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MOTHER'S HEALTH AND CHILD REARING PRACTICES AMONG THE HILL KHARIA, MAYURBHANJ DISTRICT, ODISHA

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ABSTRACT

This research investigates the child-rearing practices among the Hill Kharias, a Particularly Vulnerable Tribal Group (PVTG) located in the Mayurbhanj district of Odisha, India. Utilizing data gathered from 107 mothers' aged ranging from 15–34 years across 18 villages. The study analyzes socio-demographic characteristics, maternal healthcare practices during pregnancy and childbirth, and child-rearing Practices in this community. The results indicate that while many mothers utilized maternal healthcare services and engaged in immediate breastfeeding alongside colostrums feeding, traditional beliefs, economic hardships, and infrastructural challenges still significantly affect parenting practices. Discipline frequently involves in corporal punishment, and child development is influenced by early lessons in hygiene, feeding, and participation in both traditional and contemporary games. Although there have been advancements in healthcare awareness, the practices of the Hill Kharias largely demonstrate a blend of cultural traditions and gradual adoption of modern approaches. The study highlights the necessity for targeted initiatives to improve education, access to healthcare, and socio-economic conditions among tribal communities to achieve better child development results.

KEYWORDS: *Childrearing Practices, Hill Kharia, Mother's Health, Belief and Practices*

INTRODUCTION

The most valuable human resources on the planet are children. From the instant they are born, infants engage emotionally and mentally, first with their mothers and subsequently with other family members. The socialization process for a child is crucial in every society. It forms the foundation upon which the child's personality and future are built. Consequently, the process of raising children is essential for their development. Typically, child-rearing is a responsibility shared by all family members, but it is particularly the parents who nurture their offspring. This process serves as a means for parents to directly assist their children in reaching their objectives. It encompasses planning, developing, and executing a strategy for bringing up children. Throughout this journey, children can learn moral values, ethical principles, and numerous other lessons from their families. This process also includes teaching children specific values, beliefs, and opinions through direct instruction. Child-rearing goes beyond simply providing basic necessities like food, shelter, and clothing to ensure survival; it actively shapes the child's character, personality, talents, and overall emotional and physical health. Additionally, it impacts behavior during childhood and adolescence. Therefore, a child's mind is often regarded as a blank slate, which means parents have the power to shape it in various ways as they see fit.

Gupta and Sharma (2022) indicated that parenting approaches differ significantly across cultures. Cultural influences are crucial in shaping children's behaviours. The process of socialization varies from one community to another, influenced by specific customs and traditional beliefs. In their research among the tribal communities of the Mysore district in Karnataka, Dakshayani and Gangadhar (2015) found that child-rearing practices in tribal cultures are distinct from those in other cultures due to their unique traditions. Each tribe has its own set of rules, culturally specific practices, belief systems, and taboos. They tend to be more closely tied to traditional practices and uphold their ancient beliefs and cultural values more than other societies. They often have limited interactions with the contemporary world. Therefore, examining child-rearing Practices within the framework of cultural traditions and the socio-economic challenges faced by tribal populations is particularly relevant. In their research conducted in Manipur, Singh et al. (2019) examined child-rearing practices concerning feeding history, immunization, healthcare, psychosocial development, and socio-demographic factors. The ways in which children are raised significantly influence their behaviour and thought processes, particularly in relation to cultural variations (Crippen, C., and Brew, L., 2007).

Rizwan et al. emphasized that a mother's education plays a crucial role in shaping her child-rearing practices, which ultimately contributes to better child survival rates. Their study points out those women with higher education levels exhibited improved approaches to child-rearing and breastfeeding practices (2013). Kaur (2016) noted that in Indian tribal culture, a mother's awareness, education, and knowledge significantly influence the well-being of children and their future prospects. A similar investigation conducted by Singh et al. (2019) found that a mother's health, education, and her beliefs and attitudes are vital factors in promoting a child's health beginning from the prenatal stage.

The interconnections among parents and other relatives have also had an impact. Children observe the way of conduct of family members, which can influence them for a long time,

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leading them to adapt to it (Bell, R. Q. et al., 2020 and Ramphal, S. S., 1993). In Indian households, family members tend to live together, whereas in tribal regions, individuals prefer to reside in a nuclear family setup. According to Gupta, child-rearing in Indian culture is characterized by shared responsibility, where older siblings often take on the role of caring for younger ones (2001). In contrast, research found that most families in Europe are nuclear, which reduces the likelihood of family conflicts due to a smaller number of members (Nomaguchi and Fettro, 2019). Nevertheless, children raised in nuclear families miss out on opportunities to learn the values associated with joint family systems, such as cooperation and collaboration (Jambunathan and Counselman, 2002).

