

Care Practices for Young Children in Mongolia

Ministry Of Health Mongolia

UNICEF

Care Practices for Young Children in Mongolia

A Qualitative Survey Report

Report written by: J. Batjargal, MD, Ph D, Senior Researcher
B. Baljmaa, Researcher
D. Ganzorig, Researcher
A. Solongo, Master of Economics
P. Tsetsgee, Master of Social Science

Edited by: N. Udval, MD, Ph D
D. Dorjjav, Ph D, Pediatric Psychologist
Ts. Lkhagvasuren, MD, Ph D

Translated by: Ch. Darisuren, MD, Master of Med. Science

Ulaanbaatar, 2000

Qualitative Survey Report on “Care Practices for Young Children in Mongolia”

Preface

Acknowledgement

Survey team

Abbreviations

Chapter One: Introduction

- 1.1. Justification, Goals, Objectives
- 1.2. Structure of the Report
- 1.3. Socio-economic and health status of mothers and women
- 1.4. Health status of children

Chapter Two: Survey Methodology

- 2.1. Description of the Basic concept
- 2.2. Survey methodology
- 2.3. Survey organization
- 2.4. Data processing
- 2.5. Difficulties encountered during the survey and further issues to be taken into consideration

Chapter Three: Care for pregnant women and lactating mothers

- 3.1. Characteristics of mothers involved in the survey
- 3.2. Ideal age for marriage and first childbirth
- 3.3. Supplementary food during pregnancy and lactation
- 3.4. Essential care and support during pregnancy
- 3.5. Other’s participation in women’s care
- 3.6. Intra-household food distribution
- 3.7. Physical and emotional violence
- 3.8. What are upsetting the women most?
- 3.9. Women’s self-confidence
- 3.10. Women’s power in decision making
- 3.11. Women’s work load
- 3.12. Men’s domestic work distribution
- 3.13. Women’s view and attitude towards male and female child education
- 3.14. Where do women obtain information from?
- 3.15. Summary

Chapter Four: Breastfeeding and complementary feeding practices

- 4.1. Exclusive breastfeeding practice
- 4.2. Introduction of complementary feeding

- 4.3. Active child feeding practices
- 4.4. Summary

Chapter Five: Psycho-social care

- 5.1. Mothers' attitude towards the stages of child development
- 5.2. Child spoken language development
- 5.3. Child mental development
- 5.4. Practices and behaviors of the Mongolians to prevent young children from negative influences
- 5.5. Children's most intimate person
- 5.6. Providing children with conditions to learn
- 5.7. Methods used by mothers to put their children to bed
- 5.8. Traditional methods used for educating children
- 5.9. Reasons and types of blames and punishments imposed to young children
- 5.10. Summary

Chapter Six: Practices for preparing food and active child feeding

- 6.1. Preparing food
- 6.2. Food hygiene
- 6.3. Summary

Chapter Seven: Hygiene practices

- 7.1. Care taker's personal hygiene practices
- 7.2. Household hygiene practices
- 7.3. Practices for bathing and cleaning child
- 7.4. Methods and mothers' beliefs to treat some diseases in young children
- 7.5. Summary

Chapter Eight: Home health practices

- 8.1. Methods used to prevent young children from falling ill and being injured
- 8.2. Knowing signs of diseases
- 8.3. Primary health care at home
- 8.4. Practices and care provided to injured children at home
- 8.5. Seeking health care
- 8.6. Summary

Chapter Nine: Conclusion

Chapter Ten: Recommendations

References

Annex 1. Plan for the survey

PREFACE

With the joint effort of the Ministry of Health and UNICEF, a qualitative survey "Care practices for Young Children in Mongolia" has been completed successfully in a short period. The survey was organized and conducted by the Nutrition Research Center of the Public Health Institute. The Ministry of Health participated in the survey as a main subscriber.

The survey is based on a considerably detailed, new information about current status of child care in Mongolia, which have not been studied and determined previously at the national level. Therefore, it is certain that, the survey can give a systematic and solidly based response to many priority issues.

Considering the result of the survey, although, there are many positive practices which should be encouraged, such as, family members paying special attention, caring and supporting women during pregnancy and after delivery, breastfeeding their child for a long period, women knowing well about the stages of child growth and development and, providing appropriate assistance and support in child growth etc., there are not a few issues regarding child care, which need to be focused by the heads of the health and children's organization and policy makers. For instance, there are some negative practices which need to be taken into consideration. Such as, the evidence of gender difference in child mental development, understanding about advanced mental development in girls than in boys, common practice of blaming and punishing children, families, communities and the society not paying attention in ensuring safety in children's playground and, practices and behaviors used to protect and prevent children from any negative influences. Our future activities will focus in redeveloping and reinforcing positive and traditional practices used by care takers, reducing, further eliminating and improving the quality of care for children of young age.

I hope that the information in the survey report will be of value and importance to policy makers, representatives and decision makers responsible of determining the health and education development strategy. Likewise, the survey will be a bridge to efficiently coordinate the programs implemented in Mongolia for the welfare of children and women and expanding the cooperation with UN agencies, national and international NGOs.

On the occasion of handing over the survey report to your attention, created by tireless labour and efforts of many people, we would like to wish that our future cooperation would expand more in this field !

N. Udval

Deputy Health Minister

ACKNOWLEDGEMENT

The survey on “Care Practices for Young Children in Mongolia” (CPYCM) is one of the first largest survey ever conducted in Mongolia in this field. The survey was funded and conducted within the projects “Breast-feeding and Growth Promotion” and “Integrated Management of Childhood Illness” implemented by UNICEF in Mongolia.

The main goal of the survey was to analyze the practices for caring their children of young age among Mongolian mothers, current caring practices and six basic reserved practices. In this regard, information concerning positive and negative practices of traditional behavior and habits of the Mongolians related to child care of young age were collected initially. Those information are initially important to evaluate care provided to women and children of young age, to identify major factors affecting their health and moreover to find ways to provide more efficient care.

It is obvious, that not all the issues related to providing care to children of young age can be responded by the survey. Therefore, we consider that some psycho-social issues in children and women’s care and hygiene practices in households further needs to be studied in-depth. Hence, the above and other issues are left open. The in-depth survey if conducted in combination with observation by the Ministry of Health and other professional researchers of research organizations, will have significant importance in raising the result of the survey and its practical importance at a higher level.

We are pleased to have the CPYCM completed successfully with the efforts of the national professionals in organizing the survey, processing the result and writing the report.

We hope that the result of the survey will be an important methodological resource in the health sector reforms of Mongolia.

We would like to extend our sincere gratitude to Mr. Matthew Girvin, UNICEF Program Coordinator for initiating and assisting in implementing the survey on “Care Practices for children of young age in Mongolia”, Ms. D. Oyunchimeg, Head of the Public Health Sector of the Policy Coordination Department of the MOH for assisting in developing the initial draft of survey questionnaires and training the staff to be involved in the survey, Ms. B. Surenchimeg, Nutrition project Coordinator of the MOH and Ms. M. Tuya, UNICEF Health and Nutrition Project staff for their sincere assistance.

We would like to acknowledge national experts, the survey team and Ms. G. Soyolgerel, Officer at the MOH, National Program Coordinator for Integrated Management of Childhood Illness for their efforts and efficient cooperation in organizing the survey successfully within a short period and, Ms. N. Udval Vice Health Minister, Professor D. Dorjjav pediatric psychiatrist and Mr. Ts. Lkhagvasuren, President of the National Medical University, Associated professor, for reviewing the report and providing valuable comments and advice.

7. D. Nyamsuren	Child methodologist, Mongolian National Center for Children
8. M. Oyundelger	Student Technical University
9. N. Oyungerel	Physician, HMIEC
10. D. Enkh-myagmar	Physician, unemployed
11. S. Gantuya	Economist, unemployed
12. J. Gundegmaa	Physician, Staff Integrated Management of Childhood Illness
13. J. Byambasuren	Physician, Staff Integrated Management of Childhood Illness
14. G. Batgerel	Teacher, secondary school # 5
15. B. Munkhzul	Economist "OB Myangan" Pvt. Co. Ltd
16. D. Soyolmaa	Student, Medical University
17. Ch. Odgerel	Student, Medical University
18. T. Erdenechimeg	Physician
19. Ts. Chuluuntsetseg	Teacher
20. D. Dolgormaa	Engineer-economist Private entity
21. B. Garmaa	Methodologist HMIEC
22. Ts. Enkhbold	Engineer, Chingeltei district
23. M. Shijirtuya	Student Humanitarian University
24. Ch. Buyan	Chemist PHI
25. S. Khishigdelger	Physician, unemployed
26. R. Batsaikhan	Physician, unemployed

E. Staff involved in writing the report:

- **Jamyangiin Batjargal,**
Pediatrician, Ph D Medical Science, Senior researcher Nutrition Research Center of the Public Health Institute
- **Boldyn Baljmaa,**
Pediatrician, Nutritionist, Researcher Nutrition Research Center of the Public Health Institute
- **Dorjdagviin Ganzorig,**
Medical doctor, Nutritionist, Researcher Nutrition Research Center of the Public Health Institute
- **Algaagiin Solongo,**
Statistician, Demographer, Master of Economics, Lecturer Population Teaching and Research Center of the Mongolian National University
- **Puntsagiin Tsetsgee,**
Economist, Master of Social Science, UNDP project staff.

ABBREVIATIONS

OB	Observation
CI	Care initiatives
MU	Medical University
SCF	Save the Children’s Fund
BZD	Bayan-zurkh district
FGD	Focus group discussion
FVS	Family violence survey
ID	In-depth interview
WVIO	World Vision International Organization
WCS	World children status
HDRM	Human Development Report Mongolia
SAR	Situation Analysis Report
UN	United Nations
UNICEF	United Nation’s Children’s Fund
UNFPA	United Nation’s Population Fund
PHI	Public Health Institute
UB	Ulaanbaatar
NSO	National Statistical Office
RHS	Reproductive Health Survey
IMCI	Integrated Management of Childhood Illness
NRC	Nutrition Research Center
ChD	Chingeltei district
MOHSW	Ministry of Health and Social Welfare
MOH	Ministry of Health
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
ECC/SGD	Early Childhood care for Survival Growth and Development

CHAPTER ONE: INTRODUCTION

1.1. Justification, Goals and Objectives

Right to live safely, to protect, to develop, to participate and children's need are widely determined in the Convention on the Rights of the Child (CRC). Similarly, it is indicated that the society should take the responsibility of all the children to reach the highest level of health standard. Therefore, any society holds responsibility to develop children into civilians capable and responsible of creating a lot for the well being of the country (WHO, 1998).

Comparing with other developing countries of the world, health status of the children of young age in Mongolia is at an average level. Although, majority of the total children are born in hospitals, infant and child mortality still remains at a high level. According to 1998 official statistics, infant mortality rate was 35.4 per 1000 live births and under 5 child mortality rate was 47.81 per 1000 live births (NSO, 1999).

Countries who joined the 1979 Convention on the Elimination of all forms of Discrimination against Women, indicated the role to provide women with equal health and social care and, provide pregnant and lactating women with sufficient food (WHO, 1998).

Due to decreased care provided to pregnant women during the initial years of transition, women developed nutrition deficiency, particularly protein deficiency during pregnancy, developed complications during childbirth due to late pregnancy toxemia, developed postpartum anemia, delivered child with low birth weight or premature baby, infants developed rickets or malnutrition and the incidence of child death at early age due to complications is still lingering (U. Jugder, 1997).

Although, the issue of early childhood care is a family's major role, factors that are affecting from child and their care taker's perspective is one of the issue that has not been studied much. Therefore, needs to pay attention on care practices for children of young age, its conditions and resources are emerging issues. Rapid changes currently occurring in conditions are developing new needs for people and are demanding to change activities to care children in families at a certain level.

Women, at the same time being engaged in work apart from their role as a mother and family care taker is causing much trouble in child care. As for rural mothers, from one side members of a large family help in caring small children and, on the other side it is easy to combine agricultural work with child care. Whereas in cities and settlements, employed mothers have no other choice rather than to leave their small children under other's care.

In correspondence with emerging socio-economic changes in the people's and state life, women's economical right and different types of changes occurring in family relation, needs are arising to coordinate care for children of young age.

Apart from family members' role, pre-school nursing and educational organizations' role is increasing much. In 1990, there were 1350 pre-school organizations operating. But in 1996, half of these organizations were closed (NSO, 1999). After 1990, the number of kindergartens and creches reduced dramatically and in 1999, approximately half of the total aimags had no creches for children under three (SAR, 2000).

In order to support countries in implementing activities such as, to evaluate the current care practices for children of young age and to analyze its resource and structure, UNICEF Nutrition sector in New York developed a document on "The Care Initiatives".

In the document, understanding the care practices and concerning common resources correctly has significant importance in the implementation of policy and objectives and in assessing and evaluating any peoples' civilization and adaptation in the environmental development (CI, 1997).

It is necessary to consider the issue of caring young children in combination with the issues related to care for women during pregnancy and lactation. In any society, women are permanent care takers for infants and children of young age. Therefore, the issue of care for young children is required to be considered in relation with the issue of care for women during pregnancy or lactation.

Hence, *in order to* evaluate the current care practices for women and young children and analyze its resources, we conducted this qualitative survey. Suggestions and recommendations made on the survey result will improve care provided to women and children of young age with full family and community participation and will exert important influence in full utilization of the resources.

The *specific objectives* of the survey are:

- To determine care practices of the main care takers of children of young age – mothers and women during pregnancy and lactation
- To determine care practices for young children
- To study traditional care practices for young children in Mongolian mothers
- To reveal factors and conditions affecting the care for young children
- To define possibilities to disseminate advanced and positive traditional care practices.

1.2. Structure of the report

In total, the survey report composes of 10 chapters.

Chapter One – briefly describes justifications, goals and objectives of the survey and the current socio-economic and health status of women and children.

Chapter Two – reflects the basic concepts used in the survey, their definitions, survey methodology, organization, difficulties encountered during the survey and issues to be considered in the future.

Chapter Three – reflects the result of the survey on care practices for pregnant women and lactating mothers.

Chapter Four – infant and child breastfeeding are not only care practices, it is an important factor which influences on other practices. Therefore, it has been considered as a special chapter.

Chapter Five – includes the result of the survey on food preparation and food hygiene, which are also one of the main care practices for children of young age.

Chapter Six – demonstrates the result of the indicators of care takers', child and household hygiene practices.

Chapter Seven – shows the result of practices studied in treating and caring pediatric disease, health service utilization and preventing diseases at home.

Chapter Eight – studies the indicators to determine care takers' respect for children, psychological care, how to rear them free from any violence, care taker's communication and their psychological attitude towards children.

Chapter Nine, Ten – summarizes the result of the survey and proposes some practical recommendations made on the basis of the summary.

1.3. Socio-economic and health status of mothers and women

Economic status:

Women account half of the working force and today most of them are working in private sectors (Mongolia Human Development Report, 2000). But, poverty of the transition period is placing women and children in more risk. Even though, women have right to take loan, they face difficulties such as, they have no security to take loan from a bank or they have no benefits. Employed and educated women have more tendency of taking loan than underprivileged women (RHS, 1998).

Result of a survey conducted in 1997 by Women's Information and Research Center on "Women's economical status during the transition period" shows that, rural women's work load has increased by 3-4 hours per day comparing to centralized economical planning period. Women's work load are leading women to be constantly accompanied by their children of young age or, in case if there is no care taker, they leave them behind home alone. Particularly, rural herdswomen are carrying the burden of herding their cattle, caring their children and doing household work.

90 percent of the property privatized, for instance apartments and cattle have been registered under husband's name (MHDR, 2000).

96 percent of the women are literate and if compared with other developing countries, the indicator is relatively high. Even though, 2/3 of the total women have acquired secondary education, starting from senior class of the school of general education, the percentage of females studying in school is increasing (NSO, 1998).

More than half (53%) of the registered unemployees are women and according to unofficial report, the percentage is even higher (SAR, 2000).

Social condition: Even though, most of the mothers have right to look after their children until they are 3 years old, they are not provided allowances. Pregnant women are provided antenatal and maternal allowances for 120 days from the Social Care Fund. In other words, employed pregnant women are eligible for 4 months allowances (RHS, 1998).

Allowances for caring children are unevenly distributed among mothers. Mothers not covered by the social insurance (unemployees, mothers employed in private sectors, students) are legally provided allowances for 4 consecutive months. But, the amount of the allowance provided are below the level of standard living and, does not meet their actual needs. But, the mothers who are employed and even if their income does not reach the level of standard living, or if they are unemployed, poor mothers are eligible for allowances until their children are 2 years old (RHS, 1998).

Antenatal, postnatal care: In recent 5 years, 90 percent of the total mothers who gave childbirth were covered in antenatal care and 94 percent of the deliveries took place in hospitals under medical staff attendance. During the same period, 83.4 percent of the pregnant women came for antenatal care within 6 months of pregnancy, 50 percent after 3.7 months of pregnancy and less than 10 percent after 6-7 months of pregnancy (RHS, 1998).

Less than half the women who gave childbirth used iron tablets during their last pregnancy. 77 percent of the children suffering from acute respiratory infection and 67 percent of the children suffering from diarrheal diseases have sought medical care, advice and treatment (RHS, 1998).

Maternal mortality: In recent years, maternal mortality is not reducing consistently. In 1990, maternal mortality per 100,000 live births was 120, which in 1992-1996 increased rapidly. In 1998, 157 mothers have died.

Rapid increase in maternal mortality is explained in conjunction with the closure of maternal rest homes during the early transition years. Maternal rest homes are being revived, care and treatment provided during antenatal and postnatal period has improved. But, communication and the quality of emergency medical care has

declined and cannot reach and provide services in necessary areas. That is why maternal mortality is not reducing consistently (MHDR, 2000).

Women's right and gender issues: In 1981, Mongolia joined the Convention to eliminate all types of gender discrimination (CEATGD). The initial phase of the "National Program to improve women's conditions" has been implemented but women's participation at decision making level is still unsatisfactory.

Considering surveys conducted by governmental and non-governmental organizations, issues of women's right being contradicted is common. For instance, a survey conducted in 1999, by the Center Against Violence identified that one third of the women are living under domestic violence and one tenth of the women are being battered by their cohabiter. (CADV, 1999).

1.4. Health Status of children

Children under 16 account 38.1 percent of the total population of Mongolia, of which 2.2 percent are infants and 10.7 percent are children between 1-4 years old (NSO, 1999).

After 1990, the number of kindergartens and creches reduced dramatically and in 1999, approximately half of the total aimags had no creches for children under 3. Due to lack of care takers, grandparents and relatives, young "elder sisters/brothers" are imposed to hard task to take care of their younger ones. During the absence of the care takers, cases of child injury and death are occurring at a certain extent because of leaving them behind alone locked at home. In 1997, 187 children were influenced in adult's criminal affairs and careless activities (SAR, 2000).

Infant, child morbidity and mortality: Infant and under 5 children's mortality is reducing. Official statistics is quite lower than the RH survey conducted by UNFPA in 1998, indicating that some of the death cases might have been left unreported. In recent 3 years, 149 thousand live children were born at the state level, of which 7,6 thousand have died before the age of 5 years. In 1996, the percentage of children's death occurring at homes were 20.7 percent and has been increasing by 1.1 percent every year. According to 3 years average, under 5 children's death at home at the state level has increased to 21.8 percent. This is indicating that one out of each five children under 5 who died could not seek medical care and services. 72.5 percent of the total deaths are infant deaths, 27.5 percent deaths have occurred in children between 1-4 years old. Death among children under 2 year olds has been reducing every year. However, children's death rate is highest (53.8%) in 12-23 months old children, which is indicating the lack of poor infant care, infant feeding and complications of background diseases as the major causes of death. Of the sick children who died at home, 29.7 percent of the death were related to parent's poor attention and lack of knowledge, 26.6 percent due to lack of transport in remote areas and 4.6 percent could not seek medical help due to doctor's mistake and lack of health organization (D.M., N.U., 2000).

The prevalence of acute respiratory infection and diarrheal disease as the major causes of death in infant and under 5 children have reduced to 3.5-2.7 times in 1991-1997. This may have been directly related to the successful implementation of the National ARI and DDC Programs during this period by the Government of Mongolia with the assistance of the WHO and UNICEF. But, lung disease still remains one of the major cause of death in infants and under 5 children.

Nutritional status of young children: Since 1992, the Ministry of Health Mongolia with the assistance of UNICEF has been implementing Breastfeeding and Baby Friendly Hospital Initiatives at the national level. In result, many positive changes have been introduced in maternity home practices such as the initiation of colostrums within 30 minutes after birth, rooming-in the mothers with their newborns thus, providing access to medical nurses to help mothers care and breastfeed their newborns, avoid giving liquid and glucose solution and, using pacifiers.

When the child is 6 months old, breast milk does not fully meet their needs. Therefore, nutritious and energy density complementary food is necessarily required for them. 54.4 percent of the total children are introduced to complementary food with gruel and mix, which have poor energy and nutritive value. Using these complementary food constantly for a long period is one of the factor leading children of young age to malnutrition (IMCI, NRC, 2000).

