P-ISSN: 2618-0723
E-ISSN: 2618-0731

NAAS Rating: 5.04
www.extensionjournal.com

International Journal of Agriculture Extension and Social Development

Volume 8; SP-Issue 1; January 2025; Page No. 33-37

Received: 05-11-2024
Accepted: 13-12-2024

Indexed Journal
Peer Reviewed Journal

Child rearing knowledge and practices: Insights from women in migrant families of sugarcane harvesting communities

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DOI: https://doi.org/10.33545/26180723.2025.v8.i1Sa.1528

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Abstract

With an objective to assess the Knowledge and practice on child rearing practices in migrant families in sugarcane harvesting pockets of Bagalkote present study was conducted during 2020-21 during sugarcane harvesting season. Purposive of sampling was employed to select women who were willing to participate and in the reproductive age and had given birth to at least one child. A sequential explanatory mixed method study design was used where quantitative (cross-sectional survey) followed the qualitative (grounded theory) phase. The survey was undertaken among the representative sample in sugarcane harvesting area comprising of 42 mothers from migrant families who stayed in two villages namely Benakatti of Bagalkot taluka and Huvanur of Hunagund taluka during sugarcane harvesting season 2021-22. Quantitative Data was collected by using Child rearing knowledge scale (Saramma and Thomas, 2010) and Child rearing practice scale (Saramma and Thomas, 2010), while qualitative data was elicited by conducting an in-depth interview. Data on child rearing practices of mother revealed that, about 90.24 percent had checked the weight of the baby, 96.68 percent were sleeping with baby in the same bed. About 70.73 percent were not able to feed the baby with first milk (Colostrum), while 90.24 percent did not start complementary feeding at 6 months. The data pertaining to knowledge on child rearing practices depicted that, 98.6 percent mothers expressed breast milk is most helpful for mental development of baby, 98.6 percent did not know that baby's clothes need to be washed separately, and 96.7 percent mothers knew that baby explores the world through interacting with other family members. Qualitative data on child rearing practices revealed a need for inclusion of these families in public distribution system (PDS), health care facilities, access to drinking water and electricity, safe environment for their children, as basic essentials for the healthy child outcomes. These families in sugarcane harvesting migrate every season in search of employment and are deprived of basic facilities, especially vulnerable groups like children and women are silent sufferers. The seasonal migration of sugarcane harvesting involve a majority of population in India for which there is need for separate policy for the welfare of the same.

Keywords: Child rearing practices, knowledge, migrant women, sugarcane harvesting

Introduction

Farm labourers are one of the most exploited classes in India and in world. Every year more than one million unorganized contract labourers, most of them from lower castes, migrate to the sugarcane harvesting for a period of around six months. These labourers work for twelve or more hours a day and get poor returns. On the other hand, the working and living conditions violate basic human rights (Deshingkar, Start, 2003). Young children of the labourers also travel with them at the destination leaving their schools and education behind to help their parents in their work and eventually get trapped into the vicious cycle of bonded labour like their parents (making it a generation after generation trap).

Migrant group live in very different settings and they adhere strongly to traditional cultural values and beliefs. Some of these beliefs are known to lead to poor health outcomes. Migrant communities have their own customs that guide them: in dealing with questions of childrearing practices; education of their children and utilization of health services. Childrearing practices are the transmission of the tradition, beliefs, culture and cognitive actions from parents to offspring. Factors such as religion, literacy, socioeconomic status of a family influence the child-rearing practices in India (Cacodcar *et al.*, 2015) [1]. Practices include activities which: a) guarantee the child's physical well-being-keeping the child safe and free from harm, providing shelter and clothing, preventing and attending to illness. b) promote the child's psycho-social well-being-providing emotional security, socialization, nurturing and giving affection c) support the child's physical development-feeding, bathing, providing safe places to play and explore d) promote the child's mental development-interaction, stimulation and play e) facilitate the child's interaction with others outside the home-within the community, at health clinics, at school, etc. Child-rearing practices are the major determinant of morbidity status of children. Few researchers have done studies on child-rearing practices in different communities. Only 34.5% of newborns were breastfed within half an hour of delivery. Prelacteal feeds were given to 33.5% newborns and this was seen more among mothers who had home deliveries (Joseph *et al.*, 2013) [2] Majority of the child-rearing practices are based on the traditional practices by the grandparents (Murovhi *et al.*, 2018) [3] All the mothers

