P: ISSN NO.: 2394-0344 RNI No.UPBIL/2016/67980 VOL-3* ISSUE-5* August- 2018
E: ISSN NO.: 2455-0817 *Remarking An Analisation*

A Cross-Sectional Study on Child Rearing Practices of Tharu Tribal of Uttar Pradesh

Bhagya Preet Kaur
Visiting Professor,
Deptt.of Home Science,
Khwaja Moinuddin Chishti Urdu,
Arbi- Farsi University,
Lucknow

Abstract

In this paper we are studied A cross sectional study on child rearing practices of TharuTribals of Uttar Pradesh.The study was conducted among 169 tharu mothers with children < 2 years.Breast feeding is a common, popular practice adopted by all Tharu mothers.98.2% percent of the mothers had breastfed their children butthe initiation of breastfeeding within one hour after birth was only 52.6%. As for the administration of colostrum, it was found that 52.6% mothers gave colostrum to their babies while 47.3% mothers did not.Only 33.6% children received exclusive breast feed up to the age of six month and 66.3% received exclusive breast feed less than six month of age. It was also found that majority of mothers 89.4% did not change breastfeeding practice during acute respiratory illness or in diarrhoea.

Keywords: Breastfeeding, Child Rearing, Colustrum, Tribe.

Introduction

Women are the only one who are blessed by God with the capability to reproduce its progeny. Pregnancy is a process to continue our generation and with the birth of the baby her role as nurse and mother assumes primary importance in both her own life and that of her offspring (Nirmale and Santosh, 2003). Motherhood is the basis of family life which in turn is a backbone of all the orders of society. The process of Child rearing is to promote and support the physical, emotional, social and intellectual development of a child from infancy to adulthood. The rearing of a child or children is especially the care, love and guidance given by the parents. Child rearing is the work of taking care of children until they are matured enough to look after themselves. The method of child care practices itself starts before, during and soon after the birth of a child into a family. The child rearing practices vary enormously from culture to culture, community to community, from region to region. The Tharu tribe, one of the indigenous scheduled tribe of Uttar Pradesh, have established certain conventional ways of rearing a child.

Objective

To study the child rearing and caring practices adopted by the Tharu females.

Review of Literature

Latha Srikanth[1] et.al. (2017) found in their study thatNewborn feeding among tribes in India is influenced by traditional beliefs and practices. Each tribal community has its own unique feeding practices which have considerable impact on the health and survival of infants. Information about these practices is vital in planning effective child health services. It was observed that the new-borns had been fed with prelacteal feeds such as plain water, sugar or salt solution, honey, diluted cow's milk and milk mixed with jaggery. The beliefs were that these feeds help to resist hunger, clean the tongue and stimulate suckling. The common beliefs for delayed initiation of breastfeeding were that it was harmful or not ready to be fed for 3 days. The reasons for discarding colostrums were that it was impure, causes indigestion or diarrhea. These harmful practices were observed to be prevalent among most of the tribes in different geographic locations of India.

Upadhyay R.P. *et al.* (2012) in their study of role of prevalent culturally driven beliefs and practices in influencing the home based new born care, found that significant portion of mothers have some beliefs/practices with respect to care of the cord, taking the baby out of the house for the first time. Around 11% of the mothers did not prefer their baby to be weighed at frequent intervals because according to them, doing

so could lead to slowing of the growth of the baby. Further researchers concluded that traditional knowledge and practices must be considered before developing neonatal health care intervention strategies.

SuryamaniPatro, *et al.* (2012) studied a paroja tribal Community of the infant feeding practices of 'Paroja', one of the major tribal communities of Koraput District, Orissa. The information was collected through interview of mothers with the help of pre-designed and pre-tested schedules and through personal observation. The study revealed an encouraging fact that all the respondents fed their babies with breast milk. At the same time, it was disheartening to note that breast milk was introduced only after 24 hours of birth and in more than 60% of cases, colostrums was discarded. Instead, varieties of pre-lacteal foods were given prior to putting the child for breast feeding. Exclusive breast feeding was practiced for a long period of 1 year and supplementary foods were introduced only after the child attained about 1 year of age. In most of cases cereal preparations were given twice daily as supplementary foods. Such methods of infant feeding practices including late initiation of breast milk, inordinate delay in supplementary feeding etc. may be among the reasons of prevalence of malnutrition among the growing children of such communities. The study suggested proper counselling of the mothers on the infant feeding practices would help in a great way in reducing child under- nutrition.

Baiju Dinesh Shah, *et al.* (2013) found in their study that the prevalence practice of essential new-born care is less among all cases irrespective of, place of delivery and the health-care personnel facilitating delivery. Traditional new-born care methods challenge the practice of prescribed essential new-born care. Number of deaths in few households added significantly to the existing burden of neonatal deaths, attributed to superstition "*Ratewa*" by tribal. The Study has concluded that the introduction and implementation of essential new-born care at hospital and community/ household level is the need of the hour. Quality home based neonatal care through cost effective interventions is deemed necessary where accessing institutional care is not possible in the immediate term. Community health workers can contribute to the eradication of harmful new-born care practices and the sustenance of essential practices through community education and behaviour change communication.

