

CHILD REARING PRACTICE AMONG WORKING AND NON-WORKING MOTHERS - A COMPARATIVE STUDY

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Abstract

Childhood is the most sensitive period in the life of the child, which molds the physical and the intellectual features. The mother is a right and appropriate person to observe the child carefully. A comparative study to assess the child rearing practice among working and non-working mothers in the selected rural areas of Varanasi. 1.To assess the child rearing practice among the mothers, 2.To compare the child rearing practice among the working and non-working mothers, 3.To associate the child rearing practice of the mothers with the selected demographic variable A non-experimental research design was adopted for the study. 60mothers were selected by purposive sampling technique out of which 30 were working and 30 were house wives who have children's of 5-12 years of age from the rural areas of Varanasi. The tool administered to the sample consisted of two sections including the socio-demographic data and a standardized tool by Alabama on child rearing practices. Descriptive and inferential statistics were used to draw the result. The results showed that the good practice of child rearing practice was 27 (90%) among the non-working mothers wherein the working mothers had only 20 (66.6%). and majority 10 (33.3%) of the working mothers had acceptable practice and only 3 (10%) of the non-working mothers had acceptable practice. On comparison, the paired t-test showed 4.763 at the level of p value <0.000025 showing the significance in the child rearing practice between working and non-working mothers. There was no statistically significant association between the mothers on child rearing practice with the selected demographic variables. The study results shows that non-working mothers impart better child rearing practice than the working mothers, yet most of the mothers apply the outmost best effort in child rearing practice. More health education and teaching sessions can be organized to all the mothers' on good child rearing practice to improve the child's health and future in a holistic way.

Keywords: Clinical Self Efficacy, Nursing, Nursing students.

INTRODUCTION

Child rearing practices are in the culture and determine, to a large extent, the behavior and expectations surrounding a child's birth and infancy. They also influence child hood, adolescence and the way these children parent as adults, child rearing consists of practice are grounded in culture patterns and beliefs put in the simplest terms care givers have a set of practice, activities available to them, these have been derived from culture patterns, ideas of what should be done, and constitute the accepted practices or norms. These in turn are based on beliefs about why one another practice is better than another the practice, patterns and beliefs affect the style and quality of care giving. for instance the practice of constantly caring a child has a different effect on the development of that child than the practice of placing of the child in cradle or playpen, further a social and particular belief that children are given by god, and

therefore should be treated in particular way, has effects are different from the belief that children are human creation.

Practice include actives which guarantee the child's physical wellbeing-keeping the child safe and free from harm, providing shelter and clothing, preventing and attending to illness, promote the child's psycho-social wellbeing-providing emotional security, socialization nurturing and giving affection. Support the child's physical development -feeding, bathing, providing safe places to play and explore promote the child's mental development -interaction, stimulation and play, facilities the child interaction with others outside the home-with the community, at health clinics, at school ect. At a vary general level all of these behaviors can be found in most societies, at a more specific level what is done to help a child survive grow and develop merges with now it is done to define and distinguish practice that vary widely from place to place for instance, in responding to the need for food the practice of breast feeding contrasts with the practice of bottle feeding on demand contrasts with schedule feeding. The practice of constant carrying differs dramatically from the practice of placing a child in a crib, cradle, hammock or playpen for prolonged periods. The practice of talking to a child about appropriate behavior contrasts with an emphasis on non-verbal forms of communication in the socialization process-

The interface between childrearing practices and scientific knowledge, while childrearing practices may be different across cultures, scientific knowledge would suggest that there are basic needs that all children's have and a predictable pattern of development during the early years that is universal. Studies from different parts of the world reveal that all young children need adequate nutrition health and care from birth on words. The lack of these supports during the early year has permanent negative effects on later development. Not only are there consequence for the child's physical well-being in addition these variables interact with and have an impact on the child's social and cognitive development. While these factors are influenced by the economic and political context within which the child lives, they are mediated through the family's childrearing practices, patterns and beliefs. That type of childrearing practices required at a given point in time depends to a large degree on the child's development age and the health and nutritional risks the child is facing. For example, influences on the child during the prenatal period and into the first few months of life include the mother's pre-pregnancy health and how much weight she gains during pregnancy, her dietary intake, how much energy he expends, and her emotional state. (Engle 1992) there are traditional beliefs and practices that impact on the mother's health and preparedness to give birth to a healthy infant. For example, in many cultures in Sub-Saharan Africa the practice is for pregnant women to observe food taboos that restrict their consumption of food that are in fact important to their nutrition and the growth of the fetus. In some instances these taboos compound women's undernourishment and lead to high maternal and infant mortality rates.