follow the cultural practices in child rearing and toilet training for children was found only among 53% (Hardeep Kaur, 2017) [4]. There are limited community-based studies in India to identify the child-rearing practices among migrant mothers and to analyze the factors which influence the child-rearing practices among migrant mothers. Taking cognizance of the above discussed factors, the present study was taken up with an objective to assess the Knowledge and practice on child rearing practices in migrant families in sugarcane harvesting pockets of Bagalkote.

Methodology

A sequential exploratory mixed method study design was used where quantitative (cross-sectional survey) followed the qualitative (grounded theory) approach. The survey was undertaken among the representative sample in sugarcane harvesting area comprising of 42 mothers from migrant families who stayed in two villages namely Benakatti of Bagalkot taluka and Huvanur of Hunagund taluka during sugarcane harvesting season 2021-22. Quantitative Data was collected by using Child rearing knowledge scale (Saramma and Thomas, 2010) and Child rearing practice scale (Saramma and Thomas, 2010), while qualitative data was elicited by conducting an in-depth interview.

The child rearing knowledge scale

The CRKS is designed for administration to women during pregnancy or in post-partum period up to 4 months. This self reporting type of scale has 20 multiple choice questions on infant care divided into four subscales that covered the four domains of CR *viz*. feeding (questions 1-6), growth and development (questions 7-10), cleaning and protection (questions 11-17), and infant stimulation (questions 18-20). Each question had five choices: one right choice, three wrong choices, and a 'don't know' choice to avoid the chance of guessing. The correct choice carried two points and other choices were scored as '0'. The range of score for an individual was between 0 and 40. Higher score meant better CRK. Mothers were expected to answer the questions all by themselves.

The Child Rearing Practice Scale (CRSP)

This section of the scale is designed for administration by the investigator in a face-to-face interview. It consisted of 25 items divided into 4 subscales, that covered the four major child rearing domains related to early infancy and related practices *viz*. feeding (item 1-7), growth and development (items 8-9), cleaning and protection (items 10-21), and infant stimulation (items 22-25). The domain-cleaning and protection was further sub-classified into hygiene of the baby (items 10-14), infection prevention (items 15-17), and prevention of accidents and injuries of the baby (items 18-21). The items were scored based on the reported behaviors of mothers on these four domains. Out of the 25 maternal behaviors in the CRPS, 3 were rated on a four-point scale and the remaining 22 were dichotomous Yes/No questions. The total CRP score was calculated as the sum total of the four subscale scores and ranged from 0 to 34. Higher scores indicated better child rearing practices.

Statistical analysis: Frequency and percentages were used to draw the inferences and qualitative analysis was used to supplement the quantitative data.

Results and Discussion

The demographic characteristics of the respondents revealed that, all the women in the reproductive age i.e., 18-45 years, recurrently migrating to same place for many years, having one to two children and belonged to Bheed district of Maharashtra, staying in tented house, work in two shifts in field and in between cook for family and take care of children. Results presented in table 1 reveals the child rearing practices of migrant sugarcane families in the study area. It was found that, majority of the women in migrant families (26.19%) did not start complementary feeding at six months, while 90.24 percent of the mothers checked the weight of the baby at birth.