Material and Methods

The present study was a cross-sectional field study and samples were selected by cluster random sampling from the dominant inhabitant areas of Tharu tribe. The Tharus live in Terai-Bhabbar Zone in the northern portion of almost all the districts falling in this tract. They mainly inhabit in Pilibhit, Lakhimpurkheri, Bahraich, Sravastvi, Balrampur and Mahrajganj of Uttar Pradesh. On the basis of maximum tribal population three districts namely Lakhimpurkheri, Behraich, and Balrampur were selected on Indo-Nepal border of Uttar Pradesh.Next on the same basis of highest density of Tharu tribe, one block from each three districts was selected.These blocks were Paliya of Lakhimpur Kheri district, Mihipurwa of Behraich district Pachperwa of Balrampur district. At third level four villages, one from each direction i.e. (east, west, north and south) was selected from each above mentioned blocks. The names of the villages are Mangalpurva, Berbata, Chandenchoki, Balapurwa, of Paliya block. Amba, Fakeerpuri, krishnapuri and Bargadiya, of Mihipurwa block, and Kuhergaddi, Madhni, Garhni, Subha Nagar of Pachperwa block. Thus a total of 12 villages were finalized as sample area. Sample size was calculated using formula based on prevalence rate of Tharu mothers.According to estimation based on formula given below sample size was 169.

Sample Size Estimation

Sample size was estimated using following formula:

$$n = \frac{4xpq}{e2}$$

Where p = prevalence (50% for exploratory studies) = 0.5

q = 1-p = 1-0.5 = 0.5

e = absolute error allowance (5%) or =0.05

Thus the study population was 169 Tharu mothers having children < 2 years of age.The data for study was collected using interview techniques with in-depth interview of mothers.As the lactating mothers could easily recollect the practices related to child rearing and caring, so only these mothers were found to be suitable as sample to study the child rearing caring practices of Tharus. Analysis of collected data was done using Microsoft Excel and SPSS version15.0.

Result

Table No.I
Duration of Tharu Mothers according to Breast Feeding Practices

Breast feeding practices	No. (n=169)	%
Breastfed to the baby		
Yes	166	98.2
No	3	1.8
Initiation of breast feeding	**n=169**	
Within 1 hour	89	52.6
1-3 hours	63	**3**7.2
>3 hours	17	10.1
Use of colostrum	**n=169**	
Fed	89	52.6
Not fed	80	47.3
First feed to the baby	**n=169**	
Mother's milk	89	52.6
Honey/sweet water/jaggery water	45	26.6
Animal milk	29	17.1
Other mother's milk	6	3.5
Exclusive breast feeding	**n=169**	
Till six month	57	33.6
Less than six month	112	66.3

Table No.I shows that the Tharutribal population had fairly good breastfeeding practices, as 98.2% percent of the mothers had breastfed their children and only 1.8% did not breast feed their child. The initiation of breastfeeding within one hour after

birth was52.6%while initiation between one to three hours was 37.2%, and more than three hours in 10.1% women. As for the administration of colostrum, it was found that 52.6% mothers gave colostrum to their babies while 47.3% mothers did not.Children who did not receive colostrum were either given honey/animal milk or milk of other mother. 26.6% children received honey/sweet water/jaggery water, 17.1% received animal milk and 3.5% received milk of other mother.Exclusive breast feeding was studied in the sample group. Only 33.6% children received exclusive breast feed up to the age of six month and 66.3% received exclusive breast feed less than six month of age.

Table No. II
Immunization Status in Children

Immunization Practices	No. (n=169)	%
Availability of Immunization Card		
Yes	120	71.0
No	49	29.0
BCG Vaccination		
Received	120	71.0
Not received	49	29.0
DPT 3 doses		
Received	113	66.8
Not received	56	33.2
MMR		
Received	101	59.7
Not received	68	40.3
OVP		
Yes	169	100
No	0	0

The Immunization status of children was studied on the basis of immunization card. It was found that 71% had availability of immunization card and it was also found that 71% percent of children had received BCG. Three doses of DPT vaccine were received only by 66.8% of the children. The coverage of MMR was only 59.7% and the coverage of OPV was cent percent as the children received polio dose under pulse polio programme. (Table No.II)

Table No. III
Practices Adopted During Diarrhoea

Diarrhoeal practices	No. (n=169)	%
Occurrence of diarrhoea in last 6 month preceding the interview		
Yes	97	57.3
No	72	42.7
Breast feeding during diarrhoea	n=97	
Did not change	89	91.7
Less than previous	8	8.3
Stopped feeding	0	0.0
Semi-solid foods during diarrhoea	n=97	
Did not change	53	54.6
Less than previous	44	45.3
Treatment for diarrhoea	n=97	
Medicines/syrups to stop motions	49	50.5
ORS/ Salt-sugar solution	35	36.0
Home remedies	13	13.4