METHODOLOGY

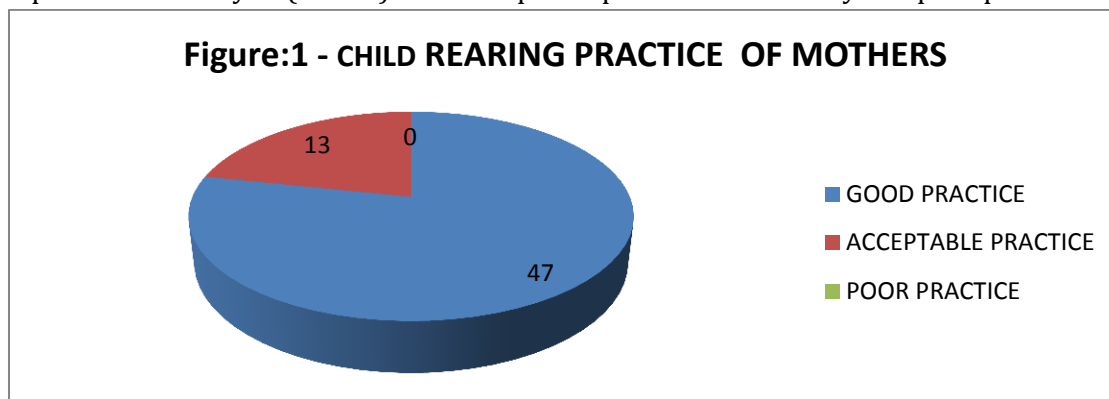
The researchers conducted a comparative study to assess the practice of child rearing practice among working and non-working mothers in the selected rural areas of Varanasi with an objective to assess the child rearing practice among the mothers, to compare the child rearing practice among the working and non-working mothers and to associate the child rearing practice of mothers with the selected demographic variables. 60 mothers were purposefully selected out of which 30 were working mothers and 30 were non working mothers. A self

administered 5-point standardized likert scale with 20 questions on child rearing practice by Alabama was used to collect the data along with some basic demographic variables. The researchers then introduced themselves, took required oral and written consent from the study samples and gave instructions regarding the checklist. Each sample was asked for 5-10 mins of their time to finish the checklist. The data was summarized, organized, tabulated & analyzed according to the objectives of the study by using descriptive (frequency and percentage) and inferential (Chi Square and t-test) statistics.

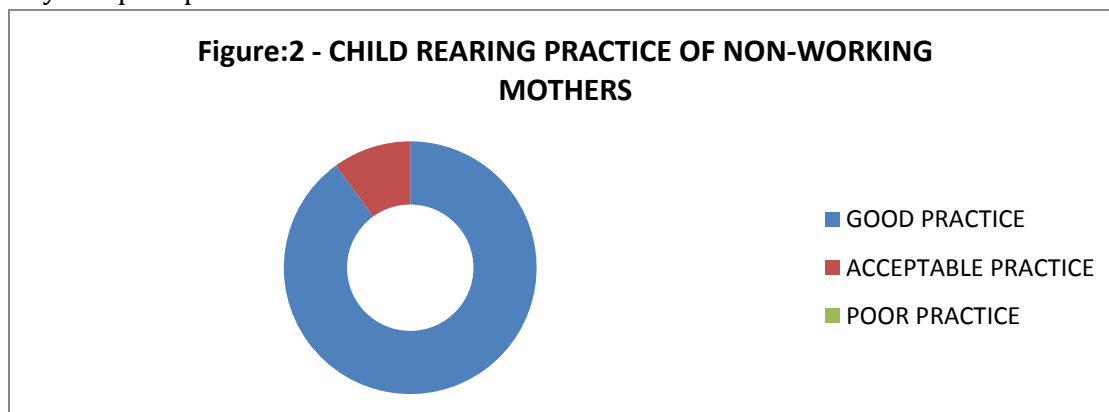
RESULTS

Data were collected, organized and analyzed according to the objectives laid down by the researchers. Out of the 60 samples Most of the samples of the study (55%) were from the age group of 31-40 years and only 1.7% were from the age group of >40 years. Out of 60 sample majority 48.3% have done UG and only 13.3% had an education qualification of 13.3%. Out of 60 majority 50% were working mothers and 50% were non-working mothers. Out of that majority 51.6% were in the income group of Rs.10000-20000 and only 11.6% were in the income group of Rs.40000-60000. Out of 60 samples majority 65% have single child and only 3.4% of the study population have three children. Out of 60 samples majority 65% are joint family and only majority 35% are nuclear family. Out of the 60 samples majority 95% of the study population was Hindu and only 1.7% were Muslim.

