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Role of Rural Women in Child Development and Child Education in India

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ABSTRACT: Women as a mother can greatly influence child's growth and development. She has an extremely important role to play when it comes to boosting child's development. Mothers not only form the basis of the child's scholarly education, but often prove to be the child's first teachers when it comes to teaching children various tools, they will inculcate all through their life. These treasured life tools include, self-confidence, modesty, sympathy, love, eagerness and interest, charity, compassion and much more. In this sense, mothers are roots that aid children attach themselves with the society. They are the foundations from which these tiny saplings will flourish and will develop into fine noble trees. Sometimes kids straggle with many subjects like science. If you are an expert in science subjects you can be science tutor for your kids, then make sure you take your time to help your kids understand various science subjects. Mother's education has a great impact on the child's learning skills. When it comes to our children's education, we, as mother is their best teachers. Each day holds uncountable chances to impart our children with something.

KEYWORDS: Breastfeeding, Child Rearing, Traditional, Rural Darbhanga and Women.

I. INTRODUCTION

The subject of child rearing practices encompasses feeding practices as well as traditional practices followed during various stages of the child's growth and development. Factors such as religion, literacy, socio-economic status of a family influence the child rearing practices in India. Infant feeding and rearing practices differ in communities, depending on social customs, traditional beliefs and prejudices of the community. Educated Women is considered as the most important tool for child education and Development in Indian society. It is not only limited to developing the personality of an individual, but also plays an important role in social and cultural development of children. one of the principal roles of the family is to transmit values and attitudes to sons and daughters, with the aim of preserving the customs and habits of the group to which they belong and where they will often spend the rest of their lives. Therefore, the family as a social institution ensures that children follow the behavioural guidelines and observe the ethical and moral standards that have guided previous generations. However, this formerly clear situation has drastically altered throughout the 21st century as societies all over the world have become more complex. The percentage of female teachers in a basic education system, it is necessary to value their role as educators, in order to offer them working conditions that lead to the development of girls and the community as a whole.

Due to motherhood, and traditional family responsibilities, women are prepared to relate to children. This is undoubtedly a great advantage that facilitates teaching. However, it is not enough. Professional training is required so that women may perform optimally in education systems. In traditional societies it is also important for female teachers to give parents greater confidence in sending their daughters to school. Despite the importance of this work, the teaching profession, especially as exercised by women in the first years of education, suffers from low status and low salaries. The number of women teachers is generally higher during the first stages of education. Such participation falls progressively at higher levels.

Although girls must overcome many obstacles to attend school in India. the presence of female teachers seems to break these barriers, as will be seen further on. Until 1993, the rate of female teachers in primary school was 31 per cent, rising to 35 per cent in later grades. This situation usually varies when regional studies are made, with gender inequality becoming clear. In Bihar, a very vulnerable state, the rate of female teachers is 20 per cent, while in Kerala, the most advanced state in terms of education, it reaches 67 per cent. There is a great correlation between the female literacy rate. In the states with great- est illiteracy there are fewer female teachers. For example, in the districts of Assam, Karnataka, Madhya Pradesh, Maharashtra and Orissa, less than a quarter of primary school teachers are women

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with the society. They are the foundations from which these tiny saplings will flourish and will develop into fine noble trees. Sometimes kids straggle with many subjects like science. If you are an expert in science subjects you can be science tutor for your kids, then make sure you take your time to help your kids understand various science subjects.

Mother's education has a great impact on the child's learning skills. When it comes to our children's education, we, as mother is their best teachers. Each day holds uncountable chances to impart our children with something. You as responsible mothers may even be doing it already, without even knowing about it. Play an energetic role in your child's education by taking benefit of teachable moments, volunteering the child at school, communicating with the teachers about your child's performance at schools. Take enough efforts to let your children understand that you value their learning, encourage them when they exceed in class and also motivate them to achieve better in case they haven't performed well. Always encourage their imagination and inquisitiveness, it'll keep them absorbed and speculating what they can absorb in every situation. This means that the learning process cannot be facilitated only in schools but also the other stake holders, and research has always supported its importance the role of a mother.

Women who play several roles of being a multi tasker can enable their children to learn from their example, their compassion and dedication to their family can become strong foundations of learning for children and their ability to adapt as they engage from being a professional to family commitments with a balance, can set strong examples of empowerment for the children. A mother's role is critical in guiding children especially in areas of values, ethics, social skills and creativity. The unconditional nature of her love for the child, and abundance of patience that she exercises when explaining 'cause and effect' to the child becomes a huge source of support for teachers who work on the very principles in their progressive classrooms. A mother has to look after each need of her child and take care of everything related to her. Although, all mothers are aware of their duties, it can become easier for mothers if they understand their roles and responsibilities thoroughly. Becoming a mother changes entire life and lifestyle as well.