Table 1: Child rearing Practices of migrant mothers in sugarcane harvesting area of Bagalkote

	Statements	Yes		No	
		Freq	Percentage	Freq	Percentage
1	Able to give the first milk (Colostrum) to your baby	12	28.57	30	71.43
2	Able to timely initiate breastfeeding within half an hour if normal delivery/ within 4 h if Caesarian?	4	88.10	5	11.90
3	Are you currently breastfeeding your baby?	28	66.67	14	33.33
4	Started complimentary feeding (-ve item)?	11	26.19	31	73.81
5	Able to meet the needs of your baby during nighttime	27	64.29	15	35.71
6	Check the weight of your baby	19	40.48	25	59.52
7	You check for normal development of your baby	24	52.38	20	47.62
8	Keep the baby clean	30	71.43	12	28.57
9	Bathe the baby by yourself	29	69.05	13	30.95
10	Groom and dress the baby by yourself	29	69.05	13	30.95
11	Wash the baby's dresses with soap and water and dry in sunlight	28	69.05	13	30.95
12	Wash your hands before caring the baby	11	26.19	31	73.81
13	Restrict persons with infection from handling your baby	8	19.05	34	80.95
14	Give immunizations to your baby on scheduled dates	3	7.14	39	92.86
15	Habit of covering your baby from cold climate	35	83.33	7	16.67
16	Is your baby sleeping with you in the same bed/same room during night?	28	66.67	14	33.33
17	Do you keep your baby on a mat on the floor	38	85.71	6	14.29
18	Have your baby met with any accidents	9	21.43	33	78.57
19	Are you able to console your baby when he/she cries?	38	90.48	4	9.52
20	Do you talk to your baby/introduce family members to him	10	23.81	32	76.19
21	Do you play with your baby using colored / sound making toys	2	4.76	40	95.24
22	Do you sing songs (Lullaby) for your baby to make him sleep	3	7.14	39	92.86

Majority of the mother slept with baby in the same bed during night (66.67%), they keep the baby on a mat on the floor (85.71%), they have the habit of covering during cold climate (83.33%), and are able to console the baby when he/she cries (78%), washed baby's clothes with soap water and dry in sunlight (69.05%). It was disheartening to Only 26 percent of the women washed their hands before caring the baby and few women (19.05%) restricted persons with infection from handling baby and even fewer than that (7.14%) got their babies immunized again all the diseases. As they are staying in open field majority (83.33%) protected their babies from cold. It was evident that, about 21.43 percent of their children met with an accident, but there was no immediate medical relief.

When asked about the stimulation for cognitive and language development, very meager percent of women said that, they played with their babies with colored sound making toys and sung lullabies to make the baby sleep (4.76 and 7.14% respectively). If we look into the developmental process of a child, it is clearly reflected that a child has its' unique pattern of growth which depicts inputs from various social constituents like parental care, child-rearing practices, family environment, and cultural influences, etc. Therefore these factors play vital roles in the early years of a child. Child-Rearing and parental care is a common discourse despite all socio-cultural diversities, nevertheless, its practices and the patterns may vary culturally and geographically (Bornstein, M. H., 2012 and Ferrari, A. M., 2002) [10, 11]. These are the variations that make parenting so diverse in nature. Parental background, their social involvement, their own experiences, their attitude towards parenting, family structure, and the number of family members involved in the child-rearing process are the major essence of parenting, which makes it more unique and crucial (Britto *et.al*., 2017) [12].

Questions with four multiple choice answers

How often do you change the diaper as soon as it is soiled?

Always	17	41.46
Often	12	29.27
Occasionally	7	17.07
Rarely	5	12.20

When they were asked about the frequency of changing the soiled diaper, it was found that, only 41.46 percent always changed as soon as it got wet.

What type of milk feeds are you giving to your baby?

Exclusive Breast feeding	28	68.29
Bottle feeding + breast feeding	8	19.51
Bottle feed only	5	12.20

About 68.29 percent of the women practiced exclusive breast feeding, only rare cases they bottle fed their babies (12.20%).

