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CHALLENGES OF URBAN & RURAL WORKING WOMEN WITH REGARD TO THEIR CHILD BEARING & CHILD REARING

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Abstract: The present investigation was carried out to explore the challenges faced by urban & rural working women with regard to their child bearing & child rearing. A random sample 200 working women from urban (100) & rural (100) area of (Chennai), Kundrathur, Gudiyatham were selected. A questionnaire was formulated by the investigator consisting of fifty questions with five domains, having 10 questions, in each domain, which was administered to the subjects and responses were collected. The collected data was subjected to statistical analysis and the results were interpreted. The results revealed that both urban and rural pregnant working women experienced the discomforts of pregnancy alike. The support services available to urban pregnant women were less compared to the rural pregnant working women. Urban pregnant women enjoyed the privilege of availing 6 months maternity leave, whereas the rural working women, resorts to work after a month or 40 days after delivery. It is interesting to note that rural women get the opportunity to breast feed their babies till 2 or 2-1/2 years, than the urban working ladies. With regard to stress experienced at work accompanied by feeling of guilt in child rearing, rural women were at ease at their work place than the urban women, who work in shifts and are away from home, spending less time with the growing child.

Keyword: Challenges, child bearing, child rearing, physiological.

INTRODUCTION

Parenthood was perceived by the couples as an important milestone in their lives and they regarded decisions concerning the timing and number of children as having a far-reaching impact on their lives. Today's parents tend to mark off the child bearing period from child raising and to express preference for the latter period.

Child bearing is a status as well as a process. Child bearing as a social status involves husband and wife, relatives, friends, professional associates and all who have social ties with the family. It involves mores and laws of the state, says Rueben Hill, 1994. The religious and moral values that encourages fertility are deeply entrenched in the community, hence decision to procreate. The couples viewed bearing and rearing of children as a confirmation of one's masculinity and femininity. Child bearing and child birth produce marked effect up on the woman. During pregnancy the women has been described as moving through a phase of enhanced pre-occupation with herself due to physiological changes in her, until child birth.

A pregnant working women has to face the challenges of her profession, parallel to the discomforts and changes in her body during the fetal growth. Child bearing is not a culminating phenomenon, it automatically leads to child rearing. S.A.Khan(1979) mentions child rearing means 'socialization' the process by which a child born into a given society, becomes a social being. It refers to all the interaction between parents and their children. These interaction include the parent's expression of attitudes, values, interest & beliefs as well as, their caretaking and training behavior. The child considers his parents as role models for his behavior and his adjustments to life. The working mother has to make herself available not only to the demands of a work place but to the growing demands of the growing child and family. The longer hours of absence from

home may have an adverse effect on her health, on child rearing and duties towards her family. Many urban working women resort to part time jobs after the arrival of the child. Even after resuming the job, they have their babies in nearby crèche or a daycare centre to continue breast feeding during the working hours.

Disciplinary techniques in bringing up children vary from home to home. Some parents are over indulgent and authoritative and some are very permissive and non-indulgent. Whatever may be the disciplinary techniques, it has great impact on the personality of the child. Working mothers believe in spending quality time with their children. They set concrete goals for their children, and work towards reaching the goals to make their children's future more secure. Hence an attempt has been made to explore the challenges of urban and rural working women with regard to their child bearing and child rearing.

Methodology: A Random sample of 200 working women from Kundrathur, Gudiyatham and Chennai city were selected. 100 women selected from rural area were occupied in agriculture, weaving and matches factory. 100 women from urban areas were teachers, IT professionals and doctors.

The tool was developed by the investigator to explore the challenges faced by the working mother during her pregnancy and child rearing stage. Even though the area of child bearing and child rearing is a very comprehensive one, five domains were given priority in this study.

1. Health Problems during pregnancy.
2. Support received from the various sources during pregnancy.
3. Nature of Delivery and duration of maternity leave.
4. Coping up with breast feeding and work.
5. Stress accompanied by feeling of guilt in child rearing.

The collected data was subjected to statistical analysis and the results were discussed.

Table I showing Health Problems of working women during pregnancy in urban and rural areas.

Table I showing Health Problems of working women during pregnancy in urban and rural areas.

S.No.	Locality	Mean	S.D.	't'
1.	Urban Pregnant working women	61.2	8.6	0.55 (NS)
2	Rural Pregnant working women	61.5	7.2	

At 1% level of significance.

The above table indicates that there exist no significant difference between health status of pregnant working women belonging to urban and rural areas as the 't' value is not significant at 1% level. Both urban and rural working women experienced the same health issues and discomforts during pregnancy.

