Formative Study on Parenting Practices

Executive Summary

**Section 1 – Introduction**

Given the criticality of positive parenting in the early childhood and the absence of any major study focusing on parenting in the country, this study was crucial in examining how raising children (both boys and girls) is understood among different stakeholders and what sources of parenting support exists for parents. The study explored the current beliefs, roles and behaviour of parents, extended family members and influencers in caregiving; different parenting style followed; impact of gender of caregiver and the child on caregiving style; and identified prevailing support system on caregiving.

**The study deployed qualitative methods** of data collection using various Participatory Techniques to extract information on various aspects of parenting from primary and secondary caregivers and from children. In-depth Interviews (IDIs), Focus Group Discussions (FGDs) and ethnographic activities viz. observations are the methods used in this study. **The respondent groups for the study** included parents (both mothers and fathers) of male and female children in the age up to 3 years and between 3 to 6 years, grandparents (both grandmothers and grandfathers) of children up to the age of 6 years, children in the age of 8 to 10 years, the service providers such as ASHAs, AWWs, and ICDS Supervisors, and key village level influencers such as PRI members, village *Sarpanch*, & tribal chief/community head. To understand the influence of gender of both caregiver and child in providing caregiving, discussions were conducted separately with parents and grandparents of male and female children. This approach helped in comparing the caregiving pattern of male and female caregivers with respect to male and female children.

**The study was conducted in five states**- Rajasthan, Maharashtra, Madhya Pradesh, Chhattisgarh & Odisha. The districts were selected based on the methodology worked out to ensure proper representation of the Urban and Rural representation and also the SC, ST and Muslim representation at the rural level. Another consideration was to include districts that are UNICEF programming districts and/or aspirational districts in the states.

**A total of 250 activities were conducted across the five study states i.e. 50 activities per state**. In each state – 8 Home Observations were conducted along with 8 FGDs with children of 8 to 10 years of age, 8 FGDs each with parents of children up to 3 years, parents of children between the ages of 3 to 6 years, and grandparents with grandchildren in the age up to 6 years. Four In-Depth-Interviews were conducted with key influencers and two IDIs each were conducted with service providers in each of the five study states. The Home Observations were conducted in households of children up to the age of 6 years and the average duration the observers spent the time in the household was closer to five hours. The FGDs had an average participation of 8 respondents.

**Section 2 – Caregiving Practices**

**The primary childcare practices for a child up to 3 years of age** such as bathing, feeding, putting the child to sleep were mostly done by mothers who were supported by grandmothers. Fathers and grandfathers of both 0-3-year-old and 4-6-year-old children, take the child outdoor as they go out to market. Feeding the child is one key activity where along with female caregivers the male caregivers (fathers and grandfathers) reported being involved, though the involvement is lesser and sporadic. Grandparents spend exclusive time with their grandchildren telling stories, reciting poems or singing lullabies. Their key role however is to supervise the child. The female caregivers engage children by singing songs or talking when they bath, feed/breastfeed their children below 3 years of age. Caregivers also reported that they generally put the child to sleep by gently rocking the child or the cradle. The caregivers mostly play with the child below 3 years by making funny sounds and funny faces, snapping fingers, whistling, and taking them in the lap. It is pertinent to note that the gender of the child and parents play a role in playing with child of 0-3 years of age. While only mothers of female children of 0-3 years reported to play with them, not their fathers and only fathers of male children of 0-3 years reported playing with their child, not their mothers.

The major chunk of **activities conducted by caregivers with 4-6-year-old children**, remain more or less the same as those conducted with 0-3-year-old children. The addition in the childcare practices involves activities like – making the child ready for AWC or school which is majorly the mother’s responsibility; picking and dropping the child to and from the AWC or school, which is mostly taken care by the grandparents. Children’s television viewing was most with fathers and grandparents while mothers reported not viewing television with their child. Fathers and grandparents, especially grandfathers, reported spending time with children exclusively for story-telling and reciting poems/songs while mothers reported involving story-telling and singing when feeding the child or putting the child to sleep. Additionally, fathers and grandfathers reported that they spent time helping the child in doing homework/studies from AWC – which involves exercises like colouring, matching shapes, identifying body parts, animals, fruits and vegetables, etc. Similar to what was reported in case of children below 3 years of age, the male caregivers take the older children of both genders outdoor and grandfathers talk to the child and buy them sweets during such outings.