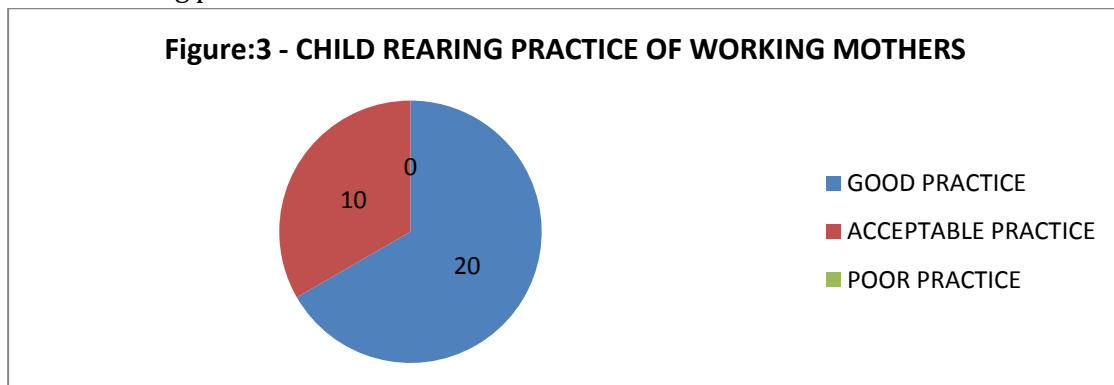
On analyzing all the mothers for child rearing practice, majority 47(78.3%) of the mothers have good practice and only 13(21.6%) have acceptable practice and nobody had poor practice.



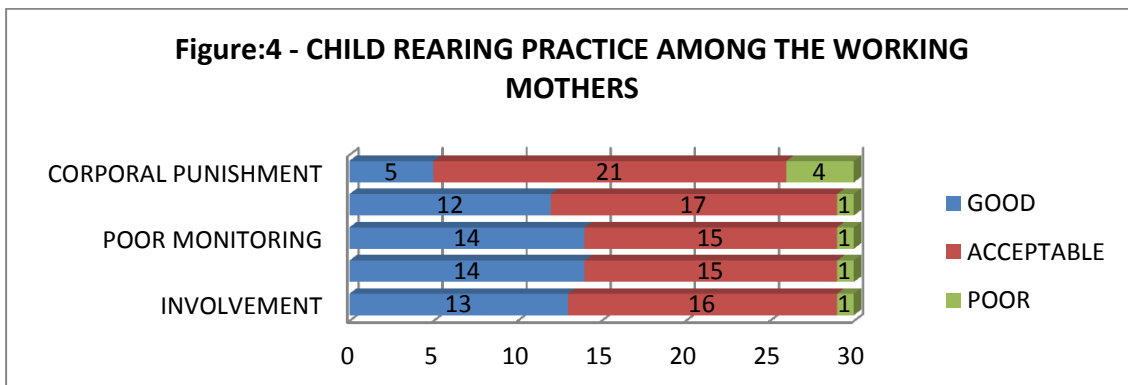
On assessing the child rearing practice among non working mothers, majority 27(90%) of the non-working mothers have good child rearing practice, 3(10%) have acceptable practice and nobody had poor practice.



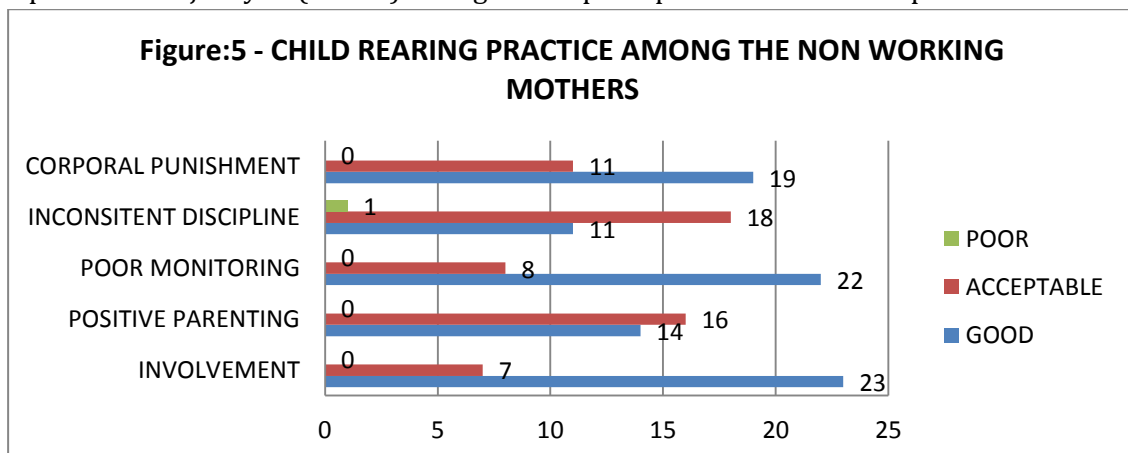
On assessing the child rearing practice of working mothers, majority 20(66.6%) of the working mothers have good child rearing practice, 10(33.3%) have acceptable practice and nobody had poor child rearing practice.