Engagement in play serves as a powerful means to instill values such as love, emotion, peace, respect, discipline, the significance of family, and the understanding of social interactions. These values can play crucial roles in a child's development, fostering skills like creativity, friendship, and competence (Spencer, 2017 and Brooker, 2002). Sharma (2020) observed in his analytical review that young children acquire knowledge by mirroring their parents, with their initial forms of play often involving role-playing scenarios. Group games played outdoors, commonly enjoyed by children, encourage values such as cooperation, coordination, and teamwork, and celebrate a sense of community. Numerous traditional games have been enjoyed by Indian children for generations, including *Gilli danda, Luchakali, Dalmakdi, Khoko, Kabbadi, Ludo, Baagh Cheli*, etc. While these games share similarities across various cultures, the styles of play differ, and the names of the games can change depending on the geographical region. In discussions about corporal punishment, some previous studies indicate that in Indian households, parents and older family members establish rules for the younger generation, and they expect compliance. It has been observed that children may have to adhere to these rules even against their will; refusal to do so often results in punishment or reprimands from elders. Corporal punishment directed at children has been outlawed in Sweden (Wettergren et al. 2016). Hence, it is essential to nurture children with love and care while avoiding punitive measures and physical abuse (Sharma, 2020).

OBJECTIVES OF THE PRESENT STUDY

The objectives of the present study were:

- To gain insight into the socio-demographic characteristics and health care access of Hill Kharia Mothers.
- To assess the understanding of Child Rearing Practices among the population being studied.

MATERIAL AND METHODS

Information regarding the socio-demographic profiles, health care practices during both the ante-natal and post-natal periods, as well as knowledge about child-rearing Practices, was gathered from 107 mothers belonging to the Hill Kharia community (aged 15-34 years). This sample was selected from a total of 18 distinct villages, including 6 from Jashipur and 12 from the Bijatala Block in the Mayurbhanj district of Odisha. A purposive sampling approach was utilized. A semi-structured interview schedule was used to gather the information.

THE PEOPLE

This study focuses on the Hill Kharia, one of the Particularly Vulnerable Tribal Groups (PVTGs) located in Odisha, who reside in the Similipal Biosphere and other mountainous areas of Mayurbhanj District. They are semi-nomadic and speak the Mundari language; however, they have now completely lost their native language and have adopted Odia as their primary language, using the local (*Gaunli)* dialect. The majority of the Hill Kharia relies on the forest for their livelihood, participating in significant seasonal collection activities, and work as agricultural laborers during the farming season. Additionally, they now find employment as daily wage laborers across various sectors. Fishing serves as a secondary source of income for them. They also maintain kitchen gardens next to their homes. They live in villages that are home to multiple ethnic groups. They take pride in identifying as the descendants of the legendary Viswabasu Sabars, who were the first to worship Lord Nilamadhaba (another name for Lord Jagannath) in the hill cave (Patnaik, 2005).

RESULTS AND DISCUSSION

In any examination of child development, especially regarding child-rearing, the mother's role is vital and of utmost importance. In every culture and society, the mother is regarded as the primary caretaker of the child. However, the mother's effectiveness in raising her children largely depends on the level of care she receives. The support a mother gets during the pre and postnatal phases significantly impacts the growth and development of her children. Adequate care for the mother throughout her pregnancy directly influences her children's development. Consequently, maternity care encompasses the support provided to pregnant women, which includes nutrition, rest, healthcare, safe childbirth, and postnatal assistance.

A: Socio-Demographic Profile among the Participants

Various factors including literacy, socio-economic status, family structures, and the number of children significantly impact child-rearing practices among indigenous populations. According to Table No-1, a total of 107 eligible married women took part in the study. Approximately 87.9% of these women were aged between 15 and 25 years, while 12.1% were between 25 and 34 years old, and 33.6% of the mothers were found to be unable to read or write. A total of 40.2% of the selected mothers relied entirely on the forest for collecting Minor Forest Produces; meanwhile, 31.8% were engaged as daily wage laborers, working in various sectors such as road construction, agriculture, house building, and stone mining, indicating that their financial circumstances are not particularly robust. Around 66.2% of the women reported an average monthly income exceeding Rs. 1001.00. The majority, 94.4%, belongs to nuclear families, and 74.8% have more than two children.

