

ORIGINAL PAPER

# Assessment of childrearing practices among tribal and nontribal women

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## ABSTRACT

**Background:** Child rearing practices are diverse for different communities and vital for well-being of the infants. In fact, it largely affects the life outcome of the babies. **Aim:** To assess the childrearing practices among tribal and non-tribal women in Kamrup (Rural) district, Assam, by employing a descriptive comparative study. **Method:** Multistage Stratified Random Sampling technique was used to select 100 tribal and 100 non-tribal women who have 6 months old baby. Semi-structured interview schedule was used to collect information. **Result:** All the tribal women (rf=1) and majority of non-tribal women (rf=.95) fed colostrums to their baby as the first feed. Majority from the both group (tribal rf=.815, non-tribal rf=.775) had initiated breast feeding within 2 hours following delivery. Most of the women-tribal and non-tribal, fed breast milk on demand, while the fraction of tribal women (rf=.75) who continued exclusive breast feeding for 6 month is more than non-tribal (rf=.37) women. Both the groups were found not be concerned about age specific play material, and few used cotton based soft clothing. Majority (tribal rf=.55, nontribal rf=.47) had given baby bath within 10 days following delivery with warm water. Tribal women relied more on home remedies for common minor ailments of their babies. **Conclusion:** Maximum aspects of child rearing practices of both groups were basically influenced by their family beliefs and practices. Health care providers are most influencing factor for complete immunization as expressed by all the women.

**Keywords:** Complementary feeding, minor ailments, home remedies.

## INTRODUCTION

Child rearing practices are major determinants of morbidity status of infants.<sup>1</sup> Cultural factors and taboos have a powerful influence on feeding practices and eating patterns. Inadequate nutrition knowledge and adherence to cultural practices lead

to poor quality feeding practices.<sup>2</sup> The present study was primarily designed to assess the practices on childrearing from birth to one year among tribal and nontribal women in Kamrup (Rural) district of Assam. Our study ascertains some key factors influencing the trend of child rearing in the study area.

## METHODS

**Study design and area:** We employed survey approach and retrospective descriptive method to meet the objectives of our study.

**Study population and sampling:** We considered all tribal and non-tribal women belonging to the Kamrup (Rural) district of Assam who have six months old baby as sample. We selected 4 Blocks (30%) from 13 Development Block in the Kamrup (Rural) District applying simple random sampling technique. The list of the sub centers was considered as sampling frame. From each Block PHC, two sub-center were selected, one each from tribal and non-tribal dominated area (total 8 sub centers from 4 Blocks). From each sub-center 25 women are selected by using lottery method, giving a sample size of:  $25 \times 8 = 200$ . Data were collected in two observations. In first observation data were collected about

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the child rearing practices upto six months of age, and second observations were made after six months from the first observation. In both observation data were collected by retrospective approach.

**Data collection tools and techniques:** We developed two tools for our study: i) semi-structured interview schedule, for background information of the sample women, ii) semi structured interview schedule to collect information regarding; Part A: child rearing practices from birth to six month, and Part B: child rearing practices from seven months to one year.

## RESULTS

**Demographic profile:** Majority of the surveyed women (non-tribal  $rf=.90$  and tribal  $rf=.77$ ) were between 20 to 35 years. Bulk of those women (non-tribal  $rf=.87$  and tribal  $rf=.837$ ) had either secondary or below secondary education. Most of the women were housewife (tribal  $rf=.885$ , non-tribal  $rf=.93$ ). Majority of the sample population -nontribal ( $rf=.47$ ) and tribal ( $rf=.49$ ) had per capita per month income of less than Rs 974.00. We found that maximum tribal women ( $rf=.785$ ) were living in joint families in comparison to non-tribal women, where most of the women ( $rf=.53$ ) belonged to nuclear family. Majority of the women from nontribal ( $rf=.505$ ) were married for 3-5 year and tribal ( $rf=.335$ ) were married for  $\geq 2$  years. Commonly both group (tribal  $rf=.65$ , nontribal  $rf=.495$ ) had one living child. Primary health care services available for the both group is sub center and mode of transportation is usually walk. All the women from both group had institutional delivery and majority of them i.e. non-tribal ( $rf=.745$ ) and tribal ( $rf=.805$ ) had normal per vaginal delivery.

### Child rearing practices

**Breast feeding:** We found that no one had given prelacteal feeding to their babies. **Table 1** present the data related to nature of breast feeding practices of non-tribal and tribal women.