How often are you able to meet the feeding needs of your baby

Always	38	92.68
Often	8	19.51
Occasionally		
Rarely		

Data on feeding needs of baby revealed that, majority of the respondents (92.68%) opined that, they always responded to the feeding needs that is immediately breastfed the baby. These results are in confirmation with the studies conducted by Anupama *et al* (2020) [6]. This study highlights that migrant mothers had poor child rearing practices and also multi-dimensional factors which influenced their childrearing practices.

Table 2: Child rearing knowledge of migrant mothers in sugarcane harvesting area of Bagalkote

Sl. No.	Statements	Option a	Option b	Option c	Option d	Option e	Best answer
1	The first food to be given to a newborn baby is	Boiled and cooled water	Glucose water	Breast milk	Any other liquid	Don't know	c
		7 (16.66)	0	24 (57.12)	7 (16.66)	4 (9.52)	
2	When should breastfeeding be initiated after a normal delivery?	Within half an hour	Within 1 hour	Within 2 hours	Within 4 hours	Don't know	a
		0	21(49.98)	13 (30.94)	5 (11.9)	3 (7.14)	
3	How long should breastfeeding be continued?	Up to 6 months	Up to 1 year	Up to 2 years	As long as the baby needs	Don't know	c
		0	8 (19.04)	29 (69.02)	5(11.9)	0	
4	Which of the following breast parts should be inside the baby's mouth in correct sucking position?	Nipple alone	Nipple and part of areola	Nipple and most of areola	Whole breast	Don't know	c
		0	37 (88.06)	4 (9.52)	0	1 (2.38)	
5	What is the correct time for beginning complementary feeding?	At 4 months	At 6 months	At 1 year	Any age	Don't know	b
		0	31(73.78)	6(14.28)	5(11.90)	0	
6	A 1-year-old infant can be given	Rice and vegetables	Fish and minced meat	Fruits	Any home food	Don't know	d
		23 (54.74)	5 (11.9)	6(14.28)	8(19.04)	0	
7	When does a baby's weight become	3 months	5 months	9 months	1 year	Don't	b

	approximately double the birth weight?					know	
		0	3(7.14)	2 (4.76)	4(9.52)	33 (78.54)	
8	Normally, when does a baby attain head control?	2 months	4 months	6 months	1 year	Don't know	b
		0	21(49.98)	18(42.84)	3(7.14)	0	
9	Normally when does a baby start sitting without support?	4 months	6 months	8 months	10 months	Don't know	c
		0	0	34(80.92)	8 (19.04)	0	
10	Normally when does a baby start saying syllables like 'da', 'pa', etc?	4-6 months	6-8 months	8-10 months	12 months	Don't know	c
		0	4(9.52)	9 (21.42)	29 (69.02)	0	
11	How can you safeguard a baby against infections?	By immunizing the baby	By giving daily bath	By keeping the baby away from infected persons.	All the above	Don't know	d
		0	3(7.14)	5 (11.9)	34(80.92)	0	
12	How can you ensure safety of the baby while bathing him or her?	Protect the nose	Check the temperature of bath water	Protect the ears	Dry him quickly	All the above	e
						Don't know	
			36(85.68)	2(4.76)	4(9.52)	0	
13	What is the ideal way to clean the baby's clothes?	Wash with soap and water and dry in shade	Wash with soap and water and dry in sunlight	Wash just like any other clothes	Always dip in disinfectant solution, before washing	Don't know	b
		0	31(73.78)	11(26.18)	0	0	
14	Which of the following accidents can occur to an infant?	Falls	Aspiration	Drowning	All the above	Don't know	d
		35 (83.3)	3(7.14)	4(9.52)	0	0	
15	How can you prevent possible suffocation in infants?	Take care that baby's nostrils are open while breastfeeding	Keep woolen toys out of reach of babies	Keep plastic bags out of reach of babies	All the above	Don't know	d
		4(9.52)	5(11.9)	33(78.54)	0	0	
16	Which one of the following immunizations needs not be repeated during infancy?	BCG vaccine	Oral polio vaccine	HB vaccine	DPT	Don't know	a
		0	29(69.02)	0	0	13(30.94)	
17	If the baby gets diarrhea how will you modify his feeds?	Continue breastfeeding	Give more fluids	Give easily digestible food	All the above	Don't know	d
		37(88.06)	0	0	0	5(11.9)	
18	A baby explores the world through	Playing with toys	Interacting with mother	Interacting with other family members	All the above	Don't know	d
		5 (11.9)	25(59.5)	8(19.04)	4(9.52)		
19	Which one of the following is most helpful for the mental development of the baby?	Breast milk	Food given by the mother	Mother's love and care	All the above	Don't know	d
		15(35.7)	13(30.94)	8(19.04)	6(14.28)	0	
20	Language stimulation can be provided to the baby by	Providing toys	Providing warmth	Talking and singing	Holding and patting	Don't know	c
		9(21.42)	11(26.18)	21(49.98)	1(2.38)		

