appropriate					

APPENDIX - VII

Job Satisfaction Scale

Given below are some statements. Each statement has five responses viz. strongly agree (SA), agree (A), undecided (UD), disagree (DA), strongly disagree (SDA), kindly check (_/) against each statement to which you agree.

S.No.	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
1	I feel that I should get more pay according to my qualification					
2	I am sure to get promotion in due time without any problem					
3	Due increments and incentives are not given in my organization for good work					
4	Usually I am dissatisfied as I do not get enough facilities to carry out my job					
5	I get work according to my capabilities and abilities					
6	Usually I get bored in my job					
7	There is ample scope in my job to prove my excellence in work					
8	My organisation provides equal and ample opportunities for participating in seminars and training					
9	I get recognition for my good work					
10	My job gives me no status					
11	I feel that my job is not according to my taste					

Appendix VII contd.

S.No.	Statements	SA (5)	A (4)	UD (3)	DA (2)	SDA (1)
12	Here I get good medical facilities for my family and myself					
13	I enjoy my work more even than my leisure hours					
14	My job is tiring					
15	I feel that senior always evaluate the work on merit and performance and not anything else					
16	My superiors listen to my problems with sympathy					
17	I always work together in team					
18	I never got guidance from my superiors wherever I need it					
19	I am always afraid that I may be transferred any time to other place					

APPENDIX - VIII

Study of Working Mothers in Relation to Child Care Practices
And Role Conflict

INTERVIEW SCHDULE

S.No.

Date :
District :
Village :

I. Background Information

Kindly put tick mark (_/) to a response to which you areee.

1. Name of the Respondent:

A. Personal variables

2. Age of respondent

- Below 20 years	1
- 20-25 years	2
- 25-30 years	3
- 30-35 years	4
- Above 35 years	5

3. Education of respondents and their husbands

- Illiterate	0
- Primary	1
- Middle	2
- Matric	3
- High School	4
- Graduate	5
- Postgraduate	6
- Any toher	

B. Social variables

4. Family type

- Nuclear	1
- Joint	2

5. Size of family

- Small (below 5 members)	1
- Medium (5-10 members)	2
- Large (above 10 members)	3

6 Caste

Lower	- Chamar, Bhangi, Doom Jhimar, Dhobi, Badi	1
Middle	- Lohar, Khati, Kumhar, Darji, Nai, Sunar, Ahir, Saini, Punjabi, Baniya	2
Higher	- Brahmin, Jat, Rajput, Bishnoi	3

C. Economical variables

7 Occupation of self and husband

- Labour	1
- Caste	2
- Business	3
- Independent Profession	4
- Cultivation	5
- Service	6

8. Duration of occupational involvement

- Less than 5 years	1
- 5-10 years	2
- Above 10 years	3

9. Family income (Rs./month)

- Rs. 1000-1500	1
- Rs. 1500-2000	2
- Rs. 2000-2500	3
- Rs. 2500-3000	4
- Rs. 3000-3500	5
- And above	6

II. Child Care Practices

Following are the child care practices. You have to put tickmark (_/) on the practices which you have followed.

A. Feeding and Weaning

1. When did you start feeding the child ?

- Just after birth
- After 3-4 hrs
- After 5-6 hrs
- After 7-8 hrs
- Any other (specify)

2. What was the first food you have given to the Child ?

- Mother's milk
- Goat's milk
- Cow's milk
- Powder milk
- Any other (specify)

3. For how long you continued breast feeding?

- Less than 6 months
- Upto one year
- Upto two year
- Any other (specify)

4. For how long you breast fed the child at a time?

- 5 minutes at each breast
- 10 minutes at each breast
- 15 minutes at each breast
- Any other (specify)

5. How you used to feed the child?

- On demand
- On fixed schedule
- According to mothers convenience
- Any other (specify)

6. Have you any difficulty in breast feeding?

- Yes
- No

7. If, Yes, what problems you faced?

- Could not feed at proper time
- Material illness
- Secretion inadequate
- Work outside the home
- Breast ailment
- Child illness
- Any other (Specify)

8. At what age,you weaned the child?

- 3rd month
- 4th month
- 5th month
- 6th month
- Any other (Specify)

9. What weaning foods you give to your child?

- Biscuits
- Ready made weaning foods
- Mashed fruits
- Vegetables
- Dalia
- Dal
- Khicheri
- Curd
- Milk
- Any other (Specify)

10. What was frequency of feed during day time?

- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- Any other (specify)

11. Who used to look after the child in your absence?

- Father
- Mother
- Mother-in-law
- Your mother
- Sister-in-law
- Servant/Aya
- Any other (specify)

B. <u>Bathing practices</u>

12. When the child was bathed for the first time?

- Just after birth
- After 12 hrs
- After 1 day
- After 2 days
- Any other (specify)