As far as **support received in childcare** is concerned, the care of younger children (0-3 years) is mostly done by mothers with the support of grandmothers. Fathers reported to be more hands-on with 4-6-year-old children and reported low involvement with 0-3-year-old children. As compared to rural areas, fathers in urban areas were found to help and support in child care activities more. Grandmothers reported to be most engaged with 0-3-year-old children, helping mothers with massaging, compliemtary feeding and watching/supervising the child. Grandfathers were found to be more involved with 4-6 year-old children.

**On a typical non-school day** children reported to be highly involved in household chores which were taken up voluntarily or instructed. Muslim male children’s involvement in household chores were less prevalent, however a deviance was reported in Rajasthan state where they get involved in shepherding goats and as helper in restaurants. Completion of homework that too voluntarily, was another major component in the life of children on a non-school day. Any free time is spent watching television or playing with siblings or friends. The female children reported gender discrimination on doing household chores as their male siblings don’t do any work and rather go out to play.

**The toys children below 3 years of age play with** were similar for both gender. However for the elder children (aged 4-6 years) gender difference was observed. While only few parents could mention toys 4-6-year-old female children use to play with, most parents could tell the toys and games male children of the same age group play with.

**The topics of value education** primarily revolved around teaching good manners – how to greet elders, not to use abusive language, how to eat properly, avoid bad company and getting involved in fights. Though the major topics of value education were reported to be similar for male and female children across age groups, some gender differences were observed wherein mothers imposed time restrictions on female children and asked them to watch their clothes, be polite to people, obey elders and sit properly. Similarly, grandparents advised female children to walk slowly in front of elders and keep their eyes down, while fathers instructed them to engage in household chores.

Most children reported that both their parents, and in some cases even grandparents interact with them regarding how they should **take care of themselves**. The manner in which this communication happens is either by giving a set of physical boundaries or by instructing them regarding prevention from accidents. It was found that advice given to children is limited to their physical well-being, except for one case in which susceptibility to sexual threats were discussed with few female children in Madhya Pradesh (Rural ST), wherein they were taught about *safe and unsafe touch* by their school teacher.

**The felt need and ways of disciplining children** were discussed using open ended questions and vignettes. It was found that incidences of disciplining children at home or school or community are very inconsistent. No defined limits were made, leading to multiple and recurring occasions of disciplining. Physical aggression along with violence was widely used as a method of disciplining children. Violene has been normalised as a way of disciplining children and is accepted across respondent groups. It is pertinent to note that children not only accepted but even rationalised ‘violent disciplining’ inflicted upon them. Female children reported that while they used to get disciplined for not completing household chores, their male siblings who mostly refuse to do the chores getaway from any disciplining. It was found that there is little or no separation between physical violence and reported disciplining methods adopted by parents and grandparents– which range anywhere between inflicting pain to restricting movement of children. Physical punishment was reported to be used to stop the undesirable behaviour in children and used as primary means of disciplining.

Children reported to **get affected by disciplining** in various ways. They reported that they normalize the usage of prevalent disciplining methods by either laughing or feeling embarrassed. Some children rationalized the impact, saying that they would be guilty of making a mistake and would never knowingly repeat them in the future. Some children mentioned that they would act out – run away, deny eating food or going to school or engaging in HH chores, isolating themselves, etc. in extreme rebellion. Overall, children reported that they would feel bad, would be in pain and resort to crying.

According to mothers, disciplining leads to short term effects in the children. They do recognise that behavioural problems in later stages of life would be a long-tern consequence. As an empirical observation during the discussion, it was found that while some mothers used discipline to control children, others aimed to correct, not control the children. As per fathers, the impact of disciplining on children would be limited to, either they would cry or they would get frightened. Some fathers however perceived that repeated physical punishment would make the children stubborn and they would get habituated to the offence. Meanwhile most grandparents reported that the child will understand his/her fault once he/she is disciplined. On an overall basis it was found that there is lack of awareness regarding positive disciplining measures among parents and grandparents.