The knowledge on childrearing practices possessed by migrant women in persecuted in table 2. It in evident that, about 57.12 percent mothers knew that, the first food to be given to a new born is breast milk, and breast feeding to be initiated within one hour after birth (49.98%) and breast feeding to be continued even up to two years (69.02%). It was found that majority (88.06%) of women knew Nipple and part of areola should be inside the baby's mouth in correct sucking position and about 73.78 percent expressed that correct time for beginning complementary feeding is 6 months, more than half of mothers (54.74%) had perceived rice and vegetables as food to be given to one year old infant, regarding anthropometry, most mothers (78.58%) did not know when the birth weight of the infants doubles, while only 7.14 percent had knowledge an doubling of birth weight on 5 months. Half of mother had knowledge about baby's head control at four months other 42.84 percent expressed it as 6 months majority (80.92%) of women expressed that baby start sitting without support by the age of 8 months. They pressed that language development (saying syllables) starts at 12 months.

Regarding protection against infections mothers expressed the by giving bath daily (7.14%) by keeping away the infected persons (1.9%) combining these practices with immunity was the method to safeguard baby against infections (80.92%). It must be noted here that, in the temporary tents, mothers have only place to cook and some arrangements to baby for sleep is made either tying an old saree to tree so that, it becomes a cradle. In some other places, it was found that, an elderly woman taking care of four to five infants when their mothers are away for cane harvesting. It was also evident that, sheep and goat, chicks, children, under one tent will be under the custody of an elderly women. They had knowledge on checking temp of water before giving bath (85.68%); washed baby's clothes with soap & water dried clothes in sunlight (73.78%). To keep the baby out of suffocative 78.57 percent expressed that keeping plastic bags out of reach of babies. Oral polio was to be repeated on expressed by 69.02 percent women, 88.06% women opined that breast feeding needs to be

continued even when baby gets diarrhea. It was disheartening to note that the mothers did not have knowledge on toys, which are responsible for mental development of children and as expressed by (49.98%) mothers talking and singing are activities to stimulate language development. It may be inferred that, mothers had poor knowledge about th stimulation for cognitive and language development.

It may be concluded from the study that, though the mothers knew about good child rearing practices, they could not practice them because of the harsh living conditions in sugarcane harvesting areas.

Kansin *et al* (2018) [7] found out that, warmth in child rearing was a factor influencing the cognitive development and not giving children in proper confrontation had a lower cognitive score than those who were. When controlled the influence of other variables, raring with warmth was the strongest predictor of child cognitive development. Taking socialization as a benchmark, child's grooming may vary and can have different values. The care and social values taught by parents, surroundings, community and even by the culture have a huge impact on a child's behaviour (Kõu *et al*. 2013) [8]. Indian children have much interaction with the society that makes them an active entity of the community. Indian living majorly follows the nuclear family system, the elders staying together with the young and other members of the family (Fingerman *et al*. 2009) [9].