10 important roles of a mother in child development:

Strongest Emotional Bond with the Child: A mother is the first one to know and connect with her child. Even after birth mother is the first care-giver to her children. The way they interact with child during the early months and years leave a deep impact on child. It will get reflected in the social and emotional setting of child in later years.

Giving Proper Environment for Right Development: Mothers are responsible for the environment that a child gets from the very beginning. Giving apt space for movement, creativity and play offers right environment for child development.

Child's Behavioural Development: A mother knows her child more than anyone else. Therefore, child's behavioural development is closely observed her. Observing child and listening to her voice gives mother an impression of what is going on inside her.

Instils Trust and Security: Mothers can teach children how to trust and be trustworthy. Once this is understood by child, she will be confident and emotionally secure. Be around your children when they need you and help them become better. Your unconditional love and support will help them improve their selves.

Family Bonding: A mother helps her child learn about the importance of family as she is the back bone of the family and holds everyone together. Have family meals together and encourage your child to spend time with family members.

Be kind, Loving and Caring: If you are kind, loving and caring to your child in daily activities, it will automatically teach her to be the same kind of person when she grows. Your behaviour towards your child has a lasting impact on her development not only when she is a child, but after she grows up as well.

Be Thoughtful and Sensitive: When you understand and respond properly the way your child is thinking, your child will grow up to be a sensitive person. She will be able to understand other person's perspective also. This will be very helpful in maintaining relationships.

Positive Attitude: Since a mother is soft and handles things in a positive way, it teaches the child that no matter whether life is tough, it can be handled in a better way. You can discuss the problems with your children and explain how you are going to tackle it.

Role of Routine and Discipline in Life: Since a mother helps a child maintain a regular set of pattern in early days, it conveys a message that things can be managed easily and comfortably by following a routine.

Hard Work: A child learns to work hard from her mother. On the other hand your child might see that at the end of the day you get tired but if you explain the pleasure and satisfaction that you get from working hard, the right message will be delivered.

A mother supports and helps her child in improving herself throughout her life. Role of a mother greatly influences child's overall development and well-being.

WOMEN AS EDUCATORS IN RURAL SCHOOLS:

In rural areas, girls and women have fewer opportunities for entering, remaining and completing basic education. Even in countries with the highest national schooling and literacy indicators, where the rural population represents a very small percentage of the total population, certain regions present important challenges for basic

education. In Mexico, for example, adult women over 40 who live in villages with less than 100 inhabitants are disadvantaged by an illiteracy rate of 50 per cent, while the national rate of literacy for adults is 12.9 per cent. In India it has been demonstrated that parents, forced to send their daughters to distant schools, prefer female teachers. A study carried out in a primary school revealed that the inhabitants of very poor communities will send their sons and daughters to schools outside of their villages when the teachers are women, especially if they are from community. Nevertheless, the cultural impediments for the education of women are still enormous.

Role of ICDS Women workers:

ICDS was launched in 1975 to improve Indian children's health and quality of life. A child born that year could only expect to live to be 51 years old—if they survived past birth, given that the infant mortality rate was 13%. Anemia, malnutrition, stunting, and under-immunization were common, especially among children of poor or marginalized backgrounds. The goal of ICDS was to help feed, educate, and care for vulnerable kids and their mothers.

ICDS services are offered through a network of more than 1.3 million *anganwadi* centers spread out across virtually every region in India. According to the Ministry of Women and Child Development every urban or rural community of 400 to 800 people has at least one *anganwadi* center. In every *anganwadi* center, an *anganwadi* worker (AWW) takes care of women and children, educates the community, and collects health and nutrition data on women and children. The AWW is supported by three people: an *anganwadi* helper; an auxiliary nurse midwife who provides health services to pregnant and breastfeeding mothers and delivers babies; and an Accredited Social Health Activist, or ASHA, who is a community health advocate and provides services like first aid, special needs referrals, and reproductive health counselling.

Thanks to this massive network of centers, ICDS has an impressive reach. In 2017, it delivered preschool services to close to 33 million kids. It also gave regular food rations to close to 95 million young children and lactating and pregnant Women. The preschool curriculum in *anganwadi* centers is outlined in the ministry's National Curriculum Framework for ECCE which aims to "promote early stimulation and play-based, experiential and child-friendly provision for early childhood education and all round development." In other words, *anganwadi* centers should be places where kids have fun and learn skills that will lay the groundwork for their entry into formal schooling.

II. REVIEW OF LITERATURE

Review of related literature makes the investigator fully aware with the previous work that has been done. It also provides an opportunity of gaining insight into the method, measures, subject and approaches employed.