The prevalence of diarrhoea and practices adopted during the same were observed in last six months preceding the interview. It was reported that 57.3% children did suffer from diarrhoeaonce or more than one time during the last six months. 91.7% mothers did not change their breastfeeding practices during diarrhoea, only 8.3% of mothers fed their babies less than previous but none of them stopped breastfeed in diarrhoea. 54.6% mother did not change practice of semisolid food during diarrhoea but 45.3% mother reported that they did reduce the semi-solid foods.Medicine/syrup was used by 50.5% mothers for the treatment of diarrhoea practice of using oral rehydration solution was observed in 36.0% and home remedy was used onlyby 13.4% of mothers.(Table No. III)

Table No. IV
Practices Adopted during ARI

Practices about acute respiratory illness	No. (n=169)	%
Suffered from cold/ breathing difficulties during last six month preceding the interview		
Yes	104	61.6
No	65	38.4
Breastfeeding during respiratory illness of child		
Did not change	93	89.4
Less than previous	11	10.6
Stopped feeding	0	0.0
Semisolid/solid feeding pattern during respiratory illness		
Did not change	75	72.1
Less than previous	29	27.8

Majority of mothers 89.4% did not change breastfeeding practice during acute respiratory illness and only 10.6% mother fed their babies less than previous but none stopped breastfeed.72.1% mothers did not change semi solid food practices during ARI but 27.8% gave semi solid food less than previous.

Conclusion

Our study aimed at assessing the child rearing practices prevalent among tharu mothers. Breast milk should be initiated within 30 minutes of delivery. Delay in initiation leads to a delay in the development of oxytocin reflexes, which are very important for the contraction of the uterus and the breast milk reflex. Colostrum is rich in vitamins, minerals, protein and immune globulins that protect the child from infections.Breast feeding is a common, popular practice adopted by all Tharu mothers. Breast feeding is initiated within 2-3 hours of the delivery. 52.6% of mothers fed colostrum to their child, which is a good practice. Similar observations were reported by Deshpande *et* .2010, and Mahmood 2012 in their

rural study. About 47% of the respondents admitted that they gave pre-lacteal feeding to their child. Honey, sugar water, jiggery water,and animal milk were the commonly used prelacteal feeds. In our study 33.6% of mothers had exclusively breast fed (EBF) their infant up to six months. Studies from Hyderabad and coastal areas of South India have reported an EBF rate of 68.7% and 57.9%. However in studies conducted in Bangalore Davangere the rates were lover namely 40% and 26.8% respectively .The reasons given by the Tharu mothers for not EBF were that breast milk was not enough to fulfil the water requirements of the baby. It was surprising to find such a low awareness among Tharu mothers regarding EBF. The other reasons the mothers had to join back their work such as collecting wood, daily wages etc. soon after their delivery.Breast feeding is always done on demand and no time schedule is ever followed.Breast feeding is continued for long periods (two or more years) and mostly till the mother conceives the next child. Breast feeding of the new born is done in a cross legged sitting position and sometimes also in walking position.

The immunization coverage in our study area was 71%. Studies by Rizwan*et al.*and NHFS-3 data also demonstrated immunization around 87% and 51.8% respectively.Further, practices adopted during acute respiratory infections (ARI) were studied and found that majority of the mothers continued breastfeed and semi-solid food in ARI. Some home based remedies were found popular among Tharu such as:

1. Juice of Tulsi leaves and guava leaves in cough cold and diarrhea.
2. Massage with asafetida mixed with warm mustard oil on chest.
3. Massage with kerosene oil or homemade alcohol.
4. Hot fomentation is done when the child feels uneasiness.

Acknowledgements

I thankful to my supervisor Dr. Savita Ahluwalia associate professor the Department of Home Science, Mahila P.G.College Lucknow for all the help in carrying out this study.

Reference

1. *Baiju Dinesh Shah1, Laxmi Kant Dwivedi2 (2013) Newborn care practices: "A case study of tribal women, Gujarat" Vol.5, No.8A4, 29-40*
2. *Colustrum and breast feeding specific recommendations: report and recommendations of the national workshop on the traditional practices of neonatal care in India. The National Neonatology Forum and the Ministry of Health and Family Welfare of India 1991: 16-26.*
3. *Dutta, A.K. (2009) Home-based newborn care: How effective and feasible? Indian Pediatrics, 46, 835-840.*
4. *LathaSrikanth[1], Kamala Subbiah[2], Srikanth Srinivasan[3]*(2017) International Journal of Community Medicine and Public Health Srikanth L et al. Int J Community Med Public Health. 2017 Feb;4(2):281-285*
5. *National Family Health Survey 2005-2006 (NFHS-3).Mumbai: International Institute of PopulationSciences. Available from: http://www.nfhsindia.org.*
6. *Upadhyay R.P, Singh B, Rao S.K, Anand K, (2012) "Role of cultural beliefs in influencing selected Newborn care Practices in rural Haryana", Journal of tropical Paediatrics.*
7. *Global strategy for infant and young child feeding.WHO 2003.*
8. *URL:http://www.who.int/nutrition/publications/infantfeeding/infant_feeding.*