The quantitative research approach was used in the qualitative study with an in-depth interviewing instrument. Its main goal was to investigate the childcare experiences of migrant parents, focusing on the difficulties they encounter and the importance they attach to early childhood education and experiences. Low income, language, cultural barriers, system navigation, transportation, lack of family support, issues with childcare subsidies, and other challenges beset these migrant families. The mothers specifically mentioned the difficulties they encounter in obtaining government services, such as loans from banks, public distribution systems for cereals, access to healthcare, and-above all-education for their children.

They have very little knowledge of government programmes and were not registered in any schemes. Despite free and required education, their children were denied an education since they moved during the sugarcane harvest season. The information they gathered, their attitudes and ideas about raising children, the child's age, the mother's employment, the family's income, the availability of relatives, and childcare subsidy programmes all had an impact on their experiences. As a result, the parent narratives supported the qualitative data even more, supporting the study's findings. They experienced difficulties, particularly during medical situations.

Conclusion

While childrearing practices may be different across cultures, scientific knowledge would suggest that there are basic needs that all children 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 onwards. The lack of these supports during the early years has permanent negative effects on later development. Not only are there consequences 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.

Source(s) of support in the form of grants and funds

Nil: Acknowledgement

We owes our gratitude to all participants who enthusiastically and voluntarily participated in the research project.

Conflicts of interest of each author/contributor

No conflicts of interest.

The manuscript has been read and approved by all the authors, that the requirements for authorship as stated have been met, and that each author believes that the manuscript represents honest work.

References

1. Cacodcar J, Dubhashi A, Joglekar S. A cross-sectional study on child rearing practices in rural Goa. J Krishna Inst Med Sci Univ. 2015, 4(4).
2. Joseph N, Kotian S, Mahantshetti N, *et al*. Infant rearing practices in South India: A longitudinal study. J Fam Med Prim Care. 2013;2(1):37.
3. Murovhi A, Matshidze P, Netshandama V, Klu E. Traditional child-rearing practices in Vhavenda families South Africa. J Gender Inform Develop Africa. 2018, 7(1).
4. Kaur H. An exploratory study to assess cultural child rearing practices among women in a selected rural community, Ludhiana, Punjab. Int J Nur Edu Res. 2017;5(3):315-319.
5. Kumar N, Unnikrishnan B, R T, *et al*. Infant feeding and rearing practices adapted by mothers in Coastal South India. Int J Collab Res Intern Med Public Health (IJCRIMPH). 2012;4(12):1988-1999.
6. Anupama DS, Nayak BS, Chakrabarty J. Child-rearing practices among migrant mothers of South India: A mixed method study. Clin Epidemiol Glob Health. 2020;8:161-165.
7. Kansin S, Thinkhamrop B, Mongkolchati A, Laohasiriwong W. Child-rearing practices and its effect on cognitive development of children at the first year of age: The prospective cohort study of Thai children. Kathmandu Univ Med J (KUMJ). 2018 Jan-Mar;16(61):43-48. PMID: 30631016.
8. Kõu A, Mulder CH, Bailey A. For the sake of the family and future: The linked lives of highly skilled Indian migrants. J Ethnic Migr Stud. 2013;43(16):2788-2805.
9. Fingerman K, Miller L, Birditt K, Zarit S. Giving to the good and the needy: Parental support of grown children. J Marriage Fam. 2009;71(5):1220-1233.
10. Bornstein MH. Cultural approaches to parenting. Parenting. 2012;12(2-3):212-221.
11. Ferrari AM. The impact of culture upon child-rearing practices and definitions of maltreatment. Child Abuse Negl. 2002;26(8):793-813.
12. Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, *et al*. Nurturing care: promoting early childhood development. Lancet. 2017;389(10064):91-102.