With the assistance of UNICEF, a survey result of the "National Nutrition Survey" conducted in 1999, revealed that micronutrient deficiencies related to food and nutrition in children of young age such as, malnutrition, anemia and rickets have increased. Limited resources for care including, human, economic and organizational - directly influences household practices. They also influence indirectly through household food supply, provision of health services and, environmental hygiene in which children grow and develop.

This is considerably related with little access to appropriate food, heavy workload among caretakers, inaccurate knowledge and beliefs all affect nutrition in Mongolian households (MHDR 2000).

Access to health care/services: Mongolia has an extensive medical and public health infrastructure. According to 1999, there are approximately 750 hospital beds and 240 physicians per 100,000 population. Primary health care to mother and child are provided through family doctor's system. Currently, more than 800 family doctors are operating at the national level. Since 1997, within the program "Health Sector Development" initial steps to develop family doctors' hospital independently with the help of long-term loan provided by the ADB are underway. Actions have been taken, such as, to be served by a chosen family doctor, financing the family doctor hospital with the health cost accounted for one person, training the family doctors and equipping the hospitals with necessary equipment. Implementation of the national health insurance law - which was intended to increase cost-sharing between patient and government, has resulted in a number of people who cannot receive treatment because they don't

participate in the insurance scheme or have dropped out or do not have cash to make direct payments (MHDR, 2000).

Hygiene condition: The annual water reserves available for use in Mongolia total 34.6 cubic km. Around one quarter of water reserves are used by households and the rest by live-stock and industry. Consumption of water by a person living in a ger district is around 8 liters per day, whereas the people living in the apartment block use 200 liters or more daily. In the rural areas, 60 percent of the total 35,000 engineered and/or deep water wells are out of operation. Around one third of sewage treatment facilities are not functioning, and another one third are only operating partially. Millions of cubic meters of untreated sewage are being dumped.

In the majority of the Gobi region and in the eastern steppe, ground water has an extremely high mineral content that negatively impacts on the health of these regions (MHDR, 2000).

In recent years, carrions of live-stock and animals died in winter disaster are polluting the earth and the water and in some aimags there is a tendency of increasing infectious diarrheal disease and hepatitis.

CHAPTER TWO: SURVEY METHODOLOGY

2.1. Description to Basic Concept

Care practices: This is determined by care provided to children of young age from their care takers. For instance, health care directed towards child growth and development, resources and food safety. They include: a/care for women during pregnancy and lactation, b/breastfeeding and complementary feeding, c/psycho-social care, d/preparation of food and food hygiene, e/hygiene practices, f/ home health practices (SAR, 1997). Therefore, we used these practices as a guideline in our survey.

Care for women during pregnancy and lactation: The quality of daily food for pregnant women is an important care measurement not only for the mother but, as well as for the child. A child born from an anemic mother is usually anemic and vulnerable to rickets and infection (SAR, 1997). Miscarriage and premature delivery is common in undernourished women and maternal mortality rate is the highest. Considering survey conducted in developing countries, it is possible to show appropriate care from the members of the household by establishing belief among them that, even if a household has shortage of food, a definite amount of extra food must be given to a pregnant and a lactating woman from the household food. It is important at a household level to have a good understanding that, some beliefs have negative consequences such as, "it is easy" during childbirth if a pregnant woman's daily food is limited.

Likewise, providing antenatal and postnatal care is one of the main responsibility of the family members. Care for women can also be determined by loyal distribution of household food and supplies to women of all age.

Women's physical and emotional violence has serious impact on their mental and physical health. Mental distress, fear anxiety and constant pressure are very common in weak and poor women. Mental distress, women's low status in the society and family and, poor control over least decisions of life carry negative consequences such as to fear and anxiety, have self-unreliance, be quiet and tolerant. Preventing women from physical and emotional violence is one of the factor to reduce their morbidity and mortality in any country in the world.

Time and work spent to care a child in a family is also another important indicator of care for women and children.

Breastfeeding and complementary feeding practices: Exclusive breastfeeding has significant importance in preventing infant from various infections and reducing the risk of any infection. Breastfeeding is not only a care practice but, is an important factor which influences on other care practices. Therefore, indicators such as duration of breastfeeding, reasons for giving complementary food, time when complementary feeding was started, types of food, its availability and possibility of its supply etc. have been studied.

Psycho-social care: In order to protect and prevent children from any type of violence and improper communication, indicators to determine care takers' communication and their psychological attitude towards children are included in the survey. Similarly, a wide range of issues, such as knowledge and attitude of mothers about child growth and development, parents' role, their influence, various care (preventing mental distress, pressure etc.) provided to mothers from their family and the community have been considered too.

Preparation of food, food hygiene: Includes indicators about preparation, processing and storing of food for children of young age and food hygiene practices.

Hygiene practices: Includes indicators regarding personal and family hygiene practices. These include indicators such as care takers' personal hygiene, waste disposal, indoor and outdoor environmental hygiene as well as bathing and hand washing practices and water resources.

Home health practices: It includes indicators expressing practices in treating and caring children at home, health service utilization and preventing disease at home. These include traditional and contemporary practices, beliefs and attitude (treating) of mothers about common infectious diseases.

Care resources: Child care in a family requires "certain" resources. These resources are classified as human, economic and organizational. The resources are measured by contributions made by families, care takers to the society at national and international level in caring children of young age. *Human resource* at a family level includes care taker's knowledge, belief, physical and mental health and, skills to exercise the knowledge. *Economic resource* includes control paid in resource by the care taker, and time spent and workload in providing the care. *Organizational resource* includes acting care takers, public care methods, assistance and support provided in care by the family and the community (Johnson, 1995).

Mothers in Mongolia as in many other countries, are responsible of providing primary care. Therefore, the survey was conducted basing mainly on mothers. Child care is not only responsible to women and mothers but, it is also the role and responsibility of fathers, grandparents, elder brothers/sisters, adult members of the family and staff and employees of the child caring organizations. These are not only support provided to mothers but, are also an important resource.

2.2. Survey methodology

Survey on "Care practices for young children in Mongolia" is a qualitative and a spot check survey. The survey was conducted from 23 August to 18 September 2000, in Arkhangai, Dundgobi, Zavkhan and Sukhbaatar aimags and from 28 September to 13 October 2000 in Ulaanbaatar.

Instructions and guidelines: During each stage of the survey, issues that need to be considered and researchers role were determined. Instructions and guidelines for conducting the survey were developed precisely. Survey team leaders, interviewers and note takers were provided with guidelines.

Survey methodology: Information were collected with a combination of using three methods such as, in-depth interview, focus group discussion and observation. In-depth interview was taken from 150 mothers with small children (under 6 years). Focus group discussion was made with 147 mothers with children under 6 years and with similar socio-economic status. Attempts were made to observe their psychological and behavioral practice and attitude on environmental hygiene, food safety and hygiene and, "care taker-child-care taker".

Sample selection: Administratively, Mongolia is divided into a capital city and 21 aimags (provinces). Each aimag is divided into an aimag center and rural soums. Soums consist of baghs. A bagh is a rural primary administrative unit. According to 1999, there are a total number of 324 soums and 1590 baghs at the state level. Ulaanbaatar is divided into districts and town-districts. A town-district is a similar level primary administrative unit as a rural bagh. Therefore, considering geographical location and economical regions, 5 aimags such as Arkhangai, Dundgobi, Uvurkhangai, Zavkhan, Sukhbaatar aimags and Ulaanbaatar city that could represent regions were selected to be involved in the survey. From the total soums of the selected aimags, soums to be involved in the survey were selected randomly. Previously selected Uvurkhangai aimag was not involved the survey because signs of plague were determined in the aimag. Once, from the central region in which Uvurkhangai aimag belonged, Arkhangai was selected where "Integrated Management of Childhood Illness" program was being implemented and depending on factors such as resource person, finance and cost and, time, it was considered that an aimag to replace Uvurkhangai aimag is not required to be selected.

Three stage selection were utilized in selection model. In the first stage soums, in the second stage baghs and in the third stage mothers from households with children under 6 were selected respectively.

Senior researchers selected the aimags. Basing on population registration made by family doctors in soum and/or district health centers, the survey team leaders by using a combination of random and target selection method, selected soums, districts, town-districts, baghs and mothers.

Sample size: Mothers with children under 6 were selected. In total, 297 mothers from Chingeltei and Bayan-zurkh districts from Ulaanbaatar, and 8 soums of 4 aimags were involved in the survey. The sample size is summarized in Table 1.

Table 1. **Sample size distribution**
(by selected methods)

Selected aimags and city	In-depth interview	Focus group discussion		
		Numbers	Numbers to be involved	
Arkhangai	30	4	29*	28-32**
Dundgobi	30	4	28*	28-32**
Zavkhan	30	4	31*	28-32**
Sukhbaatar	30	4	29*	28-32**
Ulaanbaatar	30	4	30*	32-40**
Total	150	20	147*	147-200**

Note: * actual sample size, ** planned sample size

Table 1.1 **Characteristics of mothers involved in the survey**

	In-depth interview			Focus group discussion		Total sample size
	Under 30	Above 30		Group number	Number of mothers	
Mother's age	Under 30		Above 30			
Child age	0-3	4-6	0-6			
Total number of mothers involved	56	41	53	20	147	297
Employed	22	17	23	-		
Unemployed	24	14	20	-		
Arkhangai	10	9	11	4	29	59
Employed	5	4	6	-		
Unemployed	5	5	5	-		
Zavkhan	12	8	10	4	31	61
Employed	6	5	4	-		
Unemployed	6	3	6	-		
Dundgobi	13	8	9	4	28	58
Employed	7	7	6	-		
Unemployed	6	1	3	-		
Sukhbaatar	11	6	13	4	29	59
Employed	4	1	7	-		
Unemployed	7	5	6	-		
Ulaanbaatar	10	8	12	4	30	60
Employed	5	5	6	-	13	29
Unemployed	5	3	6	-	17	31

In-depth interview: When selecting mothers for in-depth interview, 150 mothers were selected in order to reveal how child and mothers' age, family location and mother's employment status are affecting child care practices and, to reveal specific differences of local area.

Women living in rural and in urban areas with children of young age and different economical status were involved in the survey.

Focus group discussion: In total, from Ulaanbaatar and 4 selected aimags 147 mothers were involved in 20 group discussions. Two focus group discussions each in 2 districts of Ulaanbaatar, two group discussions each in selected aimag centers, and two group discussions each in each soum centers were organized. Women of similar age were formed into one group and discussions were organized in a very open and free manner. In Table 1.1. employment status of mothers involved in in-depth interview and focus group discussion are shown.

Methods and techniques used in the survey: Basic techniques and methods such as guiding questions for in-depth interview, list of questions for focus group discussion, guidelines for organizing and facilitating the discussion, and checklists for observation were used.

- In the in-depth interview, questionnaires preliminarily developed with guiding questions were used as a guideline. The in-depth interview questionnaires included a wide range of questions such as care practices and attitudes towards women and children, mothers' knowledge and beliefs about child growth and development, women's skills in decision making, self-reliance and beliefs etc. A working group composing of senior researchers was formed. During 3 days workshop to develop the survey "model", initial draft questionnaires were developed and tested. The questionnaires were pretested during and after the workshop by interviewing mothers twice.
- Guidelines to facilitate and organize group discussions were followed.
- During individual and group discussion, mothers' communication with their children, status of fondling and caring their children, home and environmental hygiene and security were observed and a checklist for observation was developed and used in the survey.

2.3. Survey organization

Training in developing the survey model

In order to develop the survey model, a 3 days training workshop for senior researchers in "Quality survey methodology" was organized in Ulaanbaatar from 16-19 August 2000. During the training workshop, the researchers discussed and exchanged opinions about the document on "The Care Initiative" (Patrick Ingle, 1997) and about the six basic care practices and resources for women and children. They became acquainted with UNICEF care initiatives and its strategy, studied relevant instructions and precisely discussed the objectives of each and every indicator of the information to be collected on child care issues. Basing on the advice and recommendations of the training workshop, several versions and list of questionnaires were developed.

Training for interviewers, note takers and observers

A 4 days training for interviewers, note takers, observers and group discussion facilitators was organized in Ulaanbaatar from 24-28 August 2000. The interviewers, note takers and observers were of different background. During the training, information about the basic concept in care for children of young age, issues about child growth and development and the care initiatives (Patrick Ingle, 1997) and, the six practices and resources for women and child care were provided. The participants were also taught about the methods in collecting information, organizing discussions and observing. They were also provided practical training by pretesting the questionnaires and guidelines in taking in-depth interview, organizing focus group discussions and doing observations in a unit.

Plan for the survey

A plan for the survey activities was developed and the survey was conducted according to the schedule /Annex 1/.

2.4. Data Processing

Depending on the methods and techniques in collecting information, the basic unit information were processed using the below mentioned methods.

Information collected from group discussions were packaged into groups and by using packaging method of ETHNOGRAPH packaging program, the group discussions were integrated and processed.

Information collected from in-depth interviews were coded and by using EXCELL and WORD programs, the grouped information were prepared for statistical analysis. Using the SPSS programs meant for public survey statistical analysis, frequency of variables, developing tables and correlation of two factors were used for processing information. As all dependent and independent variables were categorized variables, Cramer's V correlation coefficients were accounted. The correlation coefficients were selected with 95 and 99 percent probability.

But information collected from observations were read, processed and summarized by grouping and packaging them manually.

2.5. Difficulties encountered during the survey and further issues to be taken into consideration

It is recommended that the following be considered when using the survey information and the result:

- It should be noted that the time when the survey was conducted was autumn and particularly in the rural area, people were coming back from their summer camp

to autumn pastures, or were moving to soum center, or were moving their livestock to other pastures, which were causing difficulties for the mothers who were randomly selected and were involved in interviews. Even though, the mothers to be involved in the survey were randomly selected by using three indicators (mother's and child's age and employment) based on family doctors' population registration, in a few cases we had to make appointments for interview with the mothers. This cannot be denied that, at some extent it affected the mothers to prepare themselves, their children and their household for interview and observation.

- It should be considered that the observations were only done during interviews. The researchers should pay attention in the future, that if the observers stay with the families for at least 24-48 hours and observe the practices, they will be able to collect more precise information.

CHAPTER THREE: CARE FOR PREGNANT WOMEN AND LACTATING MOTHERS

3.1. Characteristics of the mothers involved in the survey

Mothers with different socio-economic status were involved in in-depth interview. Their general characteristics are shown by selected indicators in Table 1.2. Of the 150 women with children under 6 years old, 20 percent were urban, 43 were from aimag center and 37 percent were from soums. Depending on the features of selection, relatively many women were involved from the rural area. Approximately half the percentage of the women had secondary education and were specialized in any one field, and two thirds had college or university education. But their husbands had relatively lower education than them and especially, the proportion of husbands with primary education or illiterate men was high. Most of them were husbands of the rural women who were involved in the survey.

Half of the women said that they are employed (including herdswomen). In order to determine the influence of mothers' economic status on care practices for children, mothers involved in the survey according to their economic activity, were selected in same ratio. Table 1.2 shows detailed characteristics of the women involved in individual interview by social indicators. As for age structure, two thirds of the women were relatively young or under 30 years and the rest were above 30 years old.

Table 1.2 Socio-economic status of mothers involved
in-depth interview

Selected indicators	Women's economic activity, age and children's age						Total
	Children below 3 years old Women under 30		4-6 year old children Women under 30		Children under 6 year old Women above 30		
	Employed	Unemploy ed	Employed	Unemploy ed	Employed	Unemploy ed	
Residence							
City	12.8	15.6	25.0	23.1	24.0	28.6	20.0
Aimag center	46.2	53.1	40.0	46.2	32.0	33.3	42.7
Soum	41.0	31.3	35.0	30.8	44.0	38.1	37.3
Marital status							
Married	97.4	100.0	100.0	100.0	96.0	95.2	98.0
Unmarried	2.6	-	-	-	4.0	4.8	2.0
Education							
Primary/uneducated	-	3.1	-	-	-	-	0.7
Secondary	17.9	31.3	5.0	23.1	4.0	23.8	18.0
Secondary/vocational	51.3	43.8	50.0	38.5	48.0	57.1	48.7
College/university	30.8	21.9	45.0	38.5	48.0	19.0	32.7
Husband's education							
Primary/uneducated	13.2	15.6	25.0	-	4.2	5.0	9.5
Secondary	7.9	28.1	15.0	15.4	4.2	30.0	16.3
Secondary/vocational	55.3	40.6	35.0	30.8	41.7	35.0	42.2
College/university	23.7	15.6	40.0	53.8	50.0	30.0	32.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note:

* Only married women's information were considered.

** Student mothers were considered as unemployed women, because they have no income sources.

68.3 percent of the children involved in the survey were under 3 years old, 31.7 percent were 4-6 years old. 69.3 percent of the total women were under 30 years old, the remaining 30.7 percent were above 30 years old.

3.2. Ideal age for marriage and first childbirth

(method: FGD)

Women's first marriage and childbirth age is very important in reproduction. The woman's first marriage age is one of the important factor influencing on her total fertility. Her marital status provides her access to use contraception and by establishing a favorable condition, it influences on family planning (UN, 1999). Due to Mongolia's socio-economic development, population education level, employment and changes in family income, the first marriage age has been delayed. For instance, according to Mongolia's second demographic survey of 1996, women's mean age for marriage was 21.4 years and two fifth of the women considered ideal age for marriage as 24-25 years, but four third considered 20-23 years (PTRC, 1996).

Educated and employed women are not only capable of demanding and exercising their health and reproductive health rights but are also capable of high self-evaluation, and can make personal and social choices in life and play important role in decision making.

Elderly women¹ consider marriage after 25 years old as delayed marriage. They consider that age for marriage should not exceed above 25 years because, children are born late and complications during pregnancy occur more common. Some younger women² responded that delayed marriage causes difficulties in finding a good life partner. Likewise, from one side when you grow older it is terrifying (dangerous) that you become more experienced in life, from the other side divorce is high among early married people.

"Now marriage takes place at the age of 20. Before, marriage at the age of 20 years old used to be considered as early marriage. People now say that marrying at the age of 25 is rather an old age" (22 year old mother of a 4 months old child, Zavkhan aimag, Ulyasthai soum).

"It's not nice to marry early. You'll have too much to do with your child. You can't manage things (22 year old mother of a 3 months old child, Zavkhan aimag Ulyasthai soum).

Depending on the above condition, women determined the most ideal age to have first baby differently. Most of the women consider that, it is appropriate to have their first baby before the age of 25 years old. Because a mother is physically and physiologically mature and is capable of delivering a healthy baby. Most of the women explained that, by this age, women have full access to acquire any one specialization which in turn helps them to establish a favorable economical condition to bring up their

¹ Women of 30 years old and above 30

² Women of 29 years old and below 29

children. It is advantageous for women to have their baby early and bring them up while they are living with their parents or with their elder brothers/sisters because, they are able to seek their support. On the other hand, without seeking anyone's support, it is quite difficult to bring up a baby independently. Young women are touchy and say that, they will not be able to continue their study or acquire a knowledge or the issue is completely neglected.

Ideal number of children in a family: It is couples' reproductive choice to have the number of children they desire to have. But the number of children, in general, are determined by economical status of the household and biological capacity of the children. The biological capacity of children very much depend on working condition in a household, socio-economic status of parents and their ability of life. But, the household economic status serves the need and number of the children. In relation with childbirth, in a household, concept about delivery can change and the capacity in bringing-up their children can increase. Thus, raising their confidence in bringing-up their children healthy. Having a baby pushes the above issues. But children's need are determined by their desire to have a child, advantage of having a child (care their parents when the parents are old, inherit their parents) and the cost of children (cost structure in economics). The cost of bringing-up children in Mongolia has affected the view of the people of having ideal number of children in a household. For instance, according to the Reproductive Health survey conducted in 1998, less than two third of the women responded that, it is ideal to have 3-4 children in a household (NSO, 1999). Most of the women of all age who participated in group discussion during the survey agreed and it was observed that they prefer to have equal number of male and female children.

"The most ideal is 4 children: 2 sons and 2 daughters. They can company each other" (women below 30 years old with children below 3 years old, Sukhbaatar aimag, Darigang soum).

". . . If our life is well guaranteed, it doesn't matter to have one child. It will be difficult to bring-up and educate many children. It is rather better to have only one child. If our living is really contented, it doesn't matter how many children we have" (women above 30 years old with children below 6 years old, Sukhbaatar aimag, Asgath soum).

When women determine the ideal number of children, apart from in-house and out of house workload and, economic possibility, they also consider local culture and belief and rumors. For example, "Fate of a family with 4 children is equal", "Consider one child as having no child and two children as one child" etc.

Initiative to have a child: Most of the women responded that, their husband being the head of the household mainly initiates the idea of having a child and the final decision is made both by the husband and the wife. Women are keen to develop and upgrade their knowledge. Therefore, they do not speed to have children. But their parents or their in-laws propose that they would take care of their grand children.