**Table 1** Relative frequency distribution of the according to the nature of breast feeding (N=200)

Sl. No.	Sample criteria	Relative frequency ( $rf$ )	
		Tribal (N1=100)	Nontribal (N2=100)
2	Reasons of giving breast feeding		
	-Because of hospital delivery	0	.03
	-advised given by health care provider	.785	.635
	-advised by family members/friends	.125	.115
	-influenced by information provided by media.	.09	.085
3	Interval of giving breast feeding		
	-On crying/ demand feeding	.55	.54
	-One hour interval	.32	.35
	-Two hour interval	.13	.095
	-on crying and 1 hour interval	0	0.015

4	Duration of Exclusive breast feeding		
	-1 month	0	0.09
	-4 months	.01	.07
	-6 months	0.02	0.26
	-7 months	0.75	0.37
	-> 7 months	0.22	0.21

Early initiation of breast feeding was done by a few surveyed women (non-tribal  $rf=.42$ , tribal  $rf=.41$ ). A small number of women had fulfilled the recommended duration of exclusive breast feeding from both the group. Further investigation suggests few reasons for not providing exclusive breast feeding upto six months of age as stated by the women of both group (**Table 2**).

**Table 2** Relative frequency distribution of the women against reasons of not providing exclusive breastfeeding (N=200)

Sl. No.	Sample criteria	Relative frequency ( $rf$ )	
		Tribal (N1=100)	Nontribal (N2=100)
1	Reasons of not providing breast feeding up to six months of age		
	-Insufficient breast milk	.33	0.07
	-Family member	0.67	0.19
	-Personal choice	0	0.52
	-Large nipple	0	0.05
	-Health care provider advise for complementary feeding	0	0.17
2	Reasons of giving exclusive breast feeding after 7 months of age		
	-Family members/ friends	.68	.62
	-Self knowledge	.32	.381

**Complementary feeding:** Our study recognizes the three most commonly used types of complementary feeding among the non tribal women: tin food along with cow's milk ( $rf=.27$ ), rice powder cooked with diluted cow's milk ( $rf=.18$ ), cooked rice powder of boiled rice along with goats milk ( $rf=.13$ ). Among the tribal women, more commonly used complementary food were: over cooked rice, daal and cow's milk ( $rf=.15$ ); biscuit, cow's milk and water ( $rf=.14$ ); rice prepared for other family member ( $rf=.13$ ).

**Feeding at the age of 7 to 9 months:** **Figure 1** shows the data from our present study for different type of feeding given to babies between 7 to 9 months age.

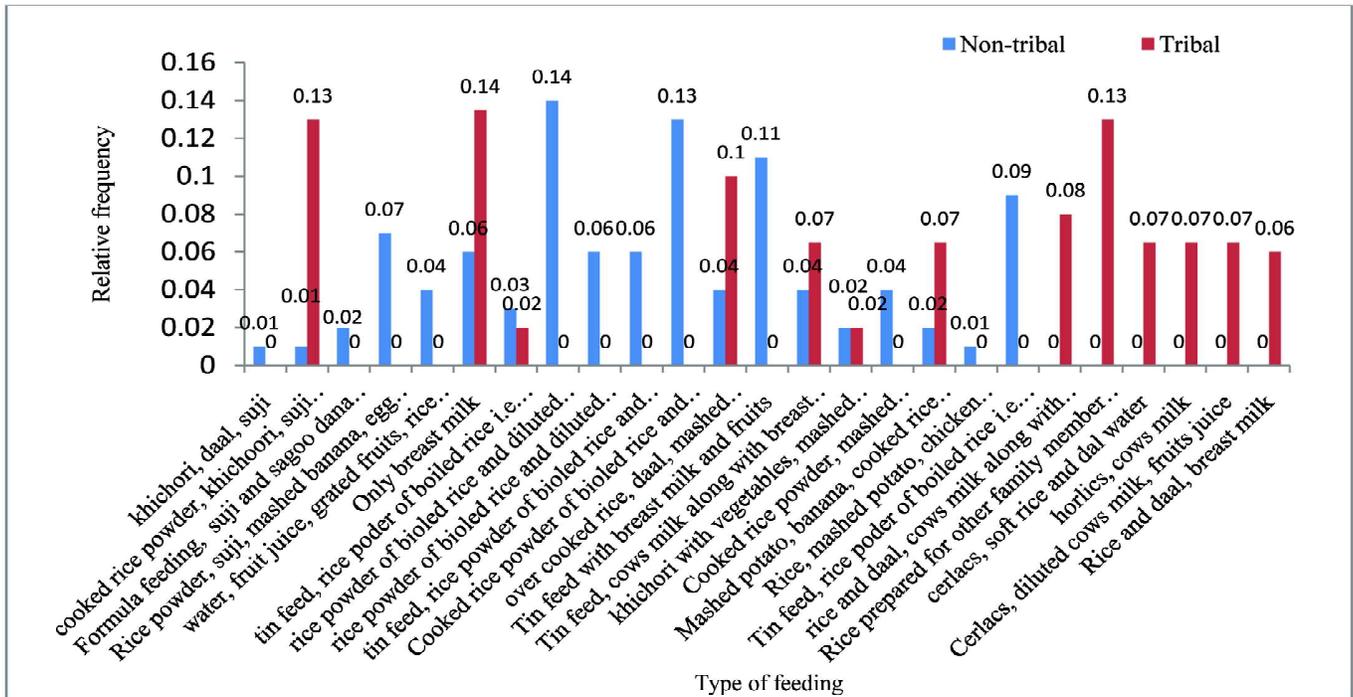


Figure 1 Relative frequency distribution for type of baby feeding between 7 to 9 months (N1=100, N2=100)