13. Who bathed the child for first time?

- Mother-in-law
- Mother/father
- Your mother
- Aya /Servant
- ANM/Dai
- Any other (specify)

14. How often you bathed the child in a day?

Age of child	During summers			During winters		
	Once	Twice	Thrice	Once	Twice	Thrice
0-6 months						
6-12 months						
12-18 months						
18-24 months						

15. What were timings to bathe the child ?

Season	Morning	Noon	Evening
Summers			
Winters			

16. Are you able to bathe your child regularly and satisfactorily?

- to great extent
- to some extent
- not at all

17. How did you bathe the child?

- by putting the child in tub
- by holding the baby on legs
- any other (specify)

C. Toilet Practices

18. How early bladder and bowel control were achieved by your child?

Control	Age of child					
	Upto 6 months	Upto 1 yr	Upto 1½ yr	Upto 2 yr	Upto 2½ yr	Any
Bladder control						
Bowel control						

19. At what age, training was started?

- 3 months
- 5 months
- 7 months
- 9 months
- Any other (specify)

20. Who imparted training?

- Mother-in-law
- Your mother
- Sister-in-law
- Any other (specify)

21- What method was adopted to train the child?

- Conditioning
- Punishment
- Reward
- Any other (specify)

22. What problems you faced in training the child?

- Lack of time
- Child illness
- Unfavourable family atmosphere
- Inappropriate child response
- Any other (specify)

D. Sleeping Practices

23. Upto what age, you made the child sleep with you?

- 1 year
- 2 year
- 3 year
- Any other (specify)

24. Who helped the child in sleeping?

- Your mother
- Mother-in-law
- Sister-in-law
- Any other 9specify)

25. At what age was the chi ld made to sleep separately

- 1 year
- 2 year
- 3 year
- 4 year
- Any other (specify)

26. After separation, who was taking care of child while sleeping:

- Father
- Mother
-Mother-in-law
-Your mother
-Sister-in-law
-Any other (specify)

E. Immunization and Health Practices

27. Have you got immunized the child for the following iseases?

Vaccine/Dose	Yes/No	Age which of child
1. TB		
2. Smallpox		
3. Cholera		
4. Typhoid		
5. Tetanus		
6. Whoppingcough		
7. Diptheria		
8. Polia		
9. Any other		

28. Was the weight of the child checked regularly after every month?

- Yes
- No

F. Sitting and Walking Practices

29. At what age, your child started following activities?

Activities	Age of child (months)			
Sitting with support	3rd	4th	5th	Any other
Sitting without support	6th	7th	8th	Any other
Standing with support	8th	9th	10th	Any other
Standing with support	10th	11th	12th	Any other
Walking	12th	12th	14th	Any other

30. Do you think your child's walking and sitting skills developed at proper time?

- Yes
- No

31. If no, why these skills of child did not developed at proper time?

- my work outside the home
- weakness of child
- less time devoted on child
- any other (specify)

G. Speech Practices

32. At what age, you child started talking

Forms of talking	Age of child			
Babbling	Ist mth	2nd mth	3rd mth	Any Other
Using first words	9th mth	10 mth	11th mth	Any Other
Forming sentences	1½ yrs	2 yrs	2½ yrs	Any other

33. What were the reasons which delayed the child's skill in talking?

- less time devoted on child
- my work outside the home
- birth defect
- no training imparted for talking
- any other (specify)

34. Who encouraged the child to talk?

- Mother
- Father
- Elders in family
- In-laws
- Any other (specify)

APPENDIX - IX

List of Blocks of Rohtak District

1. Bahadurgarh
2. Jhajjar
3. Beri
4. Kalanaur
5. Lakhan Majra
6. Meham
7. Rohtak
8. Sahlawas
9. Matanhail
10. Gohana
11. Kathura
12. Mandlana
13. Sampla

List of Blocks of Mohindergarh District

1. Ateli Nangal
2. Kanina
3. Mohindergarh
4. Nangal
5. Narnaul

APPENDIX - X

List of Villages of Rohtak Block

1. Bahu Akbarpur
2. Bohar
3. Chiri
4. Sunaria
5. Pakasma
6. Ballana
7. Kharkada
8. Kiloi
9. Mokhra
10. Titoli
11. Singhwakhas
12. Maina
13. Singhpura khurd
14. Sukhpura
15. Asan

APPENDIX - XI

List of Villages of Kanina Block

1. Sihore
2. Mohanpur
3. Chelas
4. Gudha
5. Bhucchawas
6. Kheri
7. Talwana
8. Pota
9. Rata
10. Bewal
11. Israna
12. Kapuri
13. Bhagot
14. Bhadap
15. Kakrala
16. Sehlang

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