"Men usually desire to have a child soon after marriage. But for women, this is impossible" (29 year old mother of children between 7 months - 7 years old, Zavkhan aimag, Ulyasthai soum).

"Fathers initiate, because they do not know the hardship" (30 year old mother of children between 4-6 years old, Zavkhan aimag, Ulyasthai soum).

Women considered that their husband's initiation and decision have significant impact not only on their children's growth, development and education but, also on a stable family life.

"It is difficult if our husbands don't agree. If we have a child when they haven't agreed, their attitude towards their children may slack. Actually, it is decided upon discussing other issues. However, having a child is even more important" (women above 30 years old with children under 3, Sukhbaatar aimag, Baruun-urth soum).

". . . If we don't have a child, they may likely leave us. Our husbands therefore, request us to have a child. After having a baby they become contented and they think where would she go . . ." (women above 30 years old with children under 6, Sukhbaatar aimag, Asgath soum).

When young couples have their first sexual intercourse, they usually do not aim to have a child and moreover, they are shy to talk frankly about family planning. Therefore, the first child is mainly by chance. Low contraceptive prevalence rate most likely influences in increased unintended pregnancy.

"Sometimes when we haven't initiated or planned to have a child, we become pregnant" (women above 30 years old with children between 4-6 years old, Zavkhan aimag, Ider soum).

3.3. Supplementary food during pregnancy and lactation (method: ID, OB)

How do women feed during pregnancy and lactation? Women usually eat vegetables, fruits and sour dairy products during pregnancy and lactation. Less than half of the women responded that they take food slightly more than usual, another half take the same amount of food and fewer women take food less than usual. They were describing the reason of taking special and slightly more food than usual in connection with having a healthy baby. Some women take tomatoes for anemia. Most of the women from Dundgobi aimag take slightly more food than usual, one fourth of the women from Arkhangai aimag take slightly less food and there were no women from Sukhbaatar aimag who take less food. While there were very few people in soums who took less food than usual but, at the aimag level it was relatively high. Comparing herdswomen and unemployed women with other women, during pregnancy they never took more food than usual but, most of the educated women with higher than high school level education take more food than usual.

During lactation, approximately two thirds of the women take more lunch than usual but the other meals are taken as usual. The percentage of women who take less food than usual have declined during pregnancy. Women responded the reason for taking more food in connection with improving their lactation and growing their child healthy. After childbirth, women in order to restore their strength and to increase their breast milk, they

more often take mutton soup for one consecutive month and tea made with millets and/or roasted flour with infused tea added to it and flavored with salt and butter and, flour products. The percentage of women who take more food during lactation is relatively high in Ulaanbaatar than in women from Zavkhan and Sukhbaatar aimags, where the lactating women take slightly more food than usual. The percentage of women who take more food than usual during lactation is increasing in women with higher education level. Most of the urban women comparing to other women responded that they take more food than usual during lactation.

"Same during pregnancy. During the first month after childbirth, I used to take food made of mutton 2-3 times a day. Mutton is nutritious, rich in vitamins and strengthens body" (An unemployed woman above 30 years old, mother of a child below 3 years old, Zavkhan aimag, Ulyasthai soum).

"I take a lot of vegetables because they are rich in vitamins. Yogurt is good for edema, so I take plenty of yogurt. After childbirth I do not eat food rich in fat, marmot's meat and apples. I eat less sweet items. To increase my breast milk I take flour products and biscuits. I eat noodle soup made of mutton free of fat 2-3 times a day" (An unemployed 29 year old mother of 5 years 4 months old child, Zavkhan aimag, Ider soum).

"During pregnancy I become very greedy. I take dairy products in the country. It's said that vegetables make you feel chilled and you become edematous. I was greedy during lactation also. But I ate usual food. I used to take soup too. If I take vegetables, the baby would have diarrhea" (An employed 29 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

I did not eat much when I was pregnant, because I had Toxemia. During late pregnancy I used to take boiled yogurt – aarts. It is better to eat little. During lactation I eat more. I used to eat the usual food" (An unemployed mother of a 1 year 7 months old child, Arkhangai aimag, Bulgan soum).

"During pregnancy and lactation I used to take food as usual" (An employed 24 year old mother of a 4 year old child, Dundgobi aimag, Luus soum).

Women's view about ideal feeding during pregnancy and lactation: More than one third of the women consider that, they should take more food and more frequently than usual. Another one third said that, they should take nutritious and quality food. But a few of them said that it is appropriate to take food as usual. They described that, during pregnancy and lactation they should take plenty of vegetables, fruits, milk and dairy products and meat which are rich in vitamins. A healthy baby will be born from a healthy mother and because they are feeding an extra person. The percentage of women who considered that it is appropriate to take food as usual during pregnancy and lactation was slightly higher among unemployed and herdswomen. There were also not few people among the herdswomen who considered that food is not important during these period. The proportion of women who consider that nutritious, frequent feeding is appropriate is increasing in accordance with the increasing level of education (P=0.02). It is gratifying that there were no urban women who responded that feeding should be as usual.

“ . . . We should eat until you are full. During lactation, if you won't eat until you are full, you won't produce milk. During pregnancy if you eat little, your baby will be undernourished” (An unemployed 20 year old mother of a 2 months old baby, Arkhangai aimag, Bulgan soum).

“During pregnancy you should eat incomparably more. Food rich in vitamins, milk and dairy products affect child growth and development. A healthy child will be born from a healthy mother. During lactation, I eat incomparably more than usual. Then only I can satisfy my child” (An unemployed 28 year old mother of a 1 year old child, Dundgobi aimag, Mandalgobi soum).

“You should eat as appropriate. The amount of food is not important. You should know the volume of your stomach” (An unemployed 21 year old mother of a 7 months old baby, Arkhangai aimag, Ugii-nuur soum).

3.4. Essential care and support during pregnancy

(method: FGD, ID)

Women determined that, during pregnancy women should emotionally be calm and a quiet and a peaceful environment is very important.

“ . . . When you come from outside, if you are welcomed not by harsh, bad mood but with warm words and, if the food is ready, it makes you feel nice” (30 year old mother of a 2-4 year old child, Zavkhan aimag, Ulyasthai soum).

Women determined that, husband's and close people's care and mental support, doctor's and medical staff advice in hygiene are the most important.

“Care is needed from the time you are pregnant until one month postpartum. You feel very happy when you are told to rest and that he would do the rest” (Women under 30 years old, mothers of children under 3, Sukhbaatar aimag, Dariganga soum).

I talk frankly with my mother and take her advice regarding issues which is not easy to ask a doctor. Therefore, mother's care and support is very important during first childbirth.

“I feel that advice about what should be done and what not should be done is very important during pregnancy. We particularly don't know anything, because it is our first childbirth. The employer should release us from heavy work. Advice on what clothes should be worn to keep warm to avoid tonsillitis and so forth. We, the rural people do not know, and I nearly had a premature delivery because of breaking coal by a heavy metal. We don't know about it” (Women above 30 years old, mothers of children under 6, Sukhbaatar aimag, Asgath soum).

“Those who are living with their mother or an elder sister, or anyone who have had delivered a child are different. Otherwise, it is difficult” (A 22 year old mother of a 3 months old baby, Zavkhan aimag, Thosontsengel soum).

Herdswomen lack doctor's care and antenatal leave. Therefore, it is considered extremely important to refer these women to maternity rest homes at least 14 days prior to delivery for safe and normal childbirth. Women are more concerned about issues such as, it is necessary that the family should establish a peaceful environment by providing food, clothes and daily domestic items, the society should provide allowances to each and every women to care their children, improve the activities of family doctors' clinics and increase the availability of nutritious food for children.

3.5. Other's participation in women's care

(method: ID, FGD)

Husband and parents help women the most

Care for women: During pregnancy, about two thirds of the women are released from hard work and the rest of the women do their usual work. In order to prevent fetal trauma, premature delivery and bleeding, pregnant women are released from hard domestic work and in order to prevent complications during delivery, during the late months of pregnancy to prevent the fetus to grow too big, they aim to keep the women in motion. For instance, carry basket to collect cow's dried dung, draw water with a well bucket, crawl to wash the floor and walk.

Most of the women from Ulaanbaatar and Sukhbaatar aimag responded that they continue their usual work during pregnancy. But most of the women from Arkhangai and Bulgan aimag responded that they did light work ($P=0.005$). Irrespective of education, most of the women responded that their spouse pay more attention for them during the last months of pregnancy and most of the married women are released from hard work and do light work. But it is relatively common among urban and soum women to continue their usual work.

"I used to carry basket and collect cow's dried dung. It is said that if you collect a lot of cow's dung, you decrease your suffering and, you deliver easily" (An unemployed 28 year old mother of a 4 year old child, Sukhbaatar aimag).

"In general I do work. During my late months of pregnancy, I have been doing my usual work. I do my work till I deliver. Clean the house, do cooking etc" (An unemployed 30 year mother of a 1 year 3 months old baby, Ulaanbaatar, Chingeltei district).

Women are released from domestic work for almost 36 days after delivery, which is called "to stick to the regimen". During this period, the family members prevent us from washing things with cold water because, they say that we will develop arthritis or develop edema. Most of the women had been seeking help from either their husband, or their parents or brothers and/or sisters after delivery. Approximately one fourth of the women who were interviewed individually had sought help from their husband and about another one fourth had sought help from their parents the most. Almost majority of the women had been provided care. In any country, irrespective of education, husbands had provided care well to their wives after delivery. While elderly mothers had been provided mental care and support from their family members, young mothers had been seeking relatively more care.

"My family members released me from work after delivery. Every day I used to take mutton soup" (An employed 24 year old mother of a 4 year old child, Dundgobi aimag, Luus soum).

"After delivery, I was prohibited to wash things and dip my hands in cold water, saying that I would develop various diseases ... My colleagues came to see me" (A 27 year old mother of a 1 year 10 months old child, Dundgobi aimag, Mandalgobi soum).

"Everyone helped me after delivery...My husband used to cook, wash, clean the house and do everything. My mother was with us for the first month and gave us advice" (An unemployed 19 year old mother of a 4 months old baby, Ulaanbaatar, Chingeltei district).

3.6. Intra-household food distribution

(method: ID)

Food distribution in household: We in order to superficially study the distribution of food in a family, we studied the sequence and its reason of serving out the food. In most cases, mothers served the food. Almost all the women first served their husbands or their fathers. Very few percentage of the women first served their children, themselves or their mother and irrespective of any socio-economic indicators, women themselves serve food to their family. They described the reason as a Mongolian tradition to first serve any male member of the family if there isn't a male householder. But, all the herdswomen only served their husbands or their fathers first. Among employed mothers, few women served their children first. Similarly, most of the urban women served their children first but, very few of the rural women served their children first (P=0.009).

"The wife serves. There is a tradition that husbands need not get involved in kitchen work" (An employed 24 year old mother of a 4 months old baby, Ulaanbaatar, Chingeltei district).

"First husband, next for myself then children. There is a Mongolian tradition to first serve your husband" (An unemployed 32 year old mother of a 2 year old child, Sukhbaatar aimag, Baruun-Urth soum).

"First householder, next children, then myself. This may be the cause of a habit. I don't mind as far as the others have food " (An employed 27 year old mother of a 1 month old baby, Dundgobi aimag, Gurvansaikhan soum).

Observation

"After the interview, the mother felt free. She prepared food. She first served us, next she served her children. But she kept the first serve in a cup" Her husband was asleep" (A 24 year old herds woman, mother of children between 2-4 years old, Dundgobi aimag, Luus soum).

What foods are considered to be nutritious? Most of the women agreed that the amount of food in-take has health impact. Majority of the women consider vegetables, fruits and dairy products rich in vitamins as nutritious food. But most of them account food rich in fat as nutritious food. Most of the women with 8 years and secondary school education understand food rich in fat are nutritious but, few understand flour products are

nutritious. Young women consider meat, meat and flour products twice more nutritious. But one fourth of the elderly women account food rich in fat as nutritious. Considering food rich in fat and flour products as nutritious is quite common or twice more among rural mothers. Mothers living in aimag centers more consider vegetables, fruits and food rich in vitamins as nutritious ($P=0.0002$). Food prepared in small quantity were also commonly considered as nutritious and quality food among women.

"It is very nutritious if you take vegetables, food rich in vitamins, dairy products, yogurt and aarts (residues left after straining the whey with cream)" (An unemployed 40 year old mother of a 7 months old child).

"All types of vegetables, food rich in vitamins, quality and high calorific food are called nutritious food" (An employed 25 year old mother of a 3 year 5 months old child, Zavkhan aimag, Ulyasthai soum).

"Tasty, small amount of food rich in fat is called nutritious food" (An employed 32 year old mother of a 2 year old child, Arkhangai aimag, Ulgui-nuur soum).

3.7. Physical and emotional violence

(method: FGD, ID)

The affair of husband assaulting his wife was reprimanded by all the women involved in the survey. In order to prevent women from being assaulted, about one third of the women considered that, it is appropriate for couples to reach to an agreement. Few women said that the women should improve their character, develop themselves, approach organizations that protect their right or they should separate their family. But a few women said that they do not know how to respond to this question.

As the educational level of women are increasing, their attitude to approach organizations which protect them are increasing too. But in women with low educational level, their view to protect themselves can be achieved by improving their character and developing themselves is increasing. Many of the young mothers value annulling their marriage more but, elderly mothers value the clearing of the reason and reaching to an agreement more. Urban women tend three times more to annul their marriage or approach an organization that protects them. But the rural (aimag, soum) women are paying more attention in improving their character or developing themselves. Many women were also considering their husband from avoiding to take alcohol as important way ($P=0.0058$).

Observation

"From the woman's talking, it was observed that her husband keeps on assaulting her. She repeated twice and said that "I might have become stupid and can't understand what people are saying for being beaten". When we asked her about violence against women, she first wept, sat quiet looking down for a while and then started answering frankly" (An employed 26 year old mother of a 4 months old child, Ulaanbaatar, Bayan-zurkh district).

3.8. What are upsetting the women most?

(method: FGD)

Alcoholism and unemployment are upsetting the women most.

Alcoholism, unemployment, unfavorable economic condition and lack of money upset women the most. Similarly, bearing all the household burden, lack of family help and support provided to them and family arguments upset the women most. As told by most of the women involved in the survey, the most upsetting things are, their husband taking alcohol and roaming around, avoid doing household work and not helping their family. There are quite a lot of cases such as men drinking alcohol and saying various rude words, scolding their wife, pressuring them and abusing and insulting them verbally.

One of the issues which upset women are unemployment, loneliness, and lack of money. For instance: shift to tend cattle during a festival and not being able to meet people aggravate their agitation more.

What issues upset the women most?

(as answered by mothers)

At the household level:

- Alcoholism;
- Unfavorable family economic condition and lack of money;
- To bear most of the household burdens and not taking any help and support from the family;
- Arguments in the family, delivering a baby without being married;
- Husband not helping in household work, not staying at home and taking alcohol;
- Husband not striving for life or not caring or paying attention for his children;
- Suspicion and husband's lewd affairs;
- Husband and wife not respecting each other;
- Dirty house;
- Children's education and their future issues;
- Not caring when fallen ill;

At the society:

- Poverty;
- Alcoholism among youth and their carelessness;
- Unemployment, lack of skills to find money and live;
- Loneliness;
- Children's overcasted future, poor learning environment for rural children, poor in study, increasing school drop-outs;
- Lack of specialized teachers in rural areas;
- Uneducated people;
- Personal health;

- Girls getting involved in commercial sex;
- Increasing number of street children;
- Release chaotic articles on TV and newspapers;
- Friend's jealousy;
- Family breaking up;

Young people are drinking a lot of alcohol. ". . . Present day youth drink a lot of alcohol, they are careless, they don't bring money. Drunk people roam outside. Don't know what they do and there are many people who worry us. We hope they are told not to do so" (Women below 30 years old, with children below 3, Zavkhan aimag, Ulyasthai soum).

Working post is important. ". . . In general, working post is very important and we need to work. . . . There is no factory in our aimag. . . . People who stay at home are the most upset. They will be less upset if they are among their colleagues" (A woman below 30 years old, Dundgobi aimag, Mandalgobi soum).

Unemployment is one of the reason of alcoholism. ". . . Unemployment is a reason of concern, they have nothing to hurry, they are free and that is why they drink alcohol and become drunk. All the bad deeds are mostly committed by unemployed people. They don't know how to make money. One can live nicely only with having money in his/her hands. There is no one who doesn't want to live nicely. I wonder, how can these people who don't work manage, when the money of those people who work are insufficient" (Women below 30 years old, with children below 3, Sukhbaatar aimag, Baruun-Urth soum).

Children who's parents have money go to school. ". . . Rural children are leaving school more. Especially, those families who have many children cannot afford to buy books and clothes for their children. That is why we send one child to school and the other to raise cattle. That child has no education and no reliance for his/her future. . . Children who's parents have money go to school" (Women above 30 years old, with children below 6 years, Sukhbaatar aimag, Asgath soum).

People who cannot afford fuel, have no access to health services. ". . . It is difficult to access medical care. If we don't provide fuel they won't go. It is difficult for those who have no money. We provide fuel and go to see a doctor. They won't examine us if we don't have insurance card . . ." (women above 30 years old, Sukhbaatar aimag, Asgath soum).

***What actions need to be taken to overcome the above problems. What are the mothers' view?
(As answered by the mothers)***

At family level:

- Improve husband and wife communication in a family;
- Husbands mainly upset their wife. Therefore, couples should discuss and understand and learn to be patient to each other;
- Husbands are mentally not strong and impatient to overcome difficulties encountered by their family. They are easily distressed and drink alcohol. Therefore, men's alcoholism should be reduced;
- Family members should learn to respect each other;

At local country and neighboring community level:

- Learn to show mutual mental support and encourage each other;
- If possible, encourage local initiatives to set up new working posts;

At the national level:

- Pressuring his wife and women depends on individual's consciousness and education. Therefore, they should be made well understood about laws;
- The government should pay attention to improve children's learning environment;
- Teachers' professional skills should be advanced;
- All possible initiatives to set up new working posts should be encouraged and supported;
- Promote initiatives to mass fight against alcoholism;
- Improve the quality and accessibility of health services;
- Increase population health education in order to help them acquire practice to pay attention for their own health;
- Control all chaotic articles and programs to be released through media, improve media ethics;

3.9. Women's self-confidence

(method: FGD, ID)

Majority of the women said that they consult someone when they do anything new. Because, they are concerned of making any mistake, for not being able to do so or it may be disliked by people. Therefore, in order to do correctly, they are afraid to decide themselves. Hence, they consult their husband, parents, elderly people, brothers/sisters or their friends. The percentage of women who decide issues themselves when they do anything new is relatively higher among employed women than unemployed women. While the percentage in self decision making is higher in women with secondary, college and university education, the indicator in soum women is extremely low.

"I don't trust myself. I think I might make a mistake. Therefore, I do consult and ask my friends" (An employed, 33 year old mother of a 2 year old child, Sukhbaatar aimag, Asgath soum).

"I don't consult. I do what I think I should do. I do things boldly which I think can be done. Otherwise, I consult my father" (An unemployed 23 year old mother of a 4 year old child, Arkhangai aimag, Erdenebulgan soum).

Most of the women think of changing their present life by being employed, managing production, improving their living condition and environment, educating themselves and educating their children. As the level of husband and wife's education increase, the number of women who prefer to change their living is increasing. For instance, most of the women with college and university education prefer to change their living. But, this is relatively few among women with secondary education.

"I think of changing my environment. I think of going to aimag or somewhere else. What should we do where there is no power or radio" (An employed 36 year old mother of a 3 year old child, Sukhbaatar aimag, Asgath soum).

"I think of improving my living and being employed. I want to work and provide some monetary support to my husband" (An unemployed 25 year old mother of a 3 year old child, Sukhbaatar aimag, Baruun-Urth soum).

"I am thinking. It is really backward to live in the rural. I am thinking of being close to the center when my children join school. I am not going to educate them here. Because they will learn at this level. If they will follow the others in city, they will be able to learn independently" (An unemployed mother of a 5 years 11 months old child, Arkhangai aimag, Ugii-nuur soum).

When we proposed them any risky idea, less than half of the women said yes, more than one third hesitated and said no and, a few of them said they would think, consult and decide. As the level of husband's education is declining, the percentage of women interested of risky idea is increasing and it is vice versa as the level of education is increasing ($P=0.04$). The interest of women to experience risky idea is declining in women with higher educational level and half of the urban women said that they will not experience. From here we can see that, rural women have a relatively higher tendency to experience risky ideas than urban women.

3.10. Women's power in decision making.

(method: ID)

Half the percentage of women said that they hold their home treasury, one fifth said their husband and another one fifth said they both hold their treasury. They explained the reason for holding their treasury in relation with their husband spending the money for alcohol and smoking, their husband not knowing delicate issues, not sensitive and being careless. But the women are not wasteful and are more accountable. Women holding their home treasury is relatively low among unemployed women ($P=0.054$). Men holding their home treasury is increasing ($P=0.02$) in accordance with the increased level of their education. As the level of women's education is increasing, their spouse's participation was increasing.