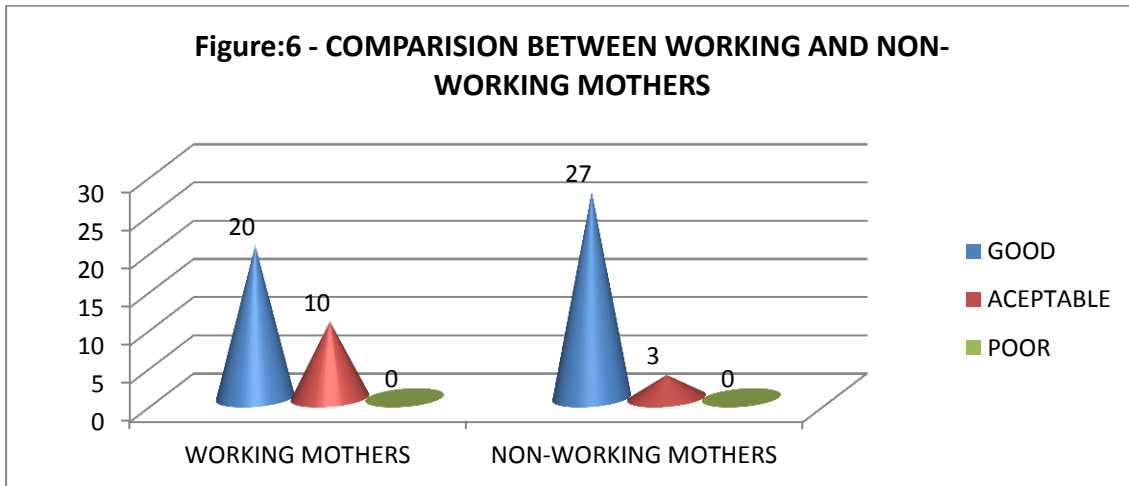
On assessing the domains of child rearing practice among the working mothers, majority 16 (53.3%) have acceptable involvement, 5 (16.6%) have good corporal punishment and 1(3.3%) have poor inconsistent discipline, poor supervision and poor positive parenting in their practice.



On assessing the domains of child rearing practice among the non-working mothers, the majority 23 (76.6%) have good involvement, majority 16(53.3%) have acceptable positive parenting, 8(26.6) have acceptable poor monitoring, only 1(3.3%) have poor inconsistent discipline and majority 19(63.3%) have good corporal punishment in their practice.



On comparing the child rearing practice between the house wives and working women. The paired t-test showed that there is significant difference, that house wives have better practice than the working mothers at the level of $P < 0.000025$



On associating the practice levels on child rearing practice among the mothers and the demographic variables it showed that there was no significant association..

Table:2 - Association of child rearing practice with the demographic variables N=60

NO	DEMOGRAPHIC VARIABLES	Adequate		Moderate		χ^2 df	P Value
		n	%	n	%		
1	Age in year					$\chi^2 = 1.290$ df = 2	P = 0.524 Non significant
	a) 21-30 Years	21	35	5	8.3		
	b) 31-40 Years	23	38.3	10	16.6		
	c) >40 Years	1	1.6	0	0		
2	Education					$\chi^2 = 3.15$ df = 3	P = 0.36 Non significant
	a) <10 th	7	11.6	1	1.6		
	b) HSC	10	16.63	1	1.6		
	c) UG	20	3.3	9	15		
	d) PG	8	13.3	4	6.6		
3	Occupation					$\chi^2 = 2.39$ df = 1	P = 0.1219 Non significant
	a) Working	26	43.3	12	20		
	b) Non-working	19	31.6	3	5		
4	Income					$\chi^2 = 0.50$ df = 2	p = 0.7788 Non Significant
	a) Rs.10000-20000	23	38.3	8	13.3		
	b) Rs.20000-40000	16	26.6	6	10		
	c) Rs 40000-60000	6	10	1	1.6		
5	Sibling Position					$\chi^2 = 1.52$ df = 2	P = 0.466 Non significant
	a) 1	31	51.6	8	13.3		
	b) 2	13	21.6	6	10		
	c) 3	1	1.6	1	1.6		
6	Family type					$\chi^2 = 0.511$ df = 2	P = 0.744 Non significant
	a) Nuclear	15	25	6	10		
	b) Joint	30	50	9	15		
7	Religion					$\chi^2 = 1.053$ df = 2	P = 0.59808 Non significant
	a) Hindu	42	70	15	25		
	b) Muslim	2	3.3	0	0		
	c) Christian	1	1.6	0	0		

CONCLUSION

The study results shows that non-working mothers impart better child rearing practice than the working mothers, yet most of the mothers apply the outmost best effort in child rearing practice. More health education and teaching sessions can be organized to all the mothers on good child rearing practice to improve the child's health and future in a holistic way.

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