Table 3 Relative frequency distribution of the postnatal mother according to nature of child rearing practices (N=200)

Sl. No.	Nature of child rearing	Relative frequency (rf)	
		Tribal (N1=100)	Nontribal (N2=100)
1	Type of play material provided		
	-Light, soft, easy to handle	0.02	0.1
	-Toys with high contrasts and simple design	0.44	0.57
	-Nothing specific	0.54	0.54
2	Type of play activity allowed for the baby		
	-nothing special	0.65	0.75
	-let the baby play with siblings with supervision	0.03	0.04
	-let the baby play with siblings without supervision	0.32	0.21
3	Type of baby clothing provided		
	-Soft and cotton based	0.07	0.21
	-Any soft material	0.6	0.29
	-Any clothing	0.33	0.5
4	Time of giving first baby bath		
	< 10 days	0.55	0.47
	-10-15 days	0.32	0.38
	-15-20 days	0.06	0
	>20 days	0.07	0.15
5	Type of water used for baby bath		
	-Warm water in all season	0.79	0.51
	-Warm water in winter season and cold in summer	0.02	0.22
	-Water that is warmed under sunlight	0.19	0.27

Feeding at 9 months to one year: We found that few women from tribal group had not started complementary feeding upto one year of age. Most common feeding among tribal women were rice prepared for other family members (rf=.17), boiled rice and daal, cows milk (rf=.13) and khichori, suji prepared with cows milk (rf=.08). Among the non tribal women khichori suji, cows milk (rf=.1), rice powder of boiled rice prepared with cows milk, suji, mashed cooked vegetables, fruits (.09) and over cooked rice with daal (.08) were most commonly seen.

Immunization and other aspect: Immunization is one of the most important aspects of healthy child rearing practices. We found that all the women from both groups had covered the immunization up to the age as per government schedule. Our study identified the involvement of the health care provider as the key factor of determining complete coverage of immunization. Table 3 summarizes some other important aspect of child rearing practices investigated in our study.

Common minor ailments and remedies used: We have investigated about the type of the common minor ailments of the babies of tribal and non tribal women. We found cold and cough (non tribal rf=51, tribal rf=91) and vomiting (non tribal rf=40, tribal rf=66) were most widespread minor ailments. The common minor ailments among the babies of the non-tribal women and the usual remedies prescribed to the babies are given in Table 4.

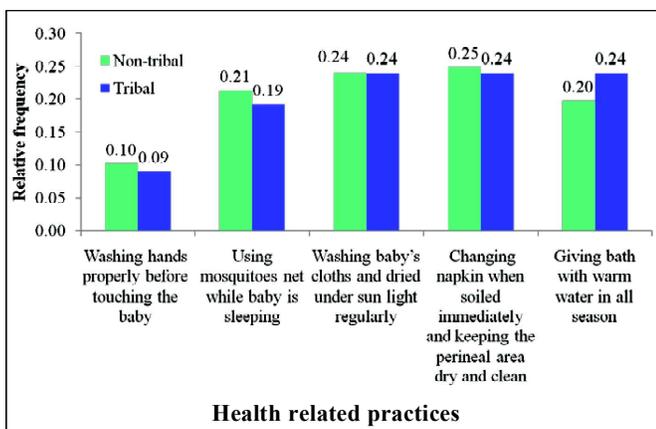
Among the babies of the tribal women cold and cough and vomiting were the most frequently occurred minor ailments (f= 91, f= 66 respectively). For vomiting, half (f=33) of the surveyed tribal women had went for doctor's advice and

**Table 4** Frequency and percentage distribution of the non-tribal women according to nature of common health problem of their baby and remedies used (N1 = 100)

Health problems	n1	Nature of remedies									
		Doctor's advice		Home remedies		No remedies		Religious practices		Quack	
		f	%	f	%	f	%	f	%	f	%
Vomiting	40	30	75	1	2.5	9	22.5	0	0	0	0
Cold & cough	51	4	7.8	47	92.2	0	0	0	0	0	0
Skin rash	24	3	12.5	0	0	15	62.5	6	25	0	0
Eye infection	3	2	67	0	0	1	33	0	0	0	0
Feeding problem	4	1	25	0	0	0	0	0	0	3	75
Diarrhoea	24	24	100	0	0	0	0	0	0	0	0

others used home remedies. Conversely, majority of the tribal women (f=85) used home remedies for cold and cough. Few babies of the tribal women (f=27) had skin rashes and majority (54%) of them used religious practices for the treatment of skin rashes. Our study reveals that babies of few tribal women had eye infection (27) and almost 78% of them had applied breast milk instillation to the infected eyes as the mode of treatment. Some other minor ailments seen among the babies of the tribal women were feeding problem (6) and diarrhoea (19).