"I hold the treasury. Women are not wasteful. They save money from their monthly wage and spend for their children. Men do not know about this, they are not sensitive" (An employed 34 year old mother of a 5 year old child, Zavkhan aimag, Ulyasthai soum).

"Whoever is working will hold the treasury. My husband is earning. So he holds the treasury" (An unemployed 26 year old mother of a 1 year old baby, Ulaanbaatar, Chingeltei district).

"I hold the treasury. If I give my husband money, he will spend it for useless things like alcohol and cigarette. But I will buy only useful things" (An unemployed 25 year old mother of a 3 months old baby, Sukhbaatar aimag, Asgath soum).

Most of the women decide the issue of seeing their family doctor independently. Few decide with their husband. Some men are lazy and dislike to see a doctor or take a medicine. Therefore, women try to consult doctor, prevent any complications, have diagnosed and treated the disease correctly. Almost 50 percent of the women in Arkhangai and Zavkhan aimags said that they decide the issue of seeing a doctor themselves if any one of their family member falls ill. The indicator if compared with other aimags is low. Particularly half the percent of Arkhangai women decide the issue after discussing with their husband. But most of the women in Ulaanbaatar decide the issue themselves ($P=0.018$). In general, quite a number of rural women decide the issue after discussing with their husband. It is interesting that most of the herdswomen decide the issue themselves, which is higher than other women. Women's skills in decision making is increasing in accordance with their increasing educational level and declining their spouse's power. It was observed that, the husbands of elderly women made decision 4 times more compared to young women and, young women made decisions more independently.

"I decide. I first initiate to see a doctor when my husband or my child is sick. Because I am close to my child" (An unemployed 27 year old mother of a 3 months old baby, Arkhangai aimag, Erdenebulgan soum).

Husbands earn money and hold the treasury. To satisfy each other and not to argue, most of the women decide with their husband about purchasing or selling out a big item for their home. Apart from their husband, they exchange opinions with their parents and relatives. Husbands of women from Ulaanbaatar and Sukhbaatar aimag make decision about mOBor treasury issues. The indicator is higher if compared with other aimags. It is quite common among unemployed and herdswomen to discuss and decide with the other issues regarding purchasing goods and spending a large amount of money. It is also common among women who earn money, decide the issue with their husband. From here we can see and conclude that, all the women irrespective of whether they earn money or not, they rarely decide major issues independently and they have little authority to supervise the money they earn. In accordance with increasing husband's education level, the percentage of women who make joint decision is increasing. For instance, households where spouse has primary education or is uneducated other people's participation is high, but in households with educated spouse other people's participation has decreased. But, the level of joint decision is gradually increasing ($P=0.02$). As the level of women's education is increasing, men's authority in decision making is reducing and women's authority is increasing. Young women consult others relatively more. Among elderly women, husbands more make decision. Husbands of women living in aimag center relatively make less decision. In the rural³ joint decision making is more common.

"Husband decides. They have more authority" (An unemployed 21 year old mother of a 4 years old child, Sukhbaatar aimag, Dariganga soum).

"Husband decides. He decides fairly well. He's good in purchasing big items. I dare not make decision. I consider myself that I'm not good in choosing" (An unemployed 30 year old mother of a 1 year 3 months old baby, Ulaanbaatar, Chingeltei district).

³ Aimag centers, including soums

"We both discuss and decide. My husband trades large livestock, I trade small livestock"
(An employed 38 year old mother of a 5 months old baby, Dundgobi aimag, Gurvan-saikhan soum).

3.11. Women's workload

(method: ID, OB)

Almost all the women considered that it is suitable for women to do domestic work and men do outdoor hard work. Not few women responded that apart from outdoor work, men should also participate in domestic work. The percentage of rural women with a view that outdoor hard work should be done by men was relatively high. But in city and town, the percentage of women who considered that men should do both domestic and outdoor work or they should cooperate with their wife was increasing. The percentage of women who responded that men should do both domestic and outdoor work was relatively high among women with university and college education.

Observation

"Mother is washing clothes, 10-12 year old daughter is helping her. The spouse is chopping wood" (An employed 34 year old mother of a 5 years old child, Arkhangai aimag, Erdenebulgan soum).

"Mother and father-in-law said they help in every work such as baby sitting, cooking food and tea, cleaning the house" (An employed 27 year old mother of a 3 years old child, Arkhangai aimag, Erdenebulgan soum).

3.12. Men's domestic work distribution

(method: ID, FGD)

Most of the women involved in the survey said that men should get involved in domestic work at a certain extent. Women responded that men's support is extremely important in fetching water, preparing wood for fire, cooking, caring child, washing big things especially, when the child is small, women's time is not sufficient for all these domestic works. One interesting point is, the day before individual interview was made, almost half of the women's spouses were absent and even though, one out of every five women's spouse were at home, they said that they did not help in domestic work.

Some women consider that, discarding wastes, washing and cooking are unsuitable for men. Some described that, we should have equal rights and try to replace whoever is out of home and do domestic work. In present days, when women are more involved in job, men should change their idea of that "we are not supposed to do" and get involved in domestic work. Although, they think as above, they talked frankly and said that it is different in reality and, aimag and local peculiarities could be observed.

In our aimag, women are supposed to do all domestic work. There is a traditional concept that, domestic work are women's work, which men are not supposed to do" (Women above 30 year old, mothers of children under 3, Sukhbaatar aimag, Dariganga soum).

Classification of responses of mothers involved in the survey:

<i>Domestic work suitable for men and their role</i>		<i>Domestic work suitable for women and their role</i>	
MOBority	Minority	Majority	Minority
<ul style="list-style-type: none"> • Outdoor work • Prepare wood, cow's dung, saw & chop wood, peel off hardened dung and urine of sheep & goats • Prepare winter food • Drive livestock • Do hard work • Do carpeting and crafting 	<ul style="list-style-type: none"> • Take care of child/ren and do other undone work • Feed his family • Fetch water • Do all domestic work together • Carry heavy things • Do all work other than cooking, washing and wiping 	<ul style="list-style-type: none"> • Domestic work • Kitchen work • Educate child/ren • Prepare dough • Stitch, wash things • Discard sewage, wastes and ashes 	<ul style="list-style-type: none"> • Fetch water • Do all work during husband's absence

Note: All the women involved in the survey agreed that men should not discard wastes, ashes and sewage. If we clarify the reason, the response were:

- Unsuitable
- The family will be unlucky if the ashes are removed by men
- Looks bad
- Old people will scold.

If considered by aimag and city:

Arkhangai	Dundgobi	Zavkhan	Sukhbaatar	Ulaanbaatar
Majority consider that men alike women should do all the work together with equal right	Majority consider that men should help their wives as possible	Majority consider that men should participate in domestic work at a certain extent	Majority consider that men should be responsible of outdoor work only	Majority consider that men alike women should do all the work together with equal right

Men's support is required during pregnancy: "Majority said that, men do all the work together with equal right. There are plenty of work which rural men should do and are responsible of. They should do these work and at other times work together", "But, It's not suitable for men to discard ashes or milk cows... ..Especially when we are pregnant, we cannot do hard work. So they should help us. Otherwise, at other times we can manage" (Women above 30 years old, mothers of children under 3, Arkhangai aimag, Ugii-nuur soum).

We need help when we are sick: When we are sick, they should be able to cook, dress their children and send them to kindergarten. It's not nice to have our husband wash the floor when we are there. Otherwise, other work can be done by them" (Women under 30 years old, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

Those who earn little money should do domestic work: It is appropriate for those to continue their work who earn more money, and those who earn little do domestic work". Men do hard work, fetch water, drive livestock and if necessary, after delivery they cook,

and wash. "Men do not sweep or discard ashes" (Women under 30 years old, Dundgobi aimag, Gurvansaikhan soum).

Old people will blame if we let men do work: ". . . In Dariganga men don't do such work, because it is a tradition . . . If our husband will work on behalf of us, we will be scolded for making them work. Similarly, majority of us do not ask men to discard wastes and sewage. It is not suitable for men, . . . If we ask men to discard ashes, the family will be unlucky . . . Old people will scold" (Women below 30 years old, mothers of children under 3, Sukhbaatar aimag, Baruun-urth soum).

"We have a tradition: ". . . Our men will hardly do kitchen work. Our local country men's behavior is inherited from long time. Men are never treated as a slave. Therefore, they are never asked to do women's job. He will be unlucky. That is the custom, that is why . . ." (Women below 30 years old, mothers of children under 3, Sukhbaatar aimag, Dariganga soum).

Conflicts related to domestic work distribution

". . . When the child is small, it is nice when he helps in every work. I try to do the same as my husband does. When I wash the head, he would contend and say that you should wash the rest of the body too. I'm employed therefore, you should do work. This is the reason of confliction" (Women above 30 year old, mothers of children between 4-6 years old, Sukhbaatar aimag, Asgath soum).

3.12. Women's view and attitude towards boy's and girl's education (method: ID)

Child education is very important

Mothers were describing their idea from the point of view that boys and girls will become mature, get married and will head a family. For instance, as girls cannot do hard work, if they acquire a knowledge, they will have opportunities to do a suitable work and take care of themselves and their family. But, boys can do any work. If they are well educated, they will be capable of taking care of themselves and their family.

"Male as well as female should have high education. The most important is, they should be sensible and be capable of taking care of their family. During livestock privatization, children were not sent to school, which is wrong. Those livestock will be lost during blizzard" (Women below 30 years old, mothers of children under 3, Dundgobi aimag, Gurvansaikhan soum).

"Boys should not be neglected without sending them to school. They will be taking care of their family in the future. If they are unknowledgeable, they won't know anything rather than smoking, drinking alcohol or raging. They will be capable of taking care of the family if they are knowledgeable" (Women below 30 years old, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

Most of the women were credible that, they should send their daughter to school, educate and specialize them. From the below mentioned point of view, they would make decisions such as, "a specialized woman will be able to take care of herself", "women are under men's control", "I don't want my daughter to be a dependent", "I don't want her to be inferior to someone", "it is difficult for women", they should be educated, specialized and do a job.

If a girl is educated, she won't have any problem wherever she goes. I will try not to make her a dependent person like myself. I don't mind about sons. If not then they can become a herdsmen. It doesn't matter where they would be with their livestock" (Women below 30 years old, mothers of children under 3, Dundgobi aimag, Gurvansaikhan soum).

"... A woman should be capable of taking care of herself..., ...A man can do any kind of work. But a woman can't" (Women below 30 years old, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

Most of the women responded that they wanted their son to become an athlete, a wrestler, a driver, a military officer, a horse-herder, send them to military service, allow them to do what they wanted or what they were interested of.

Education is important for boys

"When boys grow up, they will be taking care of their family. Therefore, they should be highly educated. They should also be wise. If they have 8 years or a secondary school or a college or a university education their communication, culture and everything is typically different. Therefore, a college or a university graduate is very different" (A 24 year old mother of a 4 months old child, Zavkhan aimag, Ulyasthai soum).

"...livestock has no guarantee. A child should be educated. I feel sorry for school drop-outs. Because they don't know how to communicate and how to talk with people" (women above 30 years old, Dundgobi aimag, luus soum).

"...Men take care of their family. I think that men should have higher education than their wife. It is opposite in our country. About 70-80 percent of college and university students are female. If a woman has higher education and her husband is unemployed, their ideas will conflict. ...They will be heading a household, so it'll be difficult if they don't know things. He will be a family caretaker" (women below 30 years old, mothers of children under 3, Sukhbaatar aimag, Dariganga soum).

Although education is important, life skills are more important

"It won't be nice, no matter how educated a person is, if he is an alcoholism or is unkind and does not care or is not capable of leading a household. To have him life skills, he should be properly educated" (a 30 year old mother of a 2-4 year old child, Zavkahn aimag, Ulyasthai soum).

"...Education is a measurement to choose a husband. People say that I want to marry a person with high education. He should be of same rank and able to understand us. If he is lower rank, than ideas will conflict..., ...he should be capable of taking his family. He need

not have university education, he can have college education" (women below 30 years old, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

3.14. Where do women obtain information from?

(method: FGD, ID)

Women are able to obtain their preferred information mostly from TV and newspapers. About half of the women are able to obtain from radio. Especially, rural women stated radio as their main channel for obtaining information.

This is indicating that, information and communication regarding nutrition during pregnancy and lactation, care and support to be provided to them by the members of their family and the community, care for children of young age can be provided through using media channels such as the radio and TV.

3.15. Summary

In the survey, most of the women determined that the ideal age for marriage and first childbirth is 20-25 years.

While determining the ideal number of children in a family, women in the very first place not only accounted the probability of child death they also based on their view that, their children will not only have partners but, it will be useful for them to help each other.

In a sense that husbands are heads of households, they mostly initiate the idea of having a child but, the final decision is made jointly by husbands and wives.

Women of Mongolia are provided special care and support from their family, the community and the government during pregnancy and lactation.

The members of the family are supporting them by providing supplementary food, love and care, mental support and helping them by decreasing their workload, in seeking and obtaining health care. Even though, the women are aware of the importance of supplementary food during pregnancy, they cannot utilize their knowledge into practice, which is very much dependent on the family's socio-economic status. However, apart from a tradition of using supplementary food during lactation, there is also a tradition of taking fresh sheep soup to regain strength. Mongolian women first serve their husband or the head of the household and mostly serve themselves last, which is also an indication of a tradition, respect for their husband and love and care for their husband.

The government is neglecting the issue of providing pregnant women with intended food and nutrition, which is considered critically by women. In general, women's knowledge about nutritious food is correct. But accounting food rich in fat as a "nourishing", "nutritious" food may be related with a tradition of using these food in accordance with harsh climate.

Mongolian women are highly evaluating the importance of antenatal care. However, in some cases, rural women due to their living condition are not fully covered in antenatal care and they quite miss advice and consultation of the health workers.

Irrespective of family socio-economic indicators, the Mongolian women have a tradition of being released from every work for a period of one month after delivery and be under their family and husband's care to regain their strength. This is a nice tradition to have a positive impact on the health of the mother and child.

The Mongolian women, irrespective of employment, education and family location, are spending more time in domestic work. This may have a negative influence on child care. But, the principle is slightly being deviated by women living in city and town and women with high education and, an attitude that it is right for men to get involved in domestic work could be observed.

Women did not deny the existence of mental and physical abuse at some extent in households. Although, most of the women are completely reproofing physical violence, they are paying more attention in protecting the future of their children and the solidity of their family. They therefore, first try to look for their own mistakes and give priority in compromising.

Widespread alcoholism in families and the society, unemployment and unfavorable economic conditions are upsetting the women most. Likewise, bearing all the household burden on their shoulder, unsatisfactory care and support provided to them from their family and argument in the family are the main reasons of upsetting the women.

Although, Mongolian women have little power to independently decide major financial issues, most of them hold their household finance. It is advantageous by providing them opportunities to properly use their resource for the well-being of their children. It could be considered that health decisions mostly made by women for their family members is one of the most important factor which is providing the majority of the children with access for timely health care and services.

Most of the Mongolian women have little self-confidence, are very careful and tend not to rely on their strength.

This may likely be related to their economic potential, educational level and location. Employed and educated women are more bold and decisive. While financially dependent women and those women whose husband have higher education are more likely to have less self confident.

Women have different gender views regarding child education. They consider that girls should be educated.

Utilizing the main media channels which are used by women to obtain information, there is a lot of possibility to broadcast information concerning care for children of young age through radio and TV.

CHAPTER FOUR: BREASTFEEDING AND COMPLEMENTARY FEEDING PRACTICES

4.1. Exclusive breastfeeding practice

(method: ID, OB)

Mothers are considering appropriate period for exclusive breastfeeding to be approximately up to 5.6 months and duration for breastfeeding up to 29.3 months. But more than a quarter of them are mentioning the age for exclusive breastfeeding too early or too late (up to 3 months or more than 7 months). Particularly, more than one third of the herdswomen are saying the age for exclusive breastfeeding too early or too late and these women are relatively more than those who are under different economic active category.

Similarly, most of the women consider that it is appropriate to breastfeed children up to the age of 2 years or more. More than one third of the total women think that it is appropriate to breastfeed children up to 2 years old, the other one third think up to 3 years old. It is interesting that this attitude and view are more common among employed and herdswomen. The reason is that most of them understand the advantage and importance of breast milk and think that breast milk will help their children grow healthy, it is nutritious and is good for them.

Women's exclusive breastfeeding practice and their view in general, are corresponding. On average, they have exclusively breastfed their children for 5.1 months. But it should be emphasized that there were few women with the view that, children who have been breastfed for a long period dislike to take food or after breastfeeding they must be given tea, rice juice or any other fluid.

"Exclusively breastfed children dislike to take food. Actually, children should be breastfed until they are 5 months old" (An employed 27 year old mother of a 3 year old child, Arkhangai aimag, Erdenebulgan soum).

"Children should be exclusively breastfed at least until they are 6 months old. When more calorie will be spend, breast milk won't satisfy them" (An employed 28 year old mother of a 4 months old baby, Arkhangai aimag, Erdenebulgan soum).

"I exclusively breastfed until the child was 3.5 months old. The child was not satisfied with breast milk and kept crying. I asked the doctor and she consulted me to give gruel, porridge and yogurt" (An unemployed 19 year old mother of a 4 months old baby, Ulaanbaatar, Chingeltei district).

"I exclusively breastfed until the child was 8 months old. My breast milk is plenty. So, I wean late" (An employed 32 year old mother of a 3 year old child, Zavkhan aimag, Ider soum).

"I exclusively breastfed until 5 months. The breast milk subsided and the child started struggling for food ..." (An employed 27 year old mother of a 2 year 6 months old child, Dundgobi aimag, luus soum).

Observation

"When the child preferred to take "breast", the mother took her baby on her lap, gave her breast and put her to sleep" (An unemployed 24 year old mother of a 7 months old daughter, Dundgobi aimag, Mandalgobi soum).

4.2. Introduction of complementary feeding

(method: ID)

Mothers who were involved in in-depth interview had introduced their children at the age of 5.1 months. Although, most of the mothers weaned their children at the age of 4-6 months, one out of every three mothers weaned their children too early (3 months) or too late (after 7 months). Too early or late weaning were observed quite common among employed and herdswomen.

One third of them described the reason for weaning that their children were not satisfied with breast milk, one fourth said because their children were glaring at their cup, and the remaining said that they initiated because, they thought it was time for weaning, because their doctor advised or because they resumed work.

" I weaned at 3.5 months. The child was not satisfied, kept crying and I felt like the child was asking for food. The child constantly used to suck his finger. Doctor advised me to wean him" (An unemployed 19 year old mother of a 4 months old baby, Ulaanbaatar, Chingeltei district).

"I weaned when the child was 3 months old. I was a student, so I resumed" (An unemployed 23 year old mother of a 4 months old child. Ulaanbaatar, Bayan-zurkh district).

"The child gradually started eating at 6 months old. The child keeps looking at our food and cup" (An employed 37 year old mother of a 5 year old child, Sukhbaatar aimag, Asgath soum).

"My breast milk was sufficient. So I weaned when the child was 8 months old" (An unemployed 29 year old mother of a 2 months old child, Zavkhan aimag, Ulyasthai soum).

Children are mostly weaned by semolina, gruel, yogurt and dairy products. Comparing with urban, it is more common to wean children with yogurt and dairy products. In Ulaanbaatar and aimag centers, the variety and type of food at weaning are many. But in aimag centers the children were mostly weaned by home made food, in soums by semolina, gruel and mix. Mothers employment does not have much influence on the type and variety of the first weaning food.

When mothers want to stop breastfeeding, they mainly apply various types of sour things on their nipple or they leave their children for many days with someone else. Mostly half of them used the method of applying medicine or sour things on their nipple

and one fifth deliberately left their children for many days with someone else to stop breastfeeding their children.

"Women apply medicine on their nipple or leave their children for 7-8 days. I stopped breastfeeding the child by leaving him for 7-8 days" (An employed 26 year old mother of a 3 year old child, Sukhbaatar aimag, Baruun-urth soum).

"...I stopped breastfeeding by applying medicine. Some women apply different things and tell their child that it is a cow's dung. They frighten by telling that it will spike their mouth. It helps grown up children quit breastfeeding" (An unemployed 37 year old mother of a 4 year old child, Arkhangai aimag, Erdenebulgan soum).

"I gradually stopped breastfeeding by adapting to food. It is better to stop breastfeeding in cold weather. They won't have stomach problem" (An employed 36 year old mother of a 1 month old baby, Dundgobi aimag, Luus soum).

4.3. Active child feeding

(method: ID, OB)

It was observed that mothers fed their children only when they were hungry. Most or more than half the women know they are hungry when they ask for food. One third know them when they cry or are angry. This does not much dependent on mothers education, employment and location.