Mandal, P.K, Sardar, J.C, Chatterjee, C, Lahiri, S.K, and Ghosh, P.K. (2007) A study on breast feeding practices among infants in a rural area of west Bengal. Breastfeeding (BF) is nature's way of providing nutrition required for healthy growth and development of the young infant. The early child growth needs healthy infant feeding practices including exclusive breastfeeding and timely complementary feeds. The present study was carried out to assess the pattern of infant feeding and its relation to certain care practices of maternity and the newborn, and to assess the knowledge of mothers, who had delivered in the last one year.

Kumar, Nithin, Unnikrishnan, B. , T, Rekha ,P, and Mithra Rasanna, (2012) Infant feeding and rearing practices adapted by mothers in Coastal South India. The mean age of the mother was 25.75 years (SD: 3.6) and 57.9 % of the mothers practiced exclusive breastfeeding (EBF) their child and 34.9% mothers had given prelacteal feeds to the newborn. Oil massage to the baby was practiced by 98.7% of the mothers and 51.3% applied substances like boric acid, oil and turmeric powder on the umbilical stump. The association between socioeconomic status and EBF was found to be statistically significant ($p < 0.05$). 38.8% mothers continued breast feeding up to a period of one year. 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%).

Puri, S, Bhatia, V, Sharma, M, Swami, H.M, Magnat, C. (2008) Comparison Of Prevalent New-born Rearing Practices in urban and slum population of Chandigarh, Ut, India. (38.4%) Women gave birth at home only. (45.1%) deliveries were conducted by skilled birth attendant as compared to (7.1%) by traditional birth attendants. (61.9%) of newborn infants had been bathed within the 0-12 hours. Number of infants who were given colostrums were (80.9%) and (26.9%) were put on breast feed within 1-2 hours of birth.

III. MATERIAL AND METHODS

The present study was conducted over one year in rural areas of Darbhanga District. The study population was 300 mothers with children < 2 years. Only women native to the village were included in the study. The proforma of the study was pretested among 300 rural mothers having children less than 2 years. Final proforma was then administered to the study participants by means of oral interview through house to house visits and ICDS Centre. At the end of each interview the mother along with the other family members were urged to follow the recommended practices related to

childrearing. Health education was imparted on the benefits of birth spacing, family planning, proper nutrition during pregnancy, post natally and immunization with tetanus toxoid, breastfeeding, complementary feeding, dangers of bottle feeding and importance of routine childhood immunization.

IV. RESULTS

In our study, a majority of the mothers were young 20 to 25 years (43.33%) and most were Hindus (83.33%). Most of the mothers had received only up to High school education (33.34%) and belonged to lower middle class (26.67.63%). The majority resided in joint families (83.33%) with family members ranging from 5-10 per house (56.67%). Rooming-in was widely practiced in the study population. Majority of the newborns 230 (76.66%) were placed alongside the mother within 6 hours of delivery, 10(3.34%) carried out rooming in between 6-24 hours, whereas only 13.34% of the families after 24 hours. 40% of the study population initiated breastfeeding within 6 hours while 6.66% within 6-12 hours of birth.

However, second Number of the rural mothers (25%) initiated breastfeeding within 24 hours of birth. 25% of the mothers initiated breastfeeding after 24 hours and the reasons cited were maternal fatigue and inadequate lactation. Average duration of breastfeeding was 11.015 (+/-6.56) months. 50 (38.46%) mothers breastfed their infant for a period of 0-6 months, 20(6.66%) breastfed for 6-12 months and 45(34.60%) had breastfed up to 12-24 months of age. The results of our study revealed a higher duration of breastfeeding of up to 12 months in women in 65.8% of women who were educated H.School and above.

Table: 1
Socio Demographic Profile of 300 Respondents

Variables	Number	Percent
Age (years)		
20-25	60	20
25-30	130	43.33
30 and above	110	36.67
Education		
Graduate & above	10	3.33
Intermediate	85	28.33
H.School	100	33.34
Primary	55	18.33
No formal education	50	16.67
Religion		
Hindu	250	83.33
Muslim	50	16.67
Type of family		
Joint	250	83.33
Nuclear	50	16.67
Household size		
<5 members	50	16.67
5-10	170	56.67
>10	80	26.66
Socio Economic Status		
Upper class	30	10
Upper middle class	40	13.33
Middle class	60	20
Lower middle class	80	26.67
Lower class	90	30

Table: 2
Time at Rooming-in of Infants

Time (hours)	Number	Percent
<6	230	76.66
6-12	20	6.66
12-24	10	3.34
>24	40	13.34
Total	300	100