**Health related practices:** Our study identifies some health related hygienic practices among non-tribal and tribal women (**Figure 3**) in connection with taking care of their babies.

**Figure 2** Relative frequency distribution of tribal and non-tribal women for health related practices (N1=100, N2=100)

## DISCUSSION

Healthy rearing practices ensure better health of the infants, and also reflect the positive cultural practices of the community. Our present study found that all the surveyed women had institutional delivery. Prolactal feeding was not given by any of the surveyed women. However, practices of prolactal feeding is reported to be significant among the

women who had home deliveries.<sup>1,5,10,11,12,13</sup> This may be one of the positive outcomes of institutional delivery.

Notwithstanding all the women in the present study had institutional deliveries, only 41% tribal and 42% non-tribal women breastfed their babies within one hour of birth. Alternatively, a study in Karnataka found that though the home delivery rate among the surveyed women were 34%, the early initiation of breast feeding was done by 34.5% women.<sup>1</sup> In West Bengal also it was observed that instead of 83.6% women had home deliveries, 42.4% had initiated breast feeding within one hour.<sup>12</sup> In Bangalore 34.2% deliveries took place at home but 98.6% of them had initiated breast feeding within the first hour of birth.<sup>6</sup> This suggests that health institutions were not always ensuring the early initiation of breast feeding to their babies, at least in the study area of the present study. This is one of the important concerns that need to be addressed by the hospital authority.

The World Health Organization recommends exclusive breastfeeding for the first 6 months of life with early initiation and continuation of breastfeeding for 2 years or more together with adequate and appropriate complementary feeding starting at 6 months in developing country.<sup>3</sup> We found that only few women from both groups (tribal rf=.02 and nontribal rf=.26) had given exclusive breast feeding upto 6 months of age which is lower than the observations made in other studies.<sup>4,5,6,7</sup> Involvement of other family members in breastfeeding awareness programme may improve the presenting scenario of exclusive breastfeeding.

The benefits of breastfeeding depend on quality of exclusivity and recommended duration. Our paper reflects the dilution of quality of exclusive breastfeeding in two aspects in terms of duration among both tribal and nontribal community. The most common reason behind providing exclusive breast feeding less than 6 months among the tribal populations (rf=0.67) were reported as the family members' decision and for non-tribal women (rf=.52) because of their own choice. Lack of awareness about the importance of duration

of exclusive breast feeding may be the main influencing factor. This is positively supported by another study carried out in Rural Tamilnadu which reports that with increasing literacy status, the fraction of women who had given pre-lacteal feeding decreases notably (Chi-square for trend  $\chi^2 = 21.5$ ;  $P < 0.001$ ).<sup>9</sup> However, in costal India family influences was reported as the most leading factor, for example mothers belonging to joint family breast fed the child for more than a year compared to those belonging to nuclear families (64.5% v/s 35.5% and  $p < 0.05$ ).<sup>5</sup>

The most positive aspect found in the present study is complete coverage of immunization as per the government schedule. The reason behind this was reported as the influence of health care provider (i.e. tribal  $rf = .8$  and nontribal  $rf = .74$ ). In Rural Tamil Nadu it was found that women who had three children, 15 out of 39 (38%) had fully immunized their first child as compared with 25 out of 39 (64%) for the second child and 38 out of 39 (97%) for the third child.<sup>5</sup> This suggests a trend where birth order may have a positive correlation with increase in awareness.

## CONCLUSION

We found that child rearing practices, in essence, are influenced by the cultural beliefs among both tribal and nontribal women. Duration of exclusive breast feeding upto six months of age along with type of complementary feeding need to be more emphasized by the health care personnel. This study found that both the communities utilized traditional home remedies for treatment of common minor ailments, for example cold and cough. Among the tribal women common home remedies used for eye infection is breast milk instillation to the affected eyes of the babies.

**Conflict of interest:** None.

**Ethical clearance:** Taken from Institutional Ethical Committee.

**Author's contribution:** We declare that authors named in this article contributed in this study and any liabilities pertaining to the content of this article will be borne by the authors.

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