Methods how mothers know their children are hungry:

Ask for food: *"He would say he's hungry. When the child was small, I used to think it's time and used to give things. (An employed 34 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).*

Cry: *"I understand the child is hungry by her looking, crying and struggling for food when someone is eating" (An unemployed 23 year old mother of a 7 month old baby girl, Ulaanbaatar, Chingeltei dsitrect).*

About half of the women involved in individual interview, feed their children by using methods such as boasting, deceiving, begging and coaxing them. One third of them do not make efforts to feed their children and about three times less women force or scold their children to feed them.

Methods used by mothers to feed their children:

Give by force: *" If he doesn't eat, I give by force. I put in his mouth by force. If he won't eat, I won't force him to eat" (An unemployed 19 year old mother of a 4 months old baby" (Ulaanbaatar, Chingeltei district).*

Compete: *"Anyhow I try to feed. If he's alone, he won't eat. But when he's with many other people, he would be excited and eat. I would make him eat by saying - I have eaten, let's*

race" (An unemployed 25 year old mother of a 3 year old child, Sukhbaatar aimag, Baruun-urth soum)

Coaxing: "I would coax and feed him on my laps. I leave him when he's cross and doesn't want to eat" (An employed 35 year mother of a 4 year old child, Zavkhan aimag, Ulyasthai soum).

Boasting: He would eat if I praise him and tell him that he will grow tall and fat" (An unemployed 26 year mother of a 4 year old child, Ulaanbaatar, Chingeltei district).

Find the reason: "If he has eaten in the afternoon, I won't force him to eat in the evening. If he will eat a lot in the evening, he'll vomit. It's not good for stomach. Actually I don't force...Some people keep on pushing into their mouth. We needn't force them. We have to find the reason why they don't want to eat food" (An unemployed 43 year old mother of a 4 year old child, Arkhangai aimag, Erdenebulgan soum).

Force, add flavour: "I press him and feed him. I add sweet and flavour. I usually add sugar" (An employed 23 year old mother of a 8 months old baby, Arkhangai aimag, Bulgan aimag).

Leave her to her own devices: "She's good in food. I don't try or frighten her to eat. I just leave her to her own devices... She was same when she was small. She won't eat if she doesn't want to. I'll give her the amount she wants to eat" (An employed 29 year old mother of a 4 year old baby girl, Ulaanbaatar, Chingeltei district).

I tirelessly try: "I tirelessly try to feed him little by little. I also try not to give the same type of food for a long time" (A employed 36 year old mother of a 1 month old baby, Dundgobi aimag, Luus soum).

Most of the children involved in the survey could eat independently. More than half the children between 7-12 months old and about 90 percent of the children above 1 year old could eat themselves. More than fifty percent of these had their own cups but, there were few children with their own table and chair. The remaining children did not have either of them.

Observation

"The child put his cup of food beneath the oven, sat on the floor and started eating with his hands and spoon, spilling out of the cup" (An employed 29 year old mother of a 4 year old girl, Ulaanbaatar, Chingeltei district).

4.4. Summary

Mongolian mothers have understanding about exclusive and duration for continuous breastfeeding corresponding the WHO recommendation. For instance, it is gratifying that they responded duration for exclusive breastfeeding until 5.6 months and duration for continuous breastfeeding till 29.3 months. Most of the women knew well about the advantage and importance of breastfeeding and most of them considered that it is appropriate to continue breastfeeding the child until he/she is 2 years old. It must be

emphasized that the above view is corresponding the practice. But it should be also noted that there are some misunderstanding about giving tea, rice juice or any other fluid after breastfeeding. Moreover, a view among the women that a child who has been breastfed for a long period is sluggish in weaning. This may be one of the reason for mothers to wean their child early. Therefore, the above mentioned negative views and misunderstandings and practices need to be studied in-depth.

Mongolian mothers are well aware of the first signs to wean their children and are weaning them timely (4-6 months). But there are a few varieties of food and the choice is not appropriate, the case of too early or too late weaning is quite common, which are influencing negatively on child health and nutrition. These are all related with the local area's socio-economic conditions and the level of the nutrition education of the population.

It is important to consider the methods used by mothers to stop breastfeeding their children. Because, these methods are abrupt methods and are used in a very short period to stop breastfeed their children, which may have negative impact on the children's nutrition and health condition and, their adaptation at some extent. Therefore, the issue needs to be precisely studied.

At family level, initiatives and conditions for active child feeding is lacking. This may be one of the factor in developing malnutrition. Women feed their children only when they are hungry or when they ask for food. Some of the women do not make efforts to feed their children. They just leave them, which may likely be affecting negatively in their food consumption.

CHAPTER FIVE: PSYCHO-SOCIAL CARE

5.1. Mother's attitude towards child developmental stages

(method: FGD, ID, OB)

Child development very much depend on parent's and care taker's desire and expectations. Parents impatiently wait for their child to walk, begin to speak, say his/her first word. A child develops more quickly whose parents desire their child to grow and develop rapidly (CI, 1997).

Stage for sitting without support: A Mongolia researcher (G. Orosoo, 1997) determined that at 7-8 months age a child is able to sit without support. Most of the women involved in the survey determined the age of a child to sit without support at 6.5 months. But few women said 3 months, which is the minimum limit and some said 12 months, which is the maximum limit.

"At 5 months the child can sit by its side and at 7 months without support. It depends on the child development" (A woman below 30 years old, mother of 4-6 year old children, Dundgobi aimag, Luus soum).

Observation

"A child holding a pacifier in his hand was sitting on a thin mat spread in an empty apple box in the kitchen. A rope was tied in a hole made in the box, which may be used to drag the box and entertain the child. A 7-8 year old girl was entertaining the child and kissing him again and again" (An unemployed 18 year old mother of 7 months old child, Ulaanbaatar, Bayan-zurkh district).

Stage for eating without support: Child at the age of 8 months learn to hold and eat bread, a cookie and an apple. But at 9 months, learn to hold a cup a drink from the cup. At 12 months old, learns to drink from a cup without support (G. Orosoo, 1997). Age for children to be able to eat independently, is considered by the women to be on average 14.7 months. The age for children to eat their food without support is determined differently by women living in different areas. For instance, whilst women from soum and Ulaanbaatar responded that, on average children are able to eat without support at the age of 14.6-16.3 months, women from aimag centers said 6.5 months.

"It depends on children, At 9 months, the child was able to eat without spilling. He used to hold his cup and eat without support. It might be his talent" (An unemployed mother of a 4-6 year old child, Arkhangai aimag, Erdenebulgan soum).

"Learnt eating at the age of 2 years. Before he couldn't eat himself. He would spill more than he ate" (An employed mother of a child under 3 years old, Arkhangai aimag, Bulgan soum).

"When the child is 11-12 months old, he would learn to hold his cup and eat without support. When I used to give a cup of food, he would scratch and eat by himself" (An employed mother of under 6 year old child, Ulaabaatar, Bayan-zurkh district).

Stage to walk: Women determined that children usually start walking when they are 12.9 months old. And the earliest is at 6 months and the latest at 25 months. Although, the age for children to start walking is identified differently by the mothers, the average age is almost same in the rural and urban.

Ways to help and support children to walk: Almost half of the women involved in individual interview responded that they support their children by hand when they start walking. About a quarter of the women said, they make the child lean against something or they use a combination of methods and a few use balancing method. Very few women use intended pram. One of the concerning issue is that, 13 percent of the mothers responded that they do not support or know any method to help their child walk. Methods used by mothers to support their children to walk is different among women of different age and employment. For instance, employed women use the method of supporting from hand more common, which is not commonly used by elderly and/or unemployed women. Elderly and employed women support their children more when they start walking. This may be related to help their child walk early and ease their work. Most of the women who did not list or said they do not know any method were young employed and/or elderly unemployed women. This may be related with their idea that, children should be left by themselves and need not provide special support or attention.

I think they start walking when they are 1 year old. I did not support my child. Our 2 children gradually started walking by themselves. I don't think we need to support them" (A mother above 30 years old, with children under 6, Ulaanbaatar, Bayan-zurkh dsitric).

Who helps the most when a child is starting to walk? It is quite common that a grandmother or a grandfather, a brother or a sister or anyone whoever is close helps a child to walk. Care taker's involvement who are replacing elderly employed and young women are more in helping child to walk. Although, mothers mainly support their children walk, employed and elderly women cannot pay particular attention. Women determined that father's involvement and support are relatively limited. Especially, unemployed mothers stated that the fathers are little involved to help child walk. Similarly, the percentage of young mothers who responded that they do not support or know how to help their child walk is quite high.

"Children start walking when they are 13 –15 months old. Some when they are 2 years old. I used to tie my children. Children who are tied, they balance and learn walking. I used to tie them from the ger's rafter, wall or bed" (An employed woman below 30, mother of a child under 3, Dundgobi aimag, Gurvansaikhan soum).

Stage to speak: A child under one is unable to speak a word but, is able to understand what people say. Children start understanding a word or two when they are 6 months old. At 6-7 months they babble and, at 12 months they learn speaking 6-10 easy words (G. Orosoo, 1997).

The average age for children to speak was determined by mothers as 16.6 months. They determined their age by their ability to speak freely some easy sentences.

How are children supported when they start speaking? Most of the women were involved in individual interview said they use the method of repeating a word. Few said they teach them words and talk with their children. About one fifth said they learn by themselves. Unemployed mothers more often use the method of repeating words. It could be considered that mothers employment does influence in time spent to develop their language, which can be identified by a higher rate of mothers considering that children learn by themselves. Attitude to speak with their children is relatively high among elderly employed women.

"Our child spoke very late, when he was 2 years old. I did not teach any word. I first thought he might be deaf and dumb (An unemployed mother of a 4-6 year old child, Arkhangai aimag, Erdenebulgan soum).

"At one year old, he learn to say a word. Child development very much depends on environment. If you keep talking with your child they will learn soon. Elder brothers and sisters help a lot. A wrong word should be corrected. You should keep repeating because, they won't understand by just saying once. Everyone helps him" (An employed, above 30 year old mother of children under 6, Ulaanbaatar, Chingeltei district).

At what age can children do simple things? When the child is 2 months old, he develops physiological basis for practices. From the time when a child is weaned (5-6 months), he/she is fed with spoon and learns to hold and eat with a spoon (Ch. Urjnee, 19...). This certifies that any reflex does not spontaneously develops, but, it only develops with the help of education or care. When children are 9 months old, they learn the practice of being clean, start understanding and fulfilling people's simple words and requests. They learn to sit on pots and give signs for toilet needs. They develop capacity not to dislike bathing or washing their hands and face. But those women who were involved in individual interview had different understanding and definitions. They considered these issues as simple issues and it depended much on what issues were considered as simple by them.

Women who were involved in individual interview determined that children are able to do simple things when they are 2.7 years old. The earliest age is 6 months and the latest 6 years old. Most of the women said that children are able to do simple things after 2 years of age and few said between 1-2 years of age. Under the concept simple things, mothers understood bringing near-by things (cup, spoon, stool, toys), putting them in order, feeding, dressing, folding their clothes and bringing wood from outside. It is praiseworthy because mothers and care-takers personally teach and encourage them to do so.

"When the child was 1 year 4 months old, he knew our shoes and slippers well. He used to bring his socks, underwear, shoes and wore them wrong. When he was asked to bring his clothes, he would search and bring them. We used to encourage him and say – good" (An employed woman above 30 year old, mother of a child under 6, Ulaanbaatar, Bayan-zurkh district).

"When the child was 1 year 6 months old, he tried to put dung in the oven. At the age of 3 years, he used to bring wood, fetch water in small pot. We used to tell him to do things

correctly. When the parents are at home, we teach the child. We explain him" (An employed woman below 30 years old, mother of 4-6 year old child, Arkhangai, Erdenebulgan soum).

"Since the age of 5-6 months, the child used to wave with his toy, when we gave him things he would put in his mouth, walk when supported, look at the direction we pointed and copy people" (An unemployed woman below 30 years, mother of under 3 year old child, Dundgobi aimag, Mandalgobi soum).

"When the child was 7 years old he did various things. He used to roll out dough when I rolled. I used to encourage him by saying-excellent. He understands encouraging words" (An employed woman below 30 years old, mother of a child under 3 years old, Dundgobi aimag, Mandalgobi soum).

A newborn's ability: As soon as a child is born, he starts learning (ECC/SGD manual, 1999). A newborn's sense organs are well developed, but motion is weak. When a child is 1 year old, he is able to accomplish all the movements human do (G. Orosoo, 1997). About two fifth of the women who were interviewed individually agreed that newborns are born with the ability to learn, one third said no, and one fifth said they don't know. From here we can see that most of the women do not have knowledge about the issue. Depending on the level of the women's education, the above view is quite different. The view that newborns are able to learn soon after they are born is tending to increase as the level of mothers' education is increasing.

"They can't. How can they learn. When their eyes are not even open and can't find the breast" (An employed woman below 30 years old, mother of 4-6 year old child, Ulaanbaatar, Bayan-zurkh district).

"They can't. Their brain is not developed because they are just born"(An employed woman below 30 years old, mother of a child below 3 years old, Zavkhan aimag, Ulyasthai soum).

"Are able to learn. When a child is in the womb, he is able to know his mother and father's voice. They breathe, cry. After suckling for 2-3 days, they become bright. Soon after they are born they start adapting to everything" (An employed woman below 30 years old, mother of 4-6 year old child, Arkhangai aimag, Bulgan soum).

" I don't know well. 2 months after birth, a child becomes familiar with his mother's voice. They have good listening ability and they know by looking. I don't know more" (An unemployed woman below 30 years old, mother of 4-6 year old child, Ulaanbaatar, Chingeltei district).

Stage for a child to become helpful: The age for a child to hold responsibility in his house is determined by women as "stage for a child to become helpful". Some of the women consider that the stage begins when a child starts walking and is able to feed himself. Others said that it starts from the time when a child goes to school, he becomes independent and becomes helpful.

"Children start understanding when they are 2-3 years old. They shouldn't be considered small. They understand when we tell them to bring something..."(Women below 30 years old, mothers with children under 3, Arkhangai aimag, Erdenebulgan soum).

“They start helping in cleaning the house, fetching water etc. But they start looking after their house after they join school. Children hold responsibility after they join school” (Women below 30 years old, mothers of children under 3, Sukhbaatar aimag, Baruun-urth soum).

Most of the women explained that gender, number of children in a family have direct impact in being independent, helping in domestic work, taking care of their house and younger brother/sister, and helping in animal husbandry.

“Girls start helping relatively earlier than boys do. A child who has a younger brother/sister starts cleaning the house and washing dishes when he/she is 4 years old. But those who have only one child, do not make their child work” (Women above 30 years old, mothers of 4-6 year old children, Zavkahn aimag, Ider soum).

“A child who has a younger brother/sister are likely to be more intelligent” (Women above 30 years old, mother of children under 6, Sukhbaatar aimag, Asgath soum).

“A child who has younger brother/sister tend to manage himself. Because less attention is paid towards them” (Women below 30 years old, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

Environment where children are developing helps them to learn helping. Depending on the environment, rural children in families with livestock learn to help earlier. When they are 4-5 years old, they start helping in collecting livestock and fetching water and collecting wood. Involving children in household work at early age has both positive and negative impact on their growth and development. For instance, some women were explaining that due to hard work children become small. But the others were against the idea and said they instead are well built (Women above 30 years old, mothers of children under 6, Zavkhan aimag, Ider soum).

“ I still put him to work. When I tell him to bring the cart, he brings. He’s now 4 years old. He in order to eat milk cream, will not let mother cows meet their calves. Even when he’s playing near the river, he keeps an eye on the calves. I give him money and tell him to keep money for water and use the rest to buy chewing gum, he would do so” (Women above 30 years old, mothers of children under 6, Sukhbaatar aimag, Asgath soum).

Young children hold the following roles and responsibilities in a family:

Indoor role and responsibilities	Outdoor role and responsibilities
<ul style="list-style-type: none"> • Bring near by things as requested by elders and care takers • Arrange shoes in orders and fold his clothes • Take care of his/her younger brother/sister • Arrange stools in order • Collect and wash cups and plates • Sweep the house • Wash small things and child nappy 	<ul style="list-style-type: none"> • Tend, drive livestock • Fetch water and snow • Bring in wood and cow’s dung • Pluck grass • Guard and look after things put outside

Most of the women consider that children get acquainted with the environment and learn a lot of things when start getting involved in domestic work.

Women who were involved in individual interview are considering that children hold responsibility in front of their family by the age of 5.3 years and the earliest is 1 year old and the latest at 112.5 years old. If we break the above responses in accordance with the women's level of education, less educated women said that children hold special responsibility at the age of 10 and, higher educated women said at the age of 4.9-5.4 years.

"At the age of 3 they arrange shoes in order. They put stools in order, fold their clothes, collect cups and plates, pluck grass" (An employed mother of a child under 3, Dundgobi aimag, Mandalgobi soum).

"At the age of 4-5 elder brother/sister takes care of his/her younger brother/sister, brings his brother/sister to his neighbor's house, drives 40 liter can on a cart to fetch water. Dresses, goes to and comes back from kindergarten by himself" (An employed mother of a child under 3, Arkhangai aimag, Erdenebulgan soum).

"At the age of 6 they hold responsibility. They wash child nappy, sweep, drive livestock, tend lambs and kids. They help beautifully" (An unemployed mother of a child under 3, Dundgobi aimag, Mandalgobi soum).

"At the age of 7-8, girls sweep their house, wash cups and plates. Boys fetch water, bring in wood, if possible saw wood. We try to teach our children when they are young. If they can't do, we support them to do" (An employed mother of 4-6 year old children, Arkhangai aimag, Ugii-nuur soum).

5.2. Child spoken language development

(Method: FGD, ID, OB)

From a survey we can see that from early times, Mongolians have been paying particular attention in developing their children's language. Mothers consider that the best method to develop children's language is to talk with them and ask them to follow and say words and keep them with their peers are influencing factors.

- *Talk well with children:* Most of the mothers are considering that the best method to develop children's language is to talk with them.

"Ask them to talk, or when I talk with my husband I involve him in the talk and ask him to follow and say I said and, ask his father or say simple sentence will help them learn fast" (Women below 30 years, mother of a child under 3, Sukhbaatar aimag, Baruun-urth soum).

The main method used by most of the mothers are to constantly talk closely with their children using simple words.

Observation

"The mother was communicating with her child as if she was talking to an adult" (An employed 34 year old mother of 10 months old child, Dundgobi aimag, Mandalgobi soum).

- Ask them to follow and say words: They use simple words like mother, father, sheep, cattle etc.
- Ask them to say sharp words clearly: It is a common tradition to ask children who are just learning to speak, say sharp words. For instance: "biluu (whetstone), Choloo (stone), hud (rock), alkh (hammer), sukh (axe). These words not only help them to speak but are a type of an indicator to test whether they are adapting to language (Dundgobi aimag, Gurvansaikhan soum, Arkhangai aimag, Erdenebulgan soum, Sukhbaatar aimag, Asgath soum).

"It is good to ask children who are just starting to speak, say sharp words, ... axe, hammer etc words will help them learn speak soon" (women below 30 years, mothers of children under 3, Zavkhan aimag, Thosontsengel soum).

- Teach them fast saying, proverbs and ask them to learn by heart: It has been mentioned by women during discussion from Sukhbaatar, Arkhangai and Dundgobi aimags that, they had been asking their children to say people's traditional proverbs, the world three and fast saying. But, they were saying with emphasis that "when we were small" it could be concluded that these methods are not often used these days by young mothers.
- Keep them with peers: Most of the mothers determined that keeping them with peer children (in kindergarten) helps children develop language well.

"...It is better for a child to be among children. A child learns quickly in a family where there are children" (Women below 30, mothers of children under 3, Sukhbaatar aimag, Baruun-urth soum).

- Improve their language: Mothers from Zavkhan aimag, Thosontsengel soum said that in children's mouth who could not speak well, they used to put something which could not be swallowed easily such as a dried cheese or a stone and, asked them to say words which included a hard alphabet (R). (Women above 30 years, mothers of children under 3). Although, the method is a positive practice to improve their children's language, it also is a negative method carrying risk for choking.
- Use books, magazines and information tools with drawings: Mothers mentioned that in some towns and settlements, book and magazines with drawings and TVs play important role in developing child language.

"In kindergartens I think they ask riddles and tell stories. At home we speak with them using books with drawings. If we don't find books with drawings, we order "Simba" children's

newspaper" (Women above 30, mothers of children under 6, Sukhbaatar, Baruun-urth soum).

"TVs are only goods which are influencing children's language development and education" (Women above 30, mothers of 4-6 year old children, Arkhangai aimag, Erdenebulgan soum).

Things which are prohibited in developing children's language

- Copy and say words wrongly what they say, talk in baby language.
- Not to allow children climb up a ger who are starting to learn speaking "Old people say that they will not be able to speak if they climb a ger" (Women below 30, mothers of children under 3, Zavkhan aimag, Thosontsengel soum).
- Frighten or avoid children curse.
- Not allow them put double hat.
- "Frighten them by saying – will put ember in their mouth, put them in a bag, leave them alone in the dark" (Women below 30, mothers of children under 3, Zavkhan aimag, Thosontsengel soum).