Table: 3
Time of Initiation of Breastfeeding

Time (hours)	Number	Percent
<1	60	20
1-6	120	40
6-12	20	6.66
12 -24	25	8.34
>24	75	25
Total	300	100

Table: 4
Duration of Breastfeeding

Duration (months)	Number	Percent
0-3	10	7.70
3-6	40	30.76
6-12	35	26.92
12-18	30	23.07
18-24	15	11.53
Total	130	100

A large number of infants were given cereal based complementary feeding in the form of soft cooked rice and porridge. Other common weaning foods included fruit juice (16%), vegetable soup (16%), infant formula (16%), whole fruits, cow/buffalo milk, dal water and other liquids. Most infants received complementary feeding by a feeding bottle (75%), while other utensils used were spoons (45%), bowls (38%) and even droppers (2%). 302 children (98.37%) of the study children were immunized for age.

Table: 5
Child Rearing Practices among Rural Mothers

Practice	Number	Percent
Delivery at parents' house	170	56.66
Oil massage	300	100
Exposure to early morning sunlight	210	70
Instillation of oil in ears	150	50
Application of kajal to eyes	180	60
Giving bath to newborn on the first day of life	85	28.33
Stopping feeds during childhood illness	40	13.34
Immunization	250	83.33
Education	275	91.66

V. DISCUSSION

Our study aimed at assessing the various child rearing practices prevalent among rural mothers in the study area of Darbhanga District, Bihar. 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. Studies show that the sooner the breastfeeding begins more effective is the consolidation of the process, and therefore, a better impact on the after-birth period, which helps in the earlier initiation of the secretion of breast milk. observations were reported by Deshpande *et al* 2010, and Mahmood 2012 in their rural study. The most common reason stated by the rest of the 53.75% mothers for discarding colostrum was that they thought colostrum was not good for the child and described as pus or dirty milk. About 25% of the respondents admitted that they gave pre-lacteal feeding to their child. Sugar water, tea, and animal milk were the commonly used prelacteal feeds. Honey and water was commonly used as a pre-lacteal feed in rural West Bengal as reported by Mandal *et al* 2007.

Pre-lacteal feeds are given because it is believed that they act as laxatives or as a means of clearing the meconium. unfortunately, the mothers are not aware that the pre-lacteal feeds could be a source of contamination. Honey, which is used as pre-lacteal food in infants, is now not recommended to be given below the age of one, because of the risk of infection. Our study revealed an association between literacy and longer duration of breastfeeding as also seen in work done by Rizwan *et al* in 2013 and Kimani Murage *et al* 2011.

Bathing should be avoided immediately after birth. Preferably, normal baby should be given bath on second day during summer. In our study 28.33% mothers gave bath to the baby on the first day itself among whom, 71.7% gave for hygienic reasons and 18.3% felt that giving bath reduces the heat in the baby's body and makes it sleep well. In a similar study in Chandigarh, 76.1% of the newborns were bathed on the first day of birth. Majority (97.72%) of mothers in our study gave oil massage to their babies. The most commonly used oil were coconut oil (70%), commercial baby oil (21%) and ayurvedic oil (9%). Majority of the mothers practiced oil massage to give strength to the limbs. In a similar study in Chandigarh, 72.6% of the mothers in rural area and 56.6% mothers in urban area practiced massage to their babies. A study in Bangladesh reported that mothers used mustard oil to give body massage to the babies.

Applying Kajal to the eye or face is age old traditional belief considered to ward off evil, with the added cosmetic benefit of making the baby's eyes look bigger. However, its application to the eyes can cause conjunctivitis and dacrocystitis, and finger nail trauma to the eye can also occur. 39.08% of the mothers in our study applied kajal to the baby's eye to ward off evil. Other child rearing practices observed in our study were tying black thread around the neck and waist of the baby and amulets to ward off evil (97.72%). The immunization coverage in our study area was excellent with 98.37% of the children immunized for age. Studies by Rizwan *et al* and NHFS-3 data also demonstrated that 87% and 51.8% children being immunized for age respectively with a significant association between literacy of the mother and vaccination status of the child.

VI. CONCLUSION

Since their perceptions regarding the feeding practices directly influence the health of the child, certain false beliefs and myths such as discarding colostrum and stopping feeds during illness that are deeply rooted in all strata of community need to be replaced by sound and scientific messages. Knowledge regarding the timely initiation of breast feeding, advantages of exclusive breast feeding and proper weaning practice is less among the mothers of rural area.

So, advice about breastfeeding and complementary feeding during antenatal check-ups, postnatal, and during Immunization visits might improve feeding practices. The study suggested that dissemination of information & education regarding health material & newborn care practices is the need of the day. Efforts should also be made to encourage institutional deliveries where healthy education can be provided also not only to mothers but to other members of family.

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