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Table No-1: Distribution the Socio-Demographic Profile of the Hill Kharia Mother (N=107)

Characteristic		No.	%
1. Age groups (in Year)	i. 15-24	94	87.9
	ii. 25-34	13	12.1
2. Educational Status	i. Illiterate	36	33.6
	ii. Elementary	16	15.0
	iii. Upper Parimary	33	30.8
	iv. 10^{th}	21	19.6
	v. +2	1	0.9
3. Occupational Status	i. Home Maker	29	27.1
	ii. MFP.	43	40.2
	iii. Daily Wage Labourer	34	31.8
	iv. Services	1	0.9
4. Average Monthly Income of the family (in Rs.)	i. 500-1000	33	30.8
	ii. 1001-2500	48	44.9
	iii. 2500 and above	26	21.3
5. Family Types	i. Nuclear	101	94.4
	ii. Joint	6	5.6
6. Number of Children	i. Single Child	27	25.2
	ii. Two Children	64	59.8
	iii. Three Children	16	15.0

B. Health Care Practices among the Hill Kharia Mothers

The findings related to health care practices among mothers are detailed in Table no-2. It is evident from table-2 that 95.3% of the women surveyed received medical services during their pregnancy, including health check-ups, Iron and Folic Acid supplements, and TT vaccinations. Among the Hill Kharia women, 22.4% reported experiencing food taboos. A significant portion of the women, 54.2%, were involved in fetching water from tube wells or rivers, while 31.8% engaged in washing clothes at various water sources. Additionally, 4.7% of women participated in collecting dry firewood. Regarding delivery locations, most mothers were found to have given birth at Primary Health Centres or Community Health Centres (53.3%), followed by home deliveries (18.7%), hospitals (15.9%), and the *Maa Gruha* (12.1%). It is observed that the Hill Kharia mothers are increasingly interested in delivering their children in Government Hospitals with assistance from ASHA and Anganwadi workers. The *Maa Gruha* is also operated by trained health practitioners such as ANMs. Those residing in remote areas often lack adequate road and telecommunication access to contact health services, leading these families to favor home deliveries. A notable 94.4% of mothers delivered their children naturally, whereas 5.6% underwent Caesarean sections.

The majority of deliveries were attended by Doctors/Nurses (64.5%), followed by Health Workers (16.8%), Untrained Midwives/Daai Maa (10.3%), and senior women (8.4%). Over 81 percent of mothers accessed medical services during childbirth, while 18.7% did not receive adequate medical care for various reasons. These reasons include a lack of awareness, distance, absence of transportation, insufficient funds, non-arrival of ASHA workers, time limitations, and deliveries occurring at night. A total of 82.2% of mothers reported that they were not permitted to eat prior to delivery. However, immediately after giving birth, mothers commonly consume a variety of food items typically prepared at home. These foods include boiled rice, salt, and boiled potatoes (36.4%), boiled rice with *dal* (26.2%), rice gruel (21.5%), and boiled rice with onion (15.9%).

Table No-2: Distribution the Health Care Practices among the Hill Kharia Mothers.

Sl. No.	2. Health Care Practices among the Hill Kharia Mothers (n=107)	No. (%)
1	**Healthcare Receive During Pregnancy**	
	a. Yes	102 (95.3)
	b. No	05 (4.7)
2.	**Food Taboos during Pregnancy period**	
	a. Yes	24 (22.4)
	b. No	83 (77.6)
3.	**Major Work Distribution During Pregnancy**	
	a. Fetching water from tube well/ river	58 (54.2)
	b. Washing clothes	34 (31.8)
	c. Firewood bringing	05 (4.7)
	d. Daily wages labour work	10 (9.3)
4.	**Place of Last Delivery Conducted**	