As far as **acceptability of different forms of violence** is concerned, it was found that there are no defined limits of physical violence used for disciplining children. A certain undefined extent is considered acceptable by all members in the family since corrective behaviour is led by the family as a whole.

Using physical violence as a method of disciplining children was reported to be acceptable to a certain extent by most of the target groups. The acceptable extent was defined by actions like – slapping with hands, beating with sticks, hitting with an object, pinching; and avoiding acts of burning, pushing, shaking and beating with implements (rods, belts).

Caregivers and children denied **prevalence of violence in the household** initially. But on further probing, it was found that most children have witnessed their fathers hitting their mothers. The same was validated by parents and grandparents.

As far as the **impact of violence at home on the children** is concerned, children reported to feel agitated upon witnessing violence at home. Some female children mentioned that they would blame themselves for the violence in the household and isolate themselves from their parents out of fear. They perceived that they might end up doing the same thing when they grow up. Most children felt that they are scared and don’t wish to be exposed to any violent and abusive act at the household. The caregivers reported that children would cry, become timid and withdrawn as a result of witnessing violence at home. Most grandparents however felt that the child would get conditioned and repeat the same actions in future which is exactly what children had reported as an impact of they being exposed to violence in the household.

When the respondents were probed about the influencers who can prevent the reported acts of violence and abuse at home, most of them perceived that elder members in the family can prevent the same. For any sort of violence and abuse identified at the community level, caregivers felt that *Sarpanch* and local leaders can intervene to tackle the situation. Caregivers are unaware about any redressal mechanisms available at various levels to report and address violence and abuse against children.

**Section 3 – Children’s relationship with family members**

Participatory Techniques were used to understand the **association children make with their family members** and who do they depend upon to deal with various day to day situations. It was found that children and their siblings mostly approach their mothers followed by grandmothers in situations which are mostly confined within the premises of the household such as wanting meals, wanting to watch TV, getting permission for playing, not feeling well, etc. Children depend on both parents for other activities such as wanting help in studies or wanting to eat something special.

While **activities children like to do with their family members** were homogeneous and overlapped with the reported associations, dislikes were different from the associations children made with their family members, across genders and demographics. Most male and female children reported that they don’t like getting scolded by their mothers and getting beaten by their fathers. Some male and female children reported that they don’t like to do household chores or work in farms, with their family members. In addition to this, few children mentioned that they disapprove certain habits (drinking alcohol and eating *gutka*) of their fathers and elder brothers, because of which they don’t like interacting with them.

**Section 4 – Existing parenting support for respondents**

Children were positively disposed about their **experience related to pre-school education**. Most of them reported to have attended AWC and the associations they made with the same revolved around getting food and getting engaged in fun activities like – playing, singing, dancing, listening to and reciting poems. In a few cases children gave negative feedback with respect to their experience at AWC, mostly because of operational issues like – irregularity in sessions held at AWC, and location of AWC either far away from home or near a wine factory. Even though most children enjoyed their engagement with the AWW because of her involvement in the various activities conducted, few others had negative perceptions about her as she used physical violence to discipline children.

**The involvement of parents and grandparents in children’s pre-school education** was found to be very limited, only up to the extent of escorting children to the AWC – which again is predominantly done by the grandfathers, followed by the fathers. Parents reported sporadic discussions with the AWW; mothers discussed about health issues while fathers reported discussing child’s growth, learning abilities and nutrition. Grandparents mentioned about interactions with the children directly regarding the activities they performed throughout the day at the AWC.

Parents and grandparents were found to be in favour of enrolling children in AWC, and they majorly perceived that the same can be done as and when the child’s age reaches between 2 to 6 years. The perception of caregivers regarding pre-school education was supplemented by the reported benefits of pre-school education. Most parents and grandparents mentioned that the provision of basic education and free food encourages them to send their children to the AWC. Some other benefits which were charted out include – children’s ability to develop interest in studies, get acquainted to school environment, learn discipline, develop good habits, manage time, and adjust well with peers.