Observation

"The mother copied her child say "mother breast" in a loving tender manner and was laughing" (An employed 23 year old mother of a 2 year old child, Sukhbaatar aimag, Dariganga soum).

Children's difficult question: In relation with increasing access and environment for children to obtain a wide range of knowledge and information, parents, especially parents with young children often face difficulties to give proper answers to "questions" asked by their children depending on the age and features of their development. Parent's knowledge and education are important in providing correct answers and description to questions asked. It is important to notice that the topic of each questions asked by children of different age are different. In other words they are basically questions to test the respondents knowledge.

Most of the women responded that questions asked related to reproductive health and sexuality are difficult to be answered directly. For instance, questions and queries asked about human and animal sexual relation, features of organs' development and looking for similar, comparing things are accounted as the most difficult questions and the parents and care takers are often afraid, worried and unprepared to answer such questions.

Change the subject:

Question: "My child is 4 years old. He was out in the remote area and came back. One day he told his father to turn around and he was trying to leap on his back. According to animals, does it mean that you are a stallion and mother a mare?"

Answer: The question was basically not answered by changing the subject. Of course we won't answer true" (A 30 year old mother with children between 8 months – 8 years, Zavkhan aimag, Ulyasthai soum).

Avoid:

Question: "After watching a sexual intercourse on TV, mother, why are they making such noise?"

Answer: "I was uneasy and went into the kitchen" (Mothers above 30 years old with children under 3, Zavkhan aimag, Thosontsengel soum).

Tell lie:

Question: "...After looking people kissing each other – what are these people doing?"

Answer: "I said – cannibals are eating each other" (Mothers above 30 years old with children under 6, Dundgobi aimag, Luus soum).

Not to answer:

Question: "Why do people become pregnant?"

Answer: "Could not answer" (Mothers above 30 years old with 4-6 year old children, Arkhangai aimag, Erdenebulgan soum).

Questions related to child birth and reproductive health could be considered easier questions but, mothers usually give wrong answers.

I often point my umbilicus and escape from difficult conditions and questions such as; Where does a child come out from? Where does a man come out from? After looking at a pregnant woman – has she put a ball in her stomach? Wrong answers such as Some mothers pointing a scar on their abdomen would say 'from here' are likely to give wrong, unpleasant understanding to children.

When someone close to a child dies, it is difficult for both the person who is asking a question and to the respondent who is giving a description. Therefore, elderly women are advising and saying that, it is appropriate to give simple, religion originated (has become a god) answer.

Women have not understood that it is not a good way to avoid difficult questions raised from children, change the subject of the question, pass the question to some other member of the family, or to directly escape the question. However, some of the women say that they would tell them when the time comes or they would use a book to answer their question.

"After watching on TV people kissing, they ask - What are they doing? I tell them not to watch the TV and chase them away" (An employed mother above 30 years old with children under 6, Zavkhan aimag, Thosontsengel soum).

"When they ask questions such as "Where was I born from? I said - from umbilicus. You will understand when you grow up. When you will be grade 7 or 8, you will have anatomy lessons or when you first have your menstruation, they will describe you" (An unemployed 28 year old mother of a 5 year old girl, Arkhangai aimag, Erdenebulgan soum).

"I don't always explain. Rural people don't have time to do so" (An employed mother below 30 years old with children under 3, Dundgobi aimag, Gurvansaikhan soum).

About half of the women involved in individual interview give wrong answer or change the subject of the question raised from children.

5.3. Child mental development

(method: FGD, ID)

If we break down the evaluation made by women involved in individual interview about child mental development by aimag, approximately 30 percent each of women from Sukhbaatar and Dundgobi aimags evaluated that their children have mental retardation if compared to their peer. The indicator is highest compared with other aimags. But women from Ulaanbaatar evaluated their children's mental development relatively higher than other aimags. Likewise, the percentage of women unable to evaluate their children's mental development is highest in Arkhangai and Sukhbaatar aimags.

About half the women who consider their children have mental retardation, know their children are hungry when they cry. But, most of the women who evaluated their children 'higher' said they understand their children are hungry when they cry and ask for food or when they are cross ($P=0.014$). Most of the women who evaluated their children's mental development similar to other children, used to take more food than usual during pregnancy. But a quarter of the women who evaluated their children have mental retardation, used to take less food than usual during pregnancy. If women who evaluated their children have higher or similar mental development as the other children, are compared by their food intake during pregnancy, are one time less than those women who took less food than usual during pregnancy.

"Is more vigorous and understands more than his peers. This may be because he communicates more with children" (An employed 34 year old mother of a 10 months old child, Dundgobi aimag, Mandalgobi soum).

"May be same. Children living in the center are different. They watch a lot. We rural people have nothing to watch. We have no TV because of no power. This may be because of the surrounding environment" (An unemployed 28 year old mother of a 4 year old child, Sukhbaatar aimag, Dariganga soum).

"Good. Physically and mentally he is developing healthy. He speaks well. He understands what people say" (An unemployed mother above 30 years old with 2 year old child, Zavkhan aimag, Ulyasthai soum).

"... seems bad. Did not attend kindergarten. Forgets soon when I teach him something" (An unemployed 36 year old mother of a 4 year old child, Dundgobi aimag, Gurvansaikhan soum).

To a question – how do you know child mental development is normal or abnormal, about one third of the women said by language development, one fifth- by comparing with peers, another one fifth-by their ability of understanding and about a quarter said they don't know. An understanding that child mental development can be determined by their language development and the ability to understand is dominating among women

with high education. In case the child has abnormal mental development, one third of the women said they would talk with their children and try to be as close as possible and pay more attention, one fifth said they would approach doctor, few said they would send their children to a special kindergarten and about a quarter said they don't know what actions to take.

"...If in aimag we have similar kindergarten as in Ulaanbaatar, then children would develop well. In winter, it is cold and there is no power. So I don't send my children to kindergarten. If they are only with their parents, they don't learn a lot. The teachers should be good. It's not good to have a child who has completed secondary school in the kindergarten" (An employed 30 year old mother of a 3 year old child, Sukhbaatar aimag, Asgath soum).

"...we can know by their action and condition. I don't know what we should do" (An unemployed 23 year old mother of a 4 year old child, Ulaanbaatar, Bayan-zurkh district).

"Will see and consult a doctor. I know by mental development, ability to understand and movement" (An employed 29 year old mother of 11 months old child, Arkhangai aimag, Ugui-nuur soum).

"...in order to develop child's mental, we have to communicate and work with them more closely" (An employed 27 year old mother of a 2 year old child).

Women's view on difference between mental development in boys and girls: Most of the women involved in individual interview had ideas that boy's and girl's mental development occur differently. But, about one fifth said they don't know. Women's education and employment did not have impact on their view. Most of the women who considered that gender has impact on child mental development, said that girl's mental development are better than boy's. Rural and urban women's view are quite different. Most of the urban women said that girl's development are more than boy's. But, rural (aimag and soum) women had more understanding that boy's development are more than girl's and if compared, the view is 2 times more than urban women.

"There is difference. Boys are more developed. This is more apparent when they are in grade 7-8. It is less apparent when they are small" (An employed 33 year old mother of a 2 year old child, Sukhbaatar aimag, Asgath soum).

"... girls develop faster. They understand better...they work more perceptive" (An employed 34 year old mother of a 4 year old child, Sukhbaatar aimag, Baruun-urth soum).

"There is not much difference. I think it depends on their feature. It doesn't depend on gender" (An unemployed 31 year old mother of a 2 months old child, Ulaanbaatar, Chingeltei district).

"...biologically they are different in growth. But, there is no difference in mental development" (An employed 32 year old mother of a 3 year old child, Ulaanbaatar, Bayan-zurkh district).

"...a baby girl starts walking and talking earlier than a baby boy. A girl when she is small grows and develops faster. But when she grows, boys grow faster" (An employed 28 year old mother of a 4 year old child, Ulaanbaatar, Chingeltei district).

5.4. Practices and behaviors of the Mongolians to prevent young children from negative influences

(method: FGD, ID, OB)

Women who were involved in the survey said that there are many practices regarding the above and they discussed in detail about the methods they have heard and are practicing. They were describing how and for what purpose they are practicing. Practices used for preventing children of young age from negative influences and their explanation made by the mothers are shown below as follows:

Practices used for protecting	Explanation made by mothers
Put a soot on the nose /make him a brown/black bald rabbit/, make him a sooted pot.	Originated from story and legend, it prevents small children from ghost and other bad deeds when taken out from home at night.
Form a shape of an object the child is frightened of by melting lead and candle and putting into a pot of water.	Able to know and protect the child from the object the child is frightened of.
Purify by salt, 7 pieces of coal, 7 pieces of juniper, water, milk and meat.	A folk magic to remove and get rid of the object the child is scared and frightened of.
Cut a figure of a fox by felt and tie it on the wrapping of a newborn or hang it from the rafter of the ger.	A folk magic to protect newborns from danger and accident.
Tie a bottle of water on the wrapping of a newborn or on the belt.	A method to prevent child intestine to be shaken when going on a long trip.
Tie a fish backbone on a child's belt	A folk magic for long life
Tie a bell on a child's clothe or shoe.	Method to control and know where the child is going.
Tie a lock on child's clothe or belt.	Couple's whose baby always die, tie the lock on their child's clothe.
Put a wrong flapped gown.	A folk magic used by couples whose baby always dies.
Hang or put a small horse-catching pole at the back of the bed or under the pillow of a baby boy.	Good for a baby boy who is frightened and cannot sleep at night.
Ask a lama to utter prayers for children such as "Banzragch", "Tsend-ayush", "Thavan-sahya".	A blessing for children, a religious prayer which protects children from all bad deeds.
Mix roasted barley flour with butter (extracted from cream by heating) and wrap in a dark blue cloth and put on a child's ear if he has earache.	A method to prevent earache due to air.
If a child has stomatitis (sore mouth), treat by uncle's horse's hot harness.	Do not know the reason.
Summon with breast	A folk magic to calm a child when he/she is frightened.
A mother who has been away from her child for a long time should first express her milk before breastfeeding.	A method to breastfeed a child
Hang the notch from the collar on the gown.	A sign to have good clothes
Put an amber around child's neck	A method to prevent sore throat/tonsillitis.
Tie a cowrie shell around child's neck.	A female cowrie-shell for a baby girl and a male cowrie-shell for a baby boy is tied around their neck

	to make them live long.
Put a wrong flapped gown on child made of many different pieces of small cloths.	Couples whose baby always die, make a wrong flapped gown. There is a legend that says that ghosts are unable to find the child who is always sick, if he is put gown made of many different color and pieces of cloth. Because the ghost thinks there are many children and goes away.
A family who has a newborn ties a piece of red cloth and a rope on their door to avoid strangers coming in and going out. The red cloth is cut in a shape of a triangle and tied on both side of the Mongolian ger pillar and on top of the door.	This is to avoid many people coming in. It's a mean of quarantine. Strangers are not supposed to stop by in families with such signs.
Before putting a child a new gown, at dusk it is hung on the door and then put on.	This may be related with a saying that, if a child is wearing many new clothes since his childhood, the number of clothes he is supposed to wear finishes.
In the evening when a mother is going out leaving her child alone, she puts a dipper near her child facing downwards saying she is with him.	A folk magic to avoid leaving a child alone.
Dried remains of the umbilicus is soaked in water and the soaked blood clot is put on lips.	Use to treat stomatitis (sore mouth).
A rope to tie a child is made of a camel stallion's twisted beard.	Protects a child from bad deeds.
Tie a lock to talisman. Tie a sea shell shaped bone to gown collar.	It is considered that it helps a child from dying and lengthens his age.
Make the child urinate soon after he is frightened.	An idea to calm him.
Rob twin children's clothes	An idea to prevent a child from falling ill or dying.
Put a hammer, a knife and an axe near the child.	A method to prevent a child to be scared in the evening/dusk.
Keep the child with hair who is at risk of falling ill/dying.	A folk magic used by families to prevent their child from falling ill/dying.
Move to another aimag with child who is at risk of dying.	A folk magic to prevent child from dying.
Hang in a pigeon's hole on the wall.	A folk magic to prevent child from dying.
Take a thing from an outsider without returning.	A folk magic to be careful not to dirty the child.
Not to keep child's clothes outside hanging.	Does not know the meaning.
Keep a guests gift for a day. The mother would first taste and then give to her children.	A folk magic to prevent dirty the child.
Make an offering of milk, dairy products and meat first to fire and then use.	A folk magic to prevent dirty the child.

Women who were involved in focus group discussion have been using the above practices and behaviors from generation to generation. But they were unable to give a clear response to why and how to use the practices. The vision and goal of these practices and behaviors were for the well being, caring and protecting their children and keeping them healthy. If we summarize and observe them, in some way these practices and behaviors may have been related to high infant and child mortality, which cannot be denied. And some practices which could be considered negatives practices, such as putting a hammer, an axe and a knife near a child when leaving him alone must not be left without mentioning.

5.5. Children's most intimate person (method: ID, FGD)

If we see from the result of the in-depth interview, although, most of the women are considering that children's most intimate ones are their mother (37.3%) or their father (32%), some of the women also determined their elder brother/sister (11.3%) and their grandparents (8.7%) as their intimate ones. From the report we can see that mother's employment has significant impact on the child's intimate person. For instance, the most intimate person to a child whose mother is employed is his father. But an unemployed mother is the most intimate person to her child. Half the percent of herdswomen responded that they or their husband are the most intimate person to their child. Therefore, a child who is often together with the person is his/her most intimate person.

When exploring care taker's role, mothers evaluated that one third are fathers, about 30 percent - grandparents, one quarter – brothers/sisters, and one tenth – relatives. If we compare it with mother's employment, the father or the grandparents in a herds family play major role. But in a family where the mother is employed, the father, brothers/sisters or grandparents play major role. Some of the women mentioned that their relatives also have high responsibilities.

Grandparents, siblings and neighbors help more in caring a child

In case when both the parents are employed and the child is not nursed in a kindergarten, grandparents, siblings or the neighbors help in caring the child.

"Someone who is ready to help and doesn't say no if we ask her if we could leave our child with her, we quickly leave the child behind and go" (A 33 year old mother of 5-13 year old children, Zavkhan aimag, Ulyasthai soum).

"Elder brother/sister look after. I suffered to bear you all. Now it's your turn to look after your brother. I tell them to care as if he was born from them" (Women below 30 years, mothers of children under 3, Sukhbaatar aimag, Baruun-urth soum).

Father's participation in child care is not satisfactory. Particularly, the rural herdswomen are overloaded with child care, livestock and domestic work.

"Husband is not employed. Yet he does not stay at home. Sometimes I take my 3 kids with me to work and sometimes I leave them at home. I want to stay home and look after my children if I get allowances" (Women below 30 years, mothers of children under 3, Sukhbaatar aimag, Baruun-urth soum).

"Our Dariganga men do not get involved in women's work. They don't take care of children, don't help in domestic work or in cooking. Therefore, we look after our child. When we are at work, there is no chance of leaving the child with his father. But we leave with the grandmother" (Women below 30 years, mothers of children under 3, Sukhbaatar aimag, Dariganga soum).

If we consider the participation of care takers by location, women evaluated that in Ulaanbaatar, father's participation is very low, but, the elder brother/sister's participation are more. Grandparent's participation have also been evaluated as high by Ulaanbaatar women. In aimag centers, father's participation has increased but, sibling's participation

has declined. In soums, father's, outsider's and neighbor's participation has relatively increased. From here we can see that, in rural areas father's and grandparent's participation, but in Ulaanbaatar siblings are more involved in child care. From all the above we can see that location and mother's employment have significant impact in child care.

5.6. Providing child with conditions to learn and explore

(method: ID, FGD, OB)

Environment to play: As determined by women involved in individual interview, about half of their children play at home, one third play outside and a few play in the yard. Children in rural area mostly play outside, but in city mostly at home. Most of the children play with their elder and younger brother/sister or neighboring children. Response saying that they play with their parents was relatively few. Few mothers said, their children don't have toys to play.

"The elder brother usually plays in the yard ... Recently he's playing with cats and dogs. I restrict him to play with dogs because dogs spread helminthes (a parasite) and various other diseases" (An employed 27 year old mother of 7 months and 5 year old children, Zavkhan aimag, Ulyasthai soum).

"Plays at home. We have a boiler, a latrine and the environment is not good. Therefore, I don't send them out" (An unemployed 26 year old mother of a one year and 8 months old children, Zavkhan aimag, Ulyasthai soum).

"He plays on the hide. It's easy to get on and off. He spends the day tied..." (An employed 23 year old mother of an 8 months old child, Arkhangai aimag, Bulgan soum).

"Plays nearby, in the yard. Outside it's not safe because, cars and horses go" (An unemployed 30 year old mother of 1 year 7 months old child, Arkhangai aimag, Bulgan soum).

Observation

"In the playing ground there were many broken pieces of glasses. Two of the children had glass pricks in their feet, had dressed and were limping. The father said, they never put shoes on. I think it's economical" (A 35 year old mother of 1 year 7 months old child, Sukhbaatar aimag, Dariganga soum).

"Children are playing close to a tied dog. Beside a half sawn wood, there is saw lying across a wood" (An unemployed mother of a 4 year old child, Arkhangai aimag, Erdenebulgan soum).

"There is no playground outside the house. There is a car road. In front of the house there are lined storehouses. Next is a big iron garbage. The garbage was full and the environment was polluted with spilled wastes" (A 29 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

When observing where children's toys were:

Observation

"The TV was on the table and a record player on the TV. There were 3 stuffed, soft toys on the record player. The children play with the toys but, they are unreachable by them" (An employed 26 year old mother of a 1 month and 8 year old daughters, Dundgobi aimag, Luus soum).

"There were few toys. Some of the toys were placed on the top shelf of a cupboard, which could not be reached by the children" (An employed 23 year old mother of a 4 year old boy, Arkhangai aimag, Erdenebulgan soum).

"Inside a cupboard under a TV, there were rubber toys. These can be reached by the children. Stuffed toys and a doll is inside a cupboard on the other side" (An unemployed 28 year old mother of a 1 year old girl, Dundgobi aimag, Mandalgobi soum).

"Two girls were playing with ankle bones. Their father joint them. The youngest daughter sat for a long time holding a new toy-tractor" (A 28 year old herdsman, mother of a 2 year old girl, Dundgobi aimag, Gurvansaikhan soum).

5.7. Methods used by mothers to put their children to bed

(method: ID, FGD, OB)

We aimed to study the conditions of psycho-social care in women using different methods. One of the method is we asked, discussed and observed the methods used by the women to put their children to bed when the child is not sick and is healthy. Most of the women involved in group discussion said they lie together and breastfeed, lull after feeding, hum a lullaby, gently massage the fontanel, massage the sole, put a monotonous music, massage the back, tell a story, wait till he sleeps, take him/her out in the fresh air, play as mother and child, put off the light, hold to breast and lie, read a book, tell him to sleep, make him sleep on the lap, elder brother/sister would gently blow his eyes and put him to sleep, make him tired, frighten or slap etc., methods are used. Most of the women with children under 3 said, they breastfeed, lull and go to sleep together. Women with children 4-6 years old often use methods such as, frighten, tire or slap them. Women from Zavkhan aimag use folk-medicine method, women from Sukhbaatar aimag usually put off the light and lie together. It was observed that scaring in the dark was one of the commonly used method in children 4-6 year olds. It was very difficult to categorize the responses of the women involved in the survey as positive and negative practices. Because, the methods used by the women seemed to be a positive practice. But, the way they were implemented seemed negative.

For instance:

"If the child is healthy, I would feed him and put him to sleep by lullabying. Some women shake their children when they lullaby" (Women below 30 year old, mothers of children under 3, Zavkhan aimag, Thosontsengel soum).

But we tried to categorize the women's response into positive and negative categories and show them roughly as follows. But our aim was to explore the methods

used by mothers to put their child to bed when a child is not sick, but healthy. Therefore, the folk-medicine method used by them are not included in either positive nor in the negative practices. In such cases, one quarter of the women involved in individual interview said, they breastfeed, about one fifth lie along the child and another one fifth do not use any method. Most of the aimag and soum center women use the method of breastfeeding and most of the urban women lie along their child and shake them to sleep.