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	a. At Home	20 (18.7)
	b. PHC/CHC	57 (53.3)
	c. Maa Gruha	13 (12.1)
	d. Hospital	17 (15.9)
5.	**Type of Delivery**	
	a. Normal	101 (94.4)
	b. Caesarean	06 (5.6)
6.	**Birth Attended During the Time Of Delivery**	
	a. Untrained Midwife (*Daai Maa*)	11 (10.3)
	b. Health Workers	18 (16.8)
	c. Senior Women	09 (8.4)
	d. Doctors/ Nurse	69 (64.5)
7.	**Medical Services Received During Delivery**	
	a. Yes	87 (81.3)
	b. No	20 (18.7)
8.	**Reasons for Not Seeking Medical Services for Delivery (n=20)**	
	a. Lack of Awareness	3 (15)
	b. Too far, no transport facility	5 (25)
	c. Lack of money	6 (30)
	d. ASHA did not come	2 (10)
	e. Time constraint	3 (15)
	f. Late night delivery	1 (05)
9.	**Eating Before Delivery**	
	a. Yes	19 (17.8)
	b. No	88 (82.2)
10.	**Types of Diet Soon After Delivery**	
	a. Boiled rice with onion	17 (15.9)
	b. Boiled rice, salt and boiled potato	39 (36.4)
	c. Boiled rice with dal	28 (26.2)
	d. Rice gruel	23 (21.5)

C. Childrearing Practices among the Hill Kharia

The information presented in Table 3 illustrates the childrearing and childcare practices of the Hill Kharia community. Breast milk is considered the best nutrition for all infants. According to the WHO (2020), exclusive breastfeeding is recommended for a minimum of six months. The practices regarding breastfeeding and weaning are vital for the healthy growth and development of infants (Dakshayani and Gangadhar, 2015). These feeding practices are influenced by cultural, socioeconomic, and environmental factors that affect the nutritional health status of children. In the current study, 63.6% of Hill Kharia mothers initiated breastfeeding soon after birth (within a few hours), while 25.2% started on the day of birth. It was observed that a significant majority (59.8%) of mothers provided colostrum, whereas 11.2% reported that they began feeding their child on the second day after birth. A notable 28% of mothers breastfed their children until the age of 9 to 24 months. More than 51% of mothers indicated that they breastfed their babies more than seven times a day, while 11% said they fed their child 4 to 5 times daily. The timing of breastfeeding is another vital component of childrearing practices. Most mothers (88.8%) stated that they breastfed their babies whenever they felt the need, whereas 11.2% only fed them when the child cried. Additionally, it was noted that 79.4% of mothers put their babies to sleep after breastfeeding.

The current study also indicates that the typical age at which Hill Kharia mothers introduce supplementary food to their newborns is between 6-9 months, with the majority (49.5%) doing so in this timeframe. A significant portion of mothers (43.9%) reported administering supplementary diets for the sake of the child's health, while others mentioned issues like insufficient breast milk production (15.9%), and 8.41% of mothers noted that their baby was at an appropriate age to start consuming solid foods. Furthermore, it was found that 69.2% of mothers continued breastfeeding while their child was unwell.

As a result of disciplinary actions or family rules, a child learns to act in accordance with societal expectations. If they do not comply, they will face punishment. Toilet training is also an essential part of raising a child. Among the respondents, 76.5% provide toilet and defecation training by showing their children the correct places to go, whereas 8.8% and 14.7% of mothers resort to beating and scolding as a training method. After 12 months, 51.4% of children were taught to brush their teeth. Additionally, 25.2% of children were scolded for touching their private parts, 10.3% were beaten by their mothers, while 46.7% of mothers ignored this issue. A majority, 68.2%, of mothers trained their children to feed themselves. Hand feeding was noted by 95.3% of respondents.

42% of respondents mentioned that their children enjoyed both traditional and modern games, while 36.5% engaged with traditional folk games. Regarding the quality of play materials, the majority (58.9%) were pre-made items. Infants typically sleep beside their mothers, who often use old cloth on a mat or

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cot for the babies. In this study, 79.4% of mothers used old cloth on the mat for both their babies and themselves, with only 2.8% opting for a cotton bed. Among the Hill Kharia community, there is no practice of providing a separate bed for the child. 55.3% of children who received corporal punishment experienced scolding. The reactions of children to corporal punishment include crying in 44.7% of cases, with 23.4% remaining silent, 21.3% not crying at all, and only 10.6% staring at others.