Royal college of obstetricians and Gynecologists (2009) revealed occupational factors and impact on pregnancy. Researches from University of Dublin, Ireland and INSERM in France Studied 676 pregnant women on general health, socio-demographic status, life style behaviours and employment. Significant and strong associations were found between high physical work demands and low birth weight (2500g) and temporary work contracts with preterm birth. The finding of the present study also endorses the above fact that both urban and rural working pregnant women experienced health problems during gestation.

Table II showing the support received from various sources during pregnancy in urban and rural area.

S.No.	Locality	Mean	S.D.	't'
1.	Urban Pregnant working women	61.7	7.5	3.3 *
2	Rural Pregnant working women	68.9	8.5	

*Significant 1% level.

Results from the above tables indicated a significant difference between the support services received from various sources during pregnancy among urban and rural working women, as the 't' value (3.3) is significant at 1% level. Urban pregnant women received less support during their pregnancy than their rural counter parts. This may be attributed to the fact that urban pregnant women live in nuclear families, whereas rural women get support from their joint family members. The present findings is in accordance with the results of investigation carried out on Bengali women aged 18-49 years by Edmonds, Paul, and Sibley (2011) which concludes that the most frequently required support services include help with routine activities, information or advice, emotional support and assurance as well as the provision of resources and material goods. Sources include mothers-in-law, sisters-in-law and husbands.

Table III showing the nature of delivery and duration of maternity leave of working women in urban and rural area.

S.No.	Locality	Mean	S.D.	't'
1.	Urban working women	67.7	6.7	3.73 *
2	Rural working women	60.4	7.1	

*Significant 1% level.

From the above table we can infer that there is a significant difference between the nature of delivery and maternity leave availed by the rural and urban working women; as the 't' value (3.73) is significant at 1% level. The rural women had normal delivery when compared to the urban women, may be due to the variations in working styles and preferences for nature of delivery. The rural working women are not entitled to enjoy the maturity leave for 6 months, as they are mostly daily wages earners as compared to the urban working women who work in Government or Private sectors which follows the norms of the government.

Table IV showing and coping up with breast feeding and work.

S.No.	Locality	Mean	S.D.	't'
1.	Urban working women	67.1	2.1	4.00 *
2	Rural working women	57.6	0.9	

*Significant 1% level.

The above table points out to the fact that there existed a significant difference between urban and rural working women's, coping up with breast feeding and work, as the calculated 't' value (4.00) is highly significant at 1% level. The urban working women weans up the baby earlier than the rural working women, as the work timings are longer and the work place is far away from their house. They usually have their children in daycare, close by their residence and go for work, hence breast feeding becomes very difficult for them, where as the rural women have the privilege of continuing the breast feed for longer duration (2 years), as they work in fields or factory close by their homes which facilitates them to take a break and feed the baby. The present finding is substantiated by the results of Ogbuanu et al (2010) who concluded that if new mothers delay their time of return to work, then duration of breastfeeding among US mothers may lengthen.

Table V showing Stress accompanied by feeling of guilt in child rearing of urban and rural working women.

S.No.	Locality	Mean	S.D.	't'
1.	Urban working women	65.1	8.8	3.0 *
2	Rural working women	57.6	15.4	

*Significant 1% level.

The 't' value (3.0) from the above table points out the significant difference between the stress accompanied by the feeling of guilt in child rearing among urban and rural

working women. Urban working women experience more stress accompanied by feeling of guilt in child rearing than their rural counterparts.

CONCLUSION:

The conclusions drawn from the present investigation were;

- 1.Both urban and rural working women experienced the discomforts during pregnancy.
- 2.Rural women received support from their family members and neighbours as they usually live in joint families.
- 3.Most of the rural women reported to have normal delivery and back to work within 30 days. Whereas urban working in government and private sectors enjoyed 6 months maternity leave and many of them preferred caesarian section.
- 4.Rural working women continued feeding their babies till 2 years where as urban working women discontinued breast feeding their babies after 6 months.
- 5.Rural working women didn't feel guilty for leaving the child behind for work as the child is in the safe hands, whereas urban working women always experienced feeling of guilt and believe in compensating the guilt, with quality time spent with children.

IMPLICATION OF THE PRESENT STUDY:

Keeping the above findings in mind the following implications were made.

- 1.The government should make it mandatory to have a crèche, at the working place to facilitate breast feeding and childcare.
- 2.The idea of starting a nuclear family should be discouraged.
- 3.The couples should live with their parents – in - law, so that proper home environment and love and care is provided to the child

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