Positive practices:

- **Massage, pet, fondle, lullaby:**
"Use methods such as breastfeeding, lullaby, take out in the fresh air and massaging the back. Children who are taken out in the fresh air sleep easily, they like to have their back massaged" (Women below 30 year old, Dundgoib aimag, Gurvansaikhan soum).
- **To anneal, soothe:**
"Children soothe and go to sleep when we hum a lullaby, gently massage the fontanelle, breastfeed, tell a story and put a monotonous music... I breastfeed but my husband takes in his arms and sings..., ...lullaby is the best method. If a music is turned on from the beginning, the child goes to sleep.... "...when the child is breastfed, he/she recognizes his mother's voice..." (Women below 30 year old, Dundgoib aimag, Mandalgobi soum).
- **To leave the child on its own:**
"The child is left on its own and when the child goes to sleep, I sleep" (Women above 30 year old, mothers of 4-6 year old children, Zavkhan aimag, Ider soum).
- **Play together:**
"...Our child has grown up, so she pretends to be my mother and goes to sleep... ...My child can speak. She says "I will be the mother, you be my child and she would take me in her arms and lullaby, pretends to give me her breast and goes to sleep... ...sometimes she holds her doll in her arms and pretends to make her doll sleep and she goes to sleep..., you should not think your child is small but you speak with your child" (Women below 30 year old, mothers of children below 3, Sukhbaatar aimag, Baruun-urth soum).
- **Tell a story and legend:**
"I breastfeed, lullaby and tell story and also read books" (Women above 30 year old, mothers of 4-6 year old children, Arkhangai aimag, Bulga soum).

Negative practices:

1. Frighten:

"Apart from lullaby and breastfeeding, soothing, tiring and frightening methods are used. We play and when the child is tired, goes to bed. A dog will eat you or I say some other frightening words and put him to sleep..., sometimes children go to sleep where they have been watching a TV or playing" (Women above 30 year old, Dundgobi aimag, Mandalgobi soum).

"...put off the light, make dark..., ... we frighten by saying a dog is coming, a dog is coming or a man is coming in dark, a man is coming and make them sleep" (Women below 30 years, Sukhbaatar aimag, Dariganag soum).

"If the child is healthy, elder brother/sister would blow and put them to sleep. They also frighten them by saying a dog, a devil, a drunk man is coming and put them to sleep. Sometimes when they don't go to sleep, elder brother/sister say he/she is not sleeping and would cry. From here we can see that, elder brother/sister's participation in putting their younger brother/sister to bed is enormous" (Women above 30 year old, mothers of 4-6 year old children, Zavkhan aimag, Ider soum).

2. To tire:

"The whole day our children play outside. In the evening they are tired and they can't even eat their food and go to sleep" (Women below 30 year old, Sukhbaatar aimag, Dariganga soum).

3. To force:

"I don't know how the elder brother/sister put them to sleep. They look towards the sun, blow in their eyes, cover their head with gown and scare them by saying a devil is coming and put them to sleep" (Women above 30 year old, Dundgobi aimag, Luus soum).

4. Slap, violate:

"When he is not sleeping, I slap and put to bed. If I slap him every time he would cry. The child cries and goes to sleep" (An unemployed 34 year old mother with secondary education, Zavkhan aimag, Ider soum).

When a child is unable to sleep or if a mother thinks her child cannot sleep, or if the child has some complaints or is crying and not sleeping, mothers use different methods. For instance:

"When a child doesn't sleep, traditional methods such as oiling with sheep tail oil, wiping with roasted meat /meat is roasted in butter extracted from cream after heating/ or bathing in a strong black tea are used. They help manage children's fatigue. Some give medicine such as cinnarisin, nootropil etc. to children who have cerebral hypertension" (Women below 30 year old, mothers with children under 3, Zavkhan aimag, Ulyasthai soum).

Children don't sleep if they are sick or because of other reasons. There is no other reason for not sleeping. If a child is sick, they see a doctor or use other folk medicines. Folk medicines include melting lead, to turn water, to hit with a sutra and bow to god. If there isn't lead, candle can be melted. A sutra called "Thavan sahya" meant for children is used for hitting. The most important is to find the reason why a child is not sleeping.

"Sometimes we give tranquilizers" (Women below 30 year old, with children under 3, Zavkhan aimag, Thosontsengel soum).

"We see a doctor. Sometimes we go to a lama. We also use traditional methods such as melting a lead, turning a water etc" (Women above 30 year old, with 4-6 year old children, Zavkhan aimag, Ider soum).

5.8. Traditional methods used for educating children
(method: FGD)

Mongolian mothers educate their children by respecting traditional customs such as, to respect the elderly, communicate friendly with friends and younger ones, tell the

difference between positive and negative things, avoid defending when something wrong has been done, avoid telling false and robbing.

Proper fondling:

"It is said that, a wrong fondled child is tougher than a bull's neck" (Women below 30 year old, with children under 3, Zavkhan aimag, Ulyasthai soum).

To make them be afraid of elderly people:

"It is correct to make them be afraid of elderly people, elder brother /sister" (Women below 30 year old, with children under 3, Zavkhan aimag, Ulyasthai soum).

To cause to avoid as taboo:

- To beat, hit:
"If a child behaves unpleasantly, his behavior will improve if hit by a sandal wood" (Women below 30 year old, with children under 6, Zavkhan aimag, Ulyasthai soum).

"It is said to treat him/her like a god/goddess until he/she is 5 years old. From 7 years old treat him/her like a slave" (22 year old mother of a 3 months old child, Zavkhan aimag, Ulyasthai soum).

"If a mother touches, all the misfortunes will vanish. It is said to put down a tiger's cub since it is small. Particularly, a baby boy should not be fondled too much. He should be dusted sometimes" (Women below 30 year old, with children under 3, Sukhbaatar aimag, Dariganga soum).

- To make do work:
"There is a saying: Hard on the surface but with a heart of gold. We make children do work such as to collect wood, when we punish them" (Women below 30 year old, with 4-6 year old children, Zavkhan aimag, Ider soum).

Involve them in domestic work:

Herdsman's daily work has significant importance in child education and rural women consider that it influences in developing children into a hard-working man/woman.

"A child who tends sheep becomes a peaceful man, one who tends horse becomes a bright man" (Women above 30 year old, with children under 6, Dundgobi aimag, Luus soum).

"In childhood, grandparents select and point kids and lamb. Children chase them and start liking cattle" (Women above 30 year old, with children under 6, Sukhbaatar aimag, Asgath soum).

Mothers firstly try to teach their children to avoid and to be cautious of things by saying "it's a sin" and to avoid cursing, saying hard, loud words, to avoid interfering in adult's talk, to greet, respect and to honor rules and regulations.

5.9. Reasons and types of blames and punishments imposed to children of young age (method: FGD, ID)

<i>When are children blamed and punished?</i>	<i>Who punishes more?</i>
<ul style="list-style-type: none"> • When they do something wrong • When they disobey • To hinder when doing something • To attack a plate, take from a guest's plate 	<ul style="list-style-type: none"> • Always the mothers • Sometimes the fathers • Grandparents pretend to punish

without a permission • To take someone's belonging without permission, commits a small theft • Say bad words like "Phizda" • Take things like "knife"	
--	--

Most of the mothers considered that it is "correct" to punish children somehow and they named many types of punishments they gave to their children. Mothers mainly punish children of young age which they described in connection with their over work load, to perform their work and that mothers are quick tempered people. However, some of the fathers keep quiet and punish once, but the others try to explain well to make them understand. Grandparents like their grandchildren very much, so they pretend as if they are punishing them and sometimes would frighten them by saying "I'll whip you with a leather strap". Mothers usually hit, slap or whip their 4-6 year old children with thin rope on their hands or buttock, where less damage can be occurred. But, with small children they use frightening words such as "rock devil will come". The types of punishments given to their children by women involved in the survey are classified as follows:

Methods and types of punishments given to children of young age

- To frighten:*** I will tell the old man, a dog, a rock devil, a drunk man is coming, I will tell the policeman, I will put you in a pit, I'll hit you, I'll whip you with a leather strap, I'll pour water on your head etc.
- To scold, to shout:*** to scold, shout, curse, whip, whip with a leather strap.
- To slap, pinch, beat:*** to hit slowly, slap on the hands and buttock, pinch.
- To tie, separate:*** to tie up, tie to something, lock in a dark room or a store room, put in a sack.
- To coax, explain:*** to explain, encourage, make understand well, tell, coax, boast.
- To make lift something:*** to make hold a stool, lift hands, to make lift something.
- To make do work:*** to make do work, collect cow's dung.
- Others:*** to make sit without moving, to cut food.

From the mother's talk involved in focus group discussion:

"When educating a child there are times when we have to scold and beat them. But most of the women mentioned that, it is important to tell them and make them understand well. Some of the women stated that, nowadays, children are very clever, they know and understand

everything very well. So, it is better to tell and make them understand" (Women below 30 years, mothers of children under 3, Arkhangai aimag, Erdenebulgan soum).

"I whip my child when he makes me angry" (A 31 year old mother of a 7 months old baby, Zavkhan aimag, Thosontsengel soum).

"I tie him to girth-rope of the ger. I think this is better than scolding, shouting and beating", "Hitting on buttock is better than pinching", "I frighten and say I'll give you to a policeman", "Whipping, to make do work, and make collect cow's dung are also all right" (Women below 30 year old, Dundgobi aimag, Gurvansaikhan soum).

Mothers scold and blame their children more. They consider this in connection with their closeness with their children. Because, children become indifferent after listening their mother repeat the same words. But, sometimes when their father say a word they fulfill more obediently. Women consider that it is worth encouraging and boasting children, correcting and explaining them their wrong deeds.

"I scold a little and leave him alone. The best way is to make him sit well behaved, ...he becomes quiet when the father shouts loudly, ...when he doesn't listen and stands out in the rain, he would be scared when I say "a rock devil will eat you", ... after repeating a word many times, if he doesn't listen, I would hit him gently. Then he listens, ...if I boast him , he would listen" (Women below 30 year old, Dundgobi aimag, Mandalgobi soum).

"Our children get afraid, when I say-Sack. When they do a mistake, I put them in a sack and tie the opening. I used to be put in a sack too, when I was small" (29 year old mother with 7 months – 7 year old children), "People often use the method of putting in a sack" (24 year old mother of a 4 months old baby, Zavkhan aimag, Ulyasthai soum).

"...We have to tell and make children understand. Children won't be able to communicate with people if we hit them without thinking. They become coward and when they correspond with some other people they think, they might scold him. Therefore, it is better to speak with them and make them understand" (Women below 30 year old with under children under 3, Sukhbaatar aimag, Baruun-urth soum).

"...now during market economy we should not always suppress children. Present day children's mentality are developed. Therefore, it's no use to always scold or beat them. Of course we have to scold them when needed. But, if we'll use force they will hate us"(Women above 30 year old with children under 6, Sukhbaatar aimag, Asgath soum).

5.10. Summary

In general, the Mongolian mothers have quite an appropriate knowledge and attitude about the stages of child development. This is influencing in accelerating child development by providing correct response to every development stage and encouraging and supporting children to acquire specific practices and behaviors. Women's age, educational level and their employment are not affecting much in their understanding about child growth and development. But, it could be considered that most of the women do not believe in the contribution mothers could provide to newborn's in their learning skills and therefore, their knowledge is unsatisfactory. This kind of idea could lead the

care takers to neglect the most decisive period in child mental development without any result.

In general, it is quite praiseworthy that the mothers are considering that children's language development can be accelerated by encouraging, speaking and communicating with them when they start speaking a word or two. Majority of the women are considering that sending children to school or bringing them up among adults have positive impact in their language development. Similarly, care takers help and support children when they start walking or start learning to do simple things. They pay particular attention in teaching them to do simple things and support and encourage them to be independent.

Baby girls are more likely to hold responsibility in front of their family relatively earlier than boys. Whilst girls help more in domestic work such as looking after and entertaining their younger brother/sister and, looking after their house, boys participate more in outdoor work such as in collecting wood, fetching water, driving livestock and looking after their younger brother/sister. But, both girls and boys give hand relatively earlier if they have younger brother/sister.

Since early times, the Mongolians have paid attention in child language development and have been using various methods. Most of the women consider that it is important to speak actively with children without rejecting them. But it should be taken into consideration that, some of the traditional methods used to correct their language are likely to have negative health impacts.

Women find it quite difficult to answer questions related to knowledge and reproduction. Particularly, not answering or telling lie or changing the subject of the question is quite commonly occurred when questions related to reproduction are asked. Attitude towards questions asked by child/ren and the response given depend much on women's educational level and location of the family. Deliberately answering the questions wrong and lying or interfering with brute force is quite common among women with primary education or elderly women and women living in soum centers. This may likely affect children's cognition development at some extent.

Mothers are evaluating their children's mental development by indicators such as, language development, memory, ability to think, emotion, ability to understand and the way they play, movement and physical growth. Depending on mother's educational level, location and age group their capacity to evaluate is quite different. Mental development evaluated positively by urban and elderly women is relatively higher than women in other group and could be related to their knowledge and experience. It is praiseworthy that women have correct understanding about actions to be taken if a child is mentally retarded. But, even though, most of the mothers consider that, there is gender difference in children's mental development, they determined that girls grow relatively faster than boys. This may influence girls to help in domestic work relatively earlier than boys. Mother's education and economic condition does not have particular influence in such idea. From here we can see that Mongolian women can evaluate and conclude their

children's mental development correctly and they also have correct understanding about actions to be taken during child mental retardation. But they are quite confident that there is gender difference in children's mental development.

It is very important for child well being to be with his/her care taker who loves and values him/her. Although, parents are children's most intimate people, depending on small children's main care taker – mother's employment, family location and child age, anyone close can become their intimate one. Mongolians are comparatively nepotistic and we can see that relatives, especially grandparents and siblings (elder brothers/sisters) play important role in child care. For instance, in city, siblings are playing special role in caring children, which may unfavorably affect children's health and nutritional status. But, it may affect positively on their psycho-social development. In the country, fathers and grandparents play main role in caring young children, which are providing them access to deal more carefully with their health, growth and development.

Families are providing children with conditions to know and learn the environment. But some of the children do not have toys, which may likely lead them to play with unsafe things (dog, sharps etc). It is not common for parents to play with their children and it could be said that it is unsatisfactory for them not to spare time for this purpose. Most of the mothers are considering that the community and the society are not providing access to learn and know through toys. Urban and rural women are quite concerned about lack of children's playground. This is one of the reason why small children are playing in hygienically unsafe environment (street, yard) because their needs are not being met.

It is praiseworthy that mothers do not force their children to go to sleep but, instead they breastfeed, lullaby or lie with them and communicate more closely and pay more attention. This may be related with the Mongolians to avoid small children go to sleep alone.

Mongolia has many practices and behaviors to protect and prevent young children from any negative influences. These are aimed for wishing welfare, love and protection and health for their children. It cannot be denied that these practices may have been related with high infant and child mortality. But, it is appropriate to study few negative practices which existed.

The Mongolians have paid particular attention in educating their children and have used traditional methods. Women very much value family's role in child education. Practice of someway of blaming and punishing their children are quite common, which are explained in conjunction with traditional method used to educate children. Therefore, it is important to study the issue in-depth. Especially, the practice of beating, slapping and hitting children is quite common among rural and highly educated women and is a concerning issue. All the more, most of the mothers involved in the survey consider that punishing children help somehow.

CHAPTER SIX: PREPARING FOOD AND ACTIVE CHILD FEEDING

6.1. Preparing food

(method: ID, OB)

Most of the family buy wholesale food and store them. In most cases, women themselves buy food products from the market. In aimag centers and soums, any of the couple who is free go to buy food products. But, in city, it is quite common for their brothers/sisters, parents and other people to help them buy. Urban and aimag center people mainly collect their food from food market. But soum people mostly buy from either shops or they go to the city to collect.

"I buy myself from the market. Men are careless. They might even bring moulded rice. They bring bad flour. So its worth going yourself" (An unemployed 32 year old mother of a 2 year old child, Sukhbaatar aimag, Baruun-urth soum).

"We both used to buy. My husband buys wholesale from the market because, it is cheaper" (An unemployed 26 year old mother of a 4 year old child, Ulaanbaatar, Chingeltei district).

"We order from the city in wholesale. We buy some small things from the market. It is cheaper in the market. It's centralized and it's easy to buy from one place. Anyone of us would buy" (An employed 33 year old mother of a 5 year old child, Zavkhan aimag, Ulyasthai soum).

"My husband brings flour from aimag center. We buy rice from kiosk. We grow vegetables (potatoes, swede, carrots, cabbages, radish, beet-root and turnips). We squashed wild berry. We picked cow berry. My husband prepares meat. It is cheaper to grow vegetables" (An employed 27 year old mother of a 5 year 9 months old child, Zavkhan aimag, Ulyasthai soum).

Observation

- *"They store their rice and flour in the store room, sugar and salt in a box in the cupboard. Although, they value and say that vegetables are nutritious, they hardly use. They keep their meat in their neighbor's fridge because, they don't have a fridge. They have an oven but, they don't use it. This may be because they have to buy cow's dung"* (An unemployed 27 year old mother of a 9 months old baby, Dundgobi aimag, Gurvansaikhan soum).
- *"On the right wall of the ger they had tied a rope, on which 4-5 parts of meat and some fat were hung to dry"* (A 24 year old herdsman, mother of 2-4 year old children, Dundgobi aimag, Luus soum).
- *"Fresh meat was hung to dry in the entrance room. Potatoes and cabbages were planted in the yard"* (An unemployed 25 year old mother of a 7 months old baby girl, Arkhangai aimag, Erdenebulgan soum).

Husbands mainly prepare wood. Mothers don't participate. Few women help their husband. In soum households, friends and other people help more in preparing wood.

Women almost don't participate in fetching water. This work is mostly done by the husbands, children and other people such as relatives. Children contribute more in fetching water whose mother are employed. But, for herds family, other people help and support are more. Unemployed and herdswomen seeked more help from their husband. Children and men's involvement are more in the rural to fetch water. But whoever is free fetches water.

Observation

"The husband brought water in two 40 liter cans on his motorcycle from a well located at a distance of 3 km" (A 21 year old herdsman, mother of a 7 months old baby, Dundgobi aimag, Gurvansaikhan soum).

6.2. Food hygiene

It is quite common to use left over food by heating or warming. Most of the families said they use left over food according to the above method. Few said they don't use. Majority of the families use left over food by heating, minority eat by warming in hot tea. Although, women usually don't use left over food because, they consider cold food is not good for health but, they think that it is safe if heated. Soup is mainly heated and dry food are warmed in hot tea. People seldom keep their food in refrigerator.

Observation

"A left over noodle soup was lying open in a cup" (An employed 37 year old mother of a 4 months old baby, Ulaanbaatar, Bayan-zurkh district).

Most of the women were explaining the reason for heating left over food in connection with negative health impact of cold food on stomach. Some said, it is unpleasant and not tasty to eat cold food.

"We heat and eat in the morning. In summer we keep the food in refrigerator. Everyone works. So it is necessary to eat food in the morning. We don't have ready made food products. Therefore, we heat and eat the food" (An employed 28 year old mother of a 4 year old baby, Ulaanbaatar, Chingeltei district).

"We have food left. We heat the food until it's boiled. How can we eat cold food. We eat left over food because, we don't want to throw away" (An employed 29 year old mother of a 5 year 11 months old child, Arkhangai aimag, Ugi-nuur soum).

"We leave food, rinse with hot tea, heat and eat. How can we throw such a nice food made of noodle and sheep meat. We'll be sick if we eat cold food" (An unemployed 27 year old mother of a 9 months old baby, Dundgobi aimag, Gurvansaikhan soum).

Almost all the women do not keep complementary food for small children. Every time they prepare new food in small quantity. They have an understanding that heated food is unsuitable for children's stomach and health.

"I make in small quantity. Because they are more nutritious and good for their body. It'll be nutritious and have vitamins" (An unemployed 27 year old mother of a 3 months old baby, Arkhangai aimag, Erdenebulgan soum).

Observation

"Although, the children did not have their own table and stool, they had their own plastic cups. The father is saying that plastic cups are convenient during transhumance. The mother called two peers from the neighbor and let them in to play with her children. She was praising her neighbor children for eating well, as well as, she encouraged her children to eat. All the children sat on the ground stretched their legs and ate their food with their cups on the floor" (A 24 year old herdsman with 2-4 year old children, Dundgobi aimag, Luus soum).

6.3. Summary

Considering low cost, relatively many variety, able to make choice and less time consumption, most of the households buy their food products from market.

Mongolian women mainly collect food, prepare and cook food themselves and they hardly use any techniques or equipment to facilitate their work. They execute all these work by hands. This may have significant influence on their time to spend for child care.

Mostly husbands, children and relatives prepare wood and fetch drinking water. Women hardly participate in this work.

Although, the Mongolians are well aware of negative health impact of left over food, consumption of left over food is very common. This, at some extent may be related to economic capacity of the family. Most of the women do not eat left over food because, they consider cold food is bad for health. But, they think it is safe if heated. Soup meal are mainly heated but dry food are warmed up by hot tea. Although, women have such practices, most of the women do not keep complementary diet for small children. Every time they would prepare new food in small quantity and they are well aware of its advantage. Left over and heated food is insufficient in content and quality and, it can be contaminated. Women know well that stale food are the main cause of diarrhea and food poisoning in children of young age.

CHAPTER SEVEN: HYGIENE PRACTICES

7.1. Care taker's personal hygiene

(method: ID, OB)

One third of the mother involved in individual interview wash their hands after going to toilet and cleaning their children's faeces and urine, another one third before preparing food and a few after dealing with dirty things.