Table No-3: Child Rearing Practices among the Hill Kharia

Sl. No.	3. Child Rearing Practices among the Hill Kharia Mothers(n=107)	No. (%)
1.	**Initiation of Breast Feeding Practices**	
	a. Soon after delivery	68 (63.6)
	b. On the day of Birth	27 (25.2)
	c. On the second day postpartum	12 (11.2)
	d. After the second day postpartum	------
2.	**Incidence of Colostrum's Feeding**	
	a. Yes	64 (59.8)
	b. No	43 (40.2)
3.	**Duration of Breast Feeding (in month)**	
	a. up to 6 month	17 (15.9)
	b. up to 9-12 months	30 (28.0)
	c. up to 12-24 months	30 (28.0)
	d. up to 24-36 months	20 (18.7)
	e. 36 months and above	10 (9.3)
4.	**Number of Times Breast Feed to the Baby Per Day**	
	a. 4-5 times in a day	11 (10.3)
	b. 6-7 times in a day	41 (38.3)
	c. More than 7 time in a day	55 (51.4)
5.	**Schedule of Breast Feeding**	
	a. Time demand (when baby cries)	12 (11.2)
	b. Self-demand	95 (88.8)
6.	**After Breast Feeding They Put Their Children to Sleep**	
	a. Yes	85 (79.4)
	b. No	22 (20.6)
7	**Age of First Supplementary Food to Baby**	
	a. Bellow 6 month	20 (18.7)
	b. 6-9 months	53 (49.5)
	c. After 9 months	34 (31.8)
9.	**Reason for Supplementary Feeding Start**	
	a. Interest of the child	17 (15.9)
	b. For better health	47 (43.9)
	c. Insufficient milk secretion	21 (19.6)
	d. Old enough to take solid food	09 (8.4)
	e. No specific reason	13 (12.2)
10.	**If, Yes What Steps Taken During Sickness of Baby**	
	a. Breast feeding continue	74 (69.2)
	b. Food quality changed	07 (6.5)
	c. Offered toned milk	11 (10.3)
	d. Offered readymade food (biscuit, fruits, bread etc.)	15 (14.0)
11.	**For Toilet and Defecation Children are Trained**	
	a. Yes	34 (31.8)
	b. No	73 (68.2)
12.	**For Above Purposes, Children are Trained by Probable Method**	
	a. By beating	03 (8.8)
	b. By scolding	05 (14.7)
	c. Beating and scolding	-------
	d. By showing right place	26 (76.5)
13.	**For Tooth Brushing, Children are Trained**	
	a. After 6 month	35 (32.7)
	b. After 12 month	55 (51.4)
	c. After 18 month	17 (15.9)

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14	**Punishment for Touching Sex Organ**	**%**
	a. Scolding	27 (25.2)
	b. Beating	11 (10.3)
	c. Beating and scolding	19 (17.8)
	d. Don't care	50 (46.7)
15.	**Children are Trained to Eat**	
	a. Yes	34 (31.8)
	b. No	73 (68.2)
16.	**Children are Trained to Eat by**	
	a. Hand feeding	102 (95.3)
	b. Spoon feeding	05 (4.7)
17.	**Plays of Children**	
	a. Traditional folk game	39 (36.5)
	b. Modern games	23 (21.5)
	c. Both traditional and modern games	45 (42.0)
18.	**Play Materials to the Children**	
	a. Readymade	63 (58.9)
	b. Homemade	17 (15.9)
	c. Naturally made	27 (25.2)
19.	**Type of Bedding for Children**	
	a. Cloth and mat	85 (79.4)
	b. Only rope cot	19 (17.8)
	c. Cotton bed	03 (2.8)
20.	**Is Punishment Given to Children**	
	a. Yes	47 (43.9)
	b. No	60 (56.1)
21.	**Type of Corporal Punishment**	
	a. Beating	07 (14.9)
	b. Scolding	26 (55.3)
	c. Both beating and scolding	14 (29.8)
22.	**Child Reaction to Corporal Punishment**	
	a. Cry	21 (44.7)
	b. Keep silent	11 (23.4)
	c. Do not cry	10 (21.3)
	d. Staring toward others	05 (10.6)