Apart from the benefits, some caregivers reported to face challenges in sending their child to the AWC because of the huge distance between their homes and the AWC. On the other hand, some parents don’t prefer sending their children to the AWC because either they find it unsafe for their kids due to the AWW’s carelessness, or because they don’t trust the quality of food being provided there. Few fathers and grandparents also complained about inadequate facilities and no provision of feedback in the AWC, which act as deterrents in sending the children there.

On an overall basis, parents and grandparents reported to **prefer AWC over private pre-schools** mostly because of the free basic education provided at the AWC. Though the thought process of some grandparents revolved around the notion that private pre-schools provide better education and are more reliable as compared to the AWC, but since the decision of choice of pre-school education for children was found to depend upon financial and economic conditions of the family, their grandchildren had been attending sessions at the AWC.

To seek **information and support on topics related to parenting**, parents and grandparents reported to reach out to multiple sources. While most mothers approached their mothers in-law to gain easy and fast knowledge on how to raise their children, what to feed them, etc.; fathers on the other hand felt that more than their own mothers, doctors act as credible sources of information – especially in situations involving severe health issues. In contrast to this, some fathers mentioned that advice on parenting and child care was a personal matter to the family and hence they suggested that it should be discussed within family itself and not amongst neighbors and friends. Additionally, it was also found that caregivers seek external support for health related issues from FLWs, who broadly guide them regarding the same.

The **awareness level regarding prevalent schemes and services** pertaining to parenting and childcare, among parents and grandparents, was primarily limited to knowledge around immunization, usage of MCP card and institutionalized delivery. There were a few exceptions wherein caregivers mentioned names along with details of schemes like - *Ladli Yojana*, Maitri Yojana, *M-Mitra*, *Sukanya, Janani Suraksha Yojana*. Some fahters and grandparents were found to be aware of services such as – health camps, provision of supplementary food and, provision of free education, uniform, and scholarships in government school.

Since the awareness level of government schemes and services was found to be low among the caregivers, most of them were interested in seeking more information regarding the same from FLWs. Parents and grandparents raised their concerns and elucidated out **further expectations they have from ASHA and AWW**, like – enhancement in facilities and improvement in the quality of education provided at AWC, provision of evening classes in the AWC, more involvement and interaction with FLWs by increasing frequency of home visits. Grandfathers particularly suggested that FLWs should at least be graduates so that they can teach English at the AWC.

**Section 5- Recommendations**

* A child’s cognitive ability and physical development should be aided by:
* Suggesting creative ways to incorporate toys and recreation – for 4-6-year-old children
* Teaching them care taking practices for children – starting from stimulation to nurturing and overall development of child – for 0-3-year-old children
* There should be emphasis on ways of constructive recreation with children, because parents reported low incidence of other practices besides taking care of basic needs of child.
* Creative ways to incorporate toys and recreation to aid a child’s cognitive ability and physical development should be suggested.
* Discussions around risks to a child’s well-being and ways to mitigate them can be facilitated at household, community, and school level; along with guidance on how to carry such discussions, as currently rather than discussing and advising children, caregivers impose instructions on them.
* There is a need to restructure the current trend of “violent disciplining” by educating caregivers and influencers on how to differentiate between violence and disciplining, such that they realize the impact of violence on a child’s physical and psychological well-being and shift towards positive methods of disciplining.
* There is a need for emphasis on early education and its impact on a child’s cognitive development. Engagement of FLWs with parents on the child’s progress can be improved upon by encouraging FLWs to initiate the interactions with caretakers.
* There is a need for setting clear benchmarks for good parenting practices, ways to access this information, and creation of interactive platforms.
* Currently caregivers associate parenting predominantly with two key aspects – nutrition and health, hence, initiatives are required to educate them so that they consider and correct their practices and beliefs on other aspects of parenting which are currently side-lined or neglected.