CONCLUSION

To conclude, the health of mothers and the child-rearing Practices among the Hill Kharias are heavily influenced by their cultural beliefs, traditional semi-nomadic lifestyle, and economic conditions. Mothers are the central figures in care giving, and their health, educational background, and support networks play a crucial role in the growth and development of their children. Most mothers are young (between the ages of 15 and 24), have a moderate level of education (with a literacy rate of 66.3%), and usually reside in nuclear family groups. Despite facing difficult living conditions, there has been a noticeable improvement in the utilization of maternal healthcare services during pregnancy and childbirth, with a majority of women taking advantage of services like prenatal visits and giving birth in institutions, even though home births still remain quite common in rural areas. Breastfeeding practices are largely commendable, with many mothers initiating breastfeeding immediately after delivery and providing colostrums. Additional feeding typically starts when the child is between 6 to 9 months old, emphasizing traditional foods post-delivery. Early education regarding toilet habits, self-feeding, and basic hygiene, such as tooth brushing, is prevalent. However, traditional disciplinary measures, including scolding and occasional physical punishment, persist, reflecting a commitment to traditional correction practices. Children engage in both traditional and modern games, and play is seen as essential for social development, despite the scarcity of toys and bedding materials. Considerable obstacles, such as poor infrastructure (for transportation and healthcare access) and low economic status, continue to impede child development.

The child-rearing practices of the Hill Kharias demonstrate a combination of traditional cultural values and a slowly evolving approach to contemporary healthcare and educational methods. There is an urgent need for improved maternal education, healthcare outreach, and infrastructural development. Although there has been progress in enhancing maternal and child health, socio-economic challenges, resource limitations, and traditional discipline techniques still influence the developmental context for Hill Kharia children.

REFERENCES

1. *Bell, R. Q., and Harper, L. V. (2020). Child effects on adults. Routledge.*
2. *Brooker, L. (2002). Starting school: Young children learning cultures. McGraw-Hill Education (UK).*

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3. *Crippen, C., and Brew, L. (2007). Intercultural parenting and the transcultural family: A literature review. The family journal. Vol: 15(2): 107-115.*
4. *Dakshayani, B. and Gangadhar, M. R. (2015). Healthcare and Child Rearing Practices among the Tribes of Mysore District, Karnataka. In K.N. Dash (ed.), Health and Tribes in India: Challenge and Opportunities. Sarup Book Publishers PVT. LTD. New Delhi. Pp. 212-234.*
5. *Gupta, A. (2001). Governing population: The integrated child development services program in India. States of imagination: Ethnographic explorations of the postcolonial state, 65-96.*
6. *Gupta, P. and Sharma, V. K. (2022). Attitude and Awareness of Mothers Regarding Child Rearing Practices in Tribal and Non- Tribal Areas of Himachal Pradesh. International Journal of Multidisciplinary Research and Analysis. Vol: 5 (7): 1642-1654.*
7. *Jambunathan, S., and Counselman, K. (2002). Parenting attitudes of Asian Indian mothers living in the United States and in India. Early Child Development and Care. Vol: 172(6): 657-662.*
8. *Kaur, A. (2016). A Study to Assess Child Rearing Practices Among Mothers of Toddlers (1-3 Years) In Selected Rural Areas of Punjab, India. International journal of Advanced Research (IJAR). Vol: 4 (12): 1074-1078.*
9. *Nomaguchim, K., and Fettro, M. N. (2019). Childrearing stages and work–family conflict: The role of job demands and resources. Journal of marriage and family. Vol: 81(2): 289-307.*
10. *Ramphal, S. S. (1993). Time for Action: Report of the West Indian Commission. University of West Indies Press.*
11. *Rizwan, S. A., Kankaria, A., Roy, R., Chellaiyan, V. G., Kharya, P., Upadhyay, R. P., and Chinnakali, P. (2013). Knowledge and practices regarding child rearing and its association with literacy among married women in a rural area of Tamil Nadu, India. International Journal of Medicine and Public Health. Vol: 3(4): 313-316*
12. *Sharma, P. (2020). An Analytical Review of Cross Cultural Child- Rearing and Care Practices: A Special Reference to India. Central European Journal of Educational Research. Vol: 2(3): 7-18.*
13. *Sharma, S. and Chakravarty, M. (2006). Child Rearing Practices among the Hill Korwas of Chhatishgarh. In P. Dash Sharma (ed.), Anthropology in Primitive Tribes in India. Serials Publications. New Delhi. Pp. 282-288.*
14. *Singh, H. D., Keisam, A., and Rajkumari, B. (2019). Child Rearing Practices in a rural community in Manipur: A Cross-sectional Study. International journal of Community Medicine and Public Health. Vol: 96(8): 3246-3251*
15. *Spencer, M. B. (2017). Parental values transmission: Implications for the development of African-American children. In Black Families (pp. 111-130), Routledge.*