"After coming from work, if I touch dirty things I wash my hands. Various bacteria and infection can transmit through hands. At least diarrheal disease" (An employed 35 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

"Before and after preparing food and milking cow, in the morning. I wash hands to prevent dirty things go into food, milk and cause disease" (An unemployed 25 year old mother of a 5 year old child, Arkhangai aimag, Ugii-nuur soum).

One third of the mother make their children wash their hands when they are dirty, another one third before eating meal, a few after coming from outside, and a very few after going to toilet. In city practices to have their children wash their hands after going to toilet, in soums before meal, in the rural only if the hands are dirty are more common (P=0.038). Similarly, it is quite common in elderly mothers to have their children wash their hands before meal than compared to young mothers.

"When the hands are dirty he washes himself. He would say they're dirty and would wash them until they are dry and chapped. After going to toilet and before meal" (An unemployed 28 year old mother of a 3 year 9 months old child, Ulaanbaatar, Chingeltei district).

"Before meal he almost doesn't wash. He doesn't like to wash. He runs away. He washes only after coming from outside" (An employed 27 year old mother of a 1 year 10 months old child, Dundgobi aimag, Mandalgobi soum).

Most of the rural women involved in individual interview said they bathe in ger, few at public bath house, some at other family's house, in river or at their work. In city, a significant percentage of women bathe at their work or at a family's house. In the rural bathing at ger and public bath houses are common. For instance, In Sukhbaatar aimag almost everyone and in Arkhangai aimag majority of the people bathe at ger, in Zavkhan aimag majority of the people bathe in public bath houses.

"I bathe in someone's who live in an apartment. If possible, I bathe once in a week" (An employed 30 year old mother of a 1 year 5 months old child, Ulaanbaatar, Bayan-zurkh district).

"I bathe at ger. We bathe once in a week or once in 2 weeks. At that time we collect plenty of water. We first bathe our children in tub then we bathe in turn. We chase the children out" (An employed 27 year old mother of 8 months old child, Arkhangai aimag, Erdenebulgan soum).

"Before one month and a half I took bath in a bath tub at ger. After childbirth I did not take a full bath. I'm only washing my feet and head" (An unemployed 20 year old mother of a 2 months old child, Arkhangai aimag, Bulgan soum).

"There is no bath house. I heat water and bathe once a week at ger" (An employed 26 year old mother of a 1 month old child, Dundgobi aimag, Luus soum).

7.2 Household hygiene practices

(method: ID, OB)

More than half the percentage of the women involved in the survey collect their drinking water from a well, water source or from a family, one quarter from snow, rain water, river and stream, few have centralized water supply. In Dundgobi and Sukhbaatar aimags the main source of water is well, in Zavkhan and Arkhangai aimags, river, snow, rain and stream are main source of water.

Most of the women involved in in-depth interview said their children drink raw water or milk. Urban women give raw water or milk to their children relatively less than rural women.

Children whose mother had 8th grade education drink unboiled water and milk 3 times more than those children whose mother were in other educational group. Consumption of unboiled water and milk decreased with increasing level of education (P=0.03). While habit of giving unboiled water to children was relatively high in young mothers. The habit of giving unboiled water and milk to children was high in elderly women (P=0.03).

"He drinks water but he doesn't drink milk. If you drink water you'll develop sores on skin. If you drink milk you'll develop brucellosis" (An employed 25 year old mother of a 2 months old child, Sukhbaatar aimag, Asgath soum).

"Children drink raw water and milk. I don't give raw water and say you'll develop sores on your mouth and nose, but still they drink. If we drink raw water, our abdomen will distend and pain" (An unemployed 37 year old mother of a 4 year old child, Ulaanbaatar, Chingeltei district).

"Eldest child and his father drink raw water. In summer, before drinking tea, they drink raw water. They don't drink raw milk. They say it has bacteria and microbe" (An employed 27 year old mother of 8 months old child, Arkhangai aimag, Erdenebulgan soum).

"We don't drink any of them. We collect water from water source. So, it has bacteria and is polluted. Long stored water spread infection" (An employed 27 year old mother of a 2 year 7 months old child, Dundgobi aimag, Mandalgobi soum).

"We don't drink raw milk. But we drink water. How can we wait for it to be boiled and cooled. In hot summer whoever is hot drinks" (An unemployed 27 year old mother of a 9 months old child, Dundgobi aimag, Gurvansaikhan soum).

"Everyone drinks raw water. I tell them not to drink but they don't listen. Sometimes after milking goat, children drink raw milk. They don't understand when I stop them to drink and say Brucellosis and other infection will spread" (An employed 28 year old mother of a 3 year old child, Dundgobi aimag, Luus soum).

7.3. Practices for washing and cleaning their children

(method: ID, OB)

Women involved in in-depth interview said that, on average they bathe their children 7 times a month and it is appropriate to bathe them 6 times a month. Women were explaining the reason for bathing their children in connection with their children's health, growth, fitness or it is useful for their hygiene and sanitation. But, according to selected indicator the idea seemed to be relatively different. For instance, most of the herdswomen considered that bathing their children is useful for their health, growth and development and building-up. Most of the women in other group explained in connection with hygiene. Most of the urban women bathe their children in order to relax their body and for their normal growth. But in aimag centers, not few women explained the reason in connection with their children going to kindergarten. Likewise, there were many women who said they bathe their children only when they are dirty.

"In general I bathe them once in 10 days. Before a festival etc. Water is collected with great difficulty, so I wash the open part – the head and feet" (An employed 30 year old mother of a 3 year old child, Sukhbaatar aimag, Aсgath soum).

"Once a week. I bathe my child in bone soup, black tea and horse's bone soup. The child won't feel chilled and they are built-up" (An unemployed 31 year old mother of a 2 months old child, Ulaanbaatar, Chingeltei district).

"I bathe everyday. The doctor told me to build-up with water" (An employed 32 year old mother of a 2 months old child, Ulaanbaatar, Bayan-zurkh district).

"I bathe my youngest child with black tea. In summer, everyday I bathe my children in river. When the child is tired and has discharge from his eyes and running nose, I wrap him and make him sit in black tea and tuck him to bed. The next day he comes up nice and fresh" (An unemployed 58 year old mother of a 2 year old child, Zavkhan aimag, Ulyasthai soum).

"I bathe every week. Because the teacher checks everyday" (An unemployed 28 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

"Once a week and 2-3 times a month. If the child is dirty, his classmates teases him. In order to send my children clean to kindergarten and to school" (An employed 34 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

"I don't bathe too much. I didn't bathe my child since birth. Elderly people say it's useless" (An employed 38 year old mother of 5 months old child, Dundgobi aimag, Gурvansaikhаn soum).

Most of the women involved in individual interview use pot for their children. Using pots for their children is common in employed women compared to women in other group. There were few urban women who don't use pots for their children.

When we explored the practice of disposing their children's faeces, one quarter of the women said they use pots for their children and they clean it, about one fifth said they make their children defecate outside in the yard and remove it with spade or their children defecates on a piece of paper which is removed. It is interesting that few women said that there is a tradition of collecting newborn's stool in the first month in a paper box or a plastic bag and buried under ground to avoid dogs and cats to eat. This they were explaining in connection with the following reasons such as – it is good for the child, discarding a newborn's stool open is similar to discarding breast milk. So the quantity of breast milk reduces or it is a reason to hold a child or to fondle a delicate child.

"I collected the stool in a plastic bag for 1 month. You can keep anywhere. It is said that it is good for the child to live long" (An employed 32 year old mother of 2 months old child, Ulaanbaatar, Bayan-zurkh district).

"A newborn's stool is collected in a plastic bag or a paper box. Breadstick in excreted in a form of stool. It means we are discarding breast milk. So, we don't throw it. If we throw then we'll have reduced lactation. If we throw on a wrong day, dogs and birds will eat. Therefore, it is said to throw on a good day" (An unemployed 29 year old mother of 2 months old child, Zavkhan aimag, Ulyasthai soum).

Observation

"Two daughters sat on a pot in turn. The mother cleaned the pot with water and spill it into latrine" (An employed 35 year old mother of a 3 year old child, Dundgobi aimag, Mandalgobi soum).

Observation

"The mother cleaned her child's snot with her hand and wiped it on her clothes and her child's clothes" (An employed 30 year old mother of 1 year 5 months old child, Ulaanbaatar, Bayan-zurkh district).

7.4. Methods and mothers' beliefs to treat some diseases in young children

(method: ID, FGD)

"Some diseases are treated with human urine"

Women widely use their own and their children's urine to prevent their children from any disease or to treat them at home in case they are ill. They haven't used or heard about using animal's urine. Therefore, during the survey we precisely asked and discussed about how and in what cases mother and child urine are used and when they

are not used, its reason, how and from what source they obtained the method to use urine.

Most of the women involved in the survey have used urine. They mainly use mother or child urine. The attitude of not using or women who considered it wrong to use was very rare. Although, mothers did not use urine for their children, they said that they had been using for themselves.

Most of the women had had used urine for themselves and their children. Few of them had heard about it but not used. It was observed that comparing with other aimags and city, in Sukhbaatar aimag urine was used rarely ($P=0.01$). Although, women's age and education did not have much influence in using urine, but if compared with employed women, other women used urine more which was independent ($P=0.01$). Most of them said that treating with urine was effective and few did not know how to evaluate. Women mostly use urine when their children have fever, have poisoning or have internal fever by administering orally and sometimes by applying as a compress and wrapping with cloth soaked with urine.

Women's beliefs and attitude to use urine in treatment

Most of the women call mother's urine "mother's water". They say it's "very good", "correct", "useful", "effective" and they use regularly. From their experience they are confirming its effectiveness. Sometimes apart from mother's water they use child urine. Many women said that a 3 year old child urine is called "medicine". Most of the participants were supporting the idea.

"I never heard someone say that they have made mistake by using urine" (31 year old mother of 1-5 year old children, Zavkhan aimag, Ulyasthai soum).

"...mother's water is good for any disease. I think it's good. It's good in general" (Sukhbaatar aimag, Asgath soum).

"It is said that when a mother passes away, barley flour is kneaded with her water and stored. It is used even after she has passed away" (Women below 30 year old, Arkhangai aimag, Erdenebulgan soum).

"It is said that a woman who has given a childbirth has no dirt. A 5 year old boy's urine is good" (Women below 30 year old, Arkhangai aimag, Erdenebulgan soum).

"Recently when my child had measles, I gave him my urine. The rashes emerged very nicely" ... "I believe in urine" (Women above 30 year old, mothers of 4-6 year old children, Arkhangai aimag, Bulgan soum).

"Cattle disease are treated with baby boy's urine" (Dundgobi aimag, Mndalgobi soum).

"It is said that 3-5 year old boy's urine is good for liver and gall bladder. My husband took his oldest son's urine and got alright" (Dundgobi aimag, Mndalgobi soum).

"There is no one who is superstitious of himself. I will use my own urine" (Dundgobi aimag, Mandalgobi soum).

Cases and methods to use mother and child urine

A. Cases to use urine:

- Give orally when the child is having fever, has internal fever and poisoning:

"When the child has fever, I give him morning urine" (An unemployed 30 year old woman with secondary education, Zavkhan aimag, Ider soum).

"Most of the women were saying that it relieves fever" (Women below 30 year old, Arkhangai aimag, Ugi-nuur soum).

- Put compress on the throat when a child has difficulty in breathing and has laryngitis

"When a child's throat is severe and is about to obstruct, applying urine compress on the throat. Within 2 minutes the condition will improve" (29 year old mother of 4-7 year old children. Zavkhan aimag, Ulyasthai soum).

"It is very good for throat. I boil my urine and give hot urine orally" (An unemployed 37 year old woman with secondary education, Zavkhan aimag, Ider soum).

- Wrap the chest when a child has pneumonia: *(This method is used by many women and they rely on the method).*

- When the child has ear ache, apply drops in the ear:

"I mixed analgin (a pain reliever) with mother's water and put drops in my child ear and came. I wonder how the child is. I'm worried" (An unemployed 23 year old woman with secondary education, mother of 6 months and 3 year old children, Zavkhan aimag, Thosontsengel soum).

- Other cases: Urine is used for many other purposes. Its taken orally, applied as a compress or for sponging on kidneys, during tonsillitis, burns, cold, fever, rashes on face, cerebral hypertension, measles, eye infection, constipation, nettle prick, during thyroid gland intoxication, laryngitis and in case of lack of medicine.

"We are using various methods before medical care is provided" (A 30 year old mother of 8 months to 3 year old children, Zavkhan aimag, Ulyasthai soum).

B. How is urine used?

Most of the women involved in the survey had experienced and they agreed the effectiveness of urine used as a treatment method. But, they explained the method of using urine in many different ways. Some said "it is not necessary to use the first

morning urine. Midstream urine collected at anytime could be used". "It is appropriate to cool the urine first and then use. Nothing should be added. A child who is having a fever and is unwell, drinks without knowing the taste (Women above 30 year old, Zavkhan aimag, Ulyasthai soum). Women from Dundgobi aimag, Luus soum involved in group discussion said "*Medicine is very expensive in here*". Therefore, "*such methods*" are our basic methods to prevent our children from disease.

"I think it won't be wrong to use the method. So I first use urine" (A 27 year old mother of 2-7 year old children, Zavkhan aimag, Ulyasthai soum).

"If you give one spoon urine daily, the child will not get cold... I give urine for a week when children have cold and fever. There is no need to use medicine" (Women above 30 year old, Dundgobi aimag, Mandalgobi soum).

Cases when mother and child urine are not used

There were no cases among elderly women for not using mother and child urine. But, there were few young mothers who did not use urine. There were no difference among urban and rural women's attitude and practices in using urine. Therefore, cases for not using mother and child urine at all or cases not to use urine were considered under one category. The category is classified into the following three groups.

- We think it as an excretion: Few women consider urine as an excretion. They don't use because they are suspicious.

"Smell and taste is awful. It is excreted from humans because it is useless. So I think it is useless and I give medicine" (Women above 30 year old, mother of 4-6 year old children. Arkhangai aimag, Erdenebulgan soum).

"I don't use it because I think it as an excretion" (31 year old herdsman, with secondary education, mother of 7 months old child, Zavkhan aimag, Thosontsengel soum).

- When the mother is ill: They think that urine could be given only when the mother is healthy.

"When the water /mother's water/ is given, the mother should be healthy. Water is not given when the mother is ill" (30 year old mother of 2-4 year old children, Zavkhan aimag, Ulyasthai soum).

"It was written in a book that, when the mother is ill, her urine should not be given" (24 year old mother of 4 months old child, Zavkhan aimag, Ulyasthai soum).

- Child dislike: Few women said – we think it is correct to give urine to children but, we can't give when they refuse to take.

"I can't give urine to my child. He doesn't take when I give. But I had been using" (Women below 30 year old, Arkhangai aimag, Ugii-nuur soum).

Sources for information on using urine for treatment:

- Traditional method: Most of the women were saying that there is nobility saying "Those who have a mother don't die". It is a good, effective traditional method.

"It has been inherited since long. We use it because, old people say that it is not dirty, because it is mothers' (Women below 30 year old mother of under 3 year old children, Arkhangai, Erdenebulgan soum).

"Since early time, the Mongolians soaked it in sugar cube and took with them when they carried caravan" (Women above 30 year old, with 4- 6 year old children, Arkhangai aimag, Bulgan soum).

- From book: Few of the women mentioned that they got information about using urine from a book.

"Urine is called a live water. A book with such name was published" (Zavkhan iamag, Thosontsengel soum).

- From doctor: Few women said that a doctor advised and instructed them to use urine.

"When my child came to a hospital with acute laryngitis, the doctor applied compress on the throat with my urine and cured the child" (Women above 30 year old, with 4- 6 year old children, Arkhangai aimag, Bulgan soum).

"Sponging is applied under a child's occipital with cotton swab soaked with urine, who is suffering from cerebral hypertension. This was instructed by an infant pediatric and when the instructions were followed as was indicated, the child used to sleep peacefully without crying" (Women above 30 year old, Zavkhan aimag, Ulyasthai soum).

7.5. Summary

The main source of water in the rural country is well, water reservoir, rain and snow, river and spring. Due to poor water supply, it is influencing negatively on household and individual hygiene and sanitation. This is very much depending on care taker's individual hygiene, family location and living environment. Due to lack of public bath places in the urban as well as in the rural, it is quite common that rural people are bathing in their ger and, urban ger district people are bathing in someone's house who live in apartment. Mongolians have a tradition of bathing their children with strong black salt tea and sheep and/or horse bone soup who are suffering from fatigue, frequent urination due to cold and in case of rickets. Practice of washing their hands among women and children after going to toilet is unsatisfactory. This may be related to poor water supply and lack of health education.

Practice of using unboiled water is quite common among the population. Family location and mother's educational level was observed to have great influence on the above. The practice seemed to decrease in correspondence with the level of increasing education. But, in the rural area, increasing practice of drinking unboiled water could at some extent be related with the level of their health education. It is praiseworthy that women in general understand and are aware that veterinary disease such as brucellosis is transmitted to humans through unboiled milk and, unboiled water is a source of causing disease. It is unfortunate that even though they know, it is a wrong practice to give their children unboiled water.

Although, an existing specific traditional practice to accumulate infant stool in the first month of his/her life is a indication of love and affection for their health and welfare, it is an unhealthy hygiene practice. The practice of passing stool and urine open is common and the practice of removing stool is unsatisfactory.

The practice of using mother's morning urine for treatment is very common. This may have a negative impact on household hygiene. Therefore, the issue needs to be studied precisely to identify its effect.

CHAPTER EIGHT: HOME HEALTH PRACTICES

8.1. Methods used to prevent young children from falling ill and being injured (method: ID, FGD, OB)

In order to prevent their children from falling ill, most of the women involved in individual interview said they dress them warm, give them appropriate food, keep their environment clean and involve them in immunization.

Observation

"When the mother was wrapping her child, she placed a dark colored bag containing barley flour mixed with sheep tail fat oil on the child bladder. We asked her the reason and she said that 'it helps make the child bladder strong'. Before putting the child to bed, she unwrapped the child and was applying Vaseline underarm, groin and the neck" (an unemployed 27 year old mother of a 3 months old baby girl, Arkhangai aimag, Erdenebulgan soum).

What actions are taken to prevent child from falling ill?

Commonly used methods and practices:

- Dress the child warm, prevent from cold, give food appropriately, "wean early in order to prevent from rickets" and involve in immunization;
- Hang garlic around the neck and on the bed, smell garlic;
- Take the child regularly out in the fresh air;
- Keep the child and the environment clean;
- Wipe the child with airag (mare's fermented milk), bathe with airag or whey, give yogurt, milk and aarts (residue left after straining the whey), gargle with water containing sodium bicarbonate and clean the house.
- Giving mother's urine is very common.

"Every morning I give my morning water (urine)" (30 year old mother of 2-4 year old children).

Occasionally used methods:

- Avoid keeping with many people, tries to keep the child at home.

"We have to be careful with a drunk man. Otherwise he struggles to kiss and hug small children. So, to prevent them coming in, I lock the door" (24 year old mother of a 4 months old child, Zavkhan aimag, Ulyasthai soum).

- Avoid giving cold drink, put sun hat in sunny day, to prevent from cold gargle with soda vapor and boiled cownerry's leaf vapor.

"I take great care of my child. I apply sheep tail oil and give concealed soup and meal" (31 year old mother of 7 months old child).

- The following actions are taken: taking along a river bank and hitting the river water against its current is good for rickets, take out in fresh air, sunbathing, keeping the child naked and tanning in sun, keeping bare-footed and bathing, playing on sand, immunizing, strengthening, wiping with airag, keeping the food clean, washing hands well, keeping hygienically clean and always keeping under control.

"It is good to keep child bare-footed. Tooth/teeth will never ache"

"They grow up running naked"

"I try to wash hands well to prevent from diarrheal disease"

- Expiry date for vegetables are considered and quality vegetables are used.

"To prevent children from being upset, food products such as candies and fruits given by someone are used after being kept for a day. It shouldn't be given straight away". The reason for keeping a day was making them one's own.

- When women were told that "if you give children heavy food, a lot of dairy products, milk cream, aruul (a type of cheese made by drying aarts) and meat, they are not good for stomach and they will not be able to digest the food". The women responded and said – they regularly give boiled away water to their children.
- It is vital to breastfeed, feed properly, give plenty of fruits and vitamins to children of young age.

A woman said "Sometimes no wonder how we try to prevent them, they would get cold and cough. If someone with cold comes, then they would get infected". Another woman said "I give pressed fruits and have the child immunized timely".

- Sometimes children's own urine are given to prevent them from cough.

What actions are taken to prevent child from being injured?

In order to prevent their children from being injured, most of the women involved in individual interview said that they would establish a safe environment, be always close to them and tell and explain them the reason. Few said that they use the method of tying their children. Women's these view, and practices were different as per selected indicators. Among women with ordinary education, the idea of tying small children dominated. Because they considered that it is a good method to prevent them from being injured. But, as the level of women's education increased, the idea of telling and explaining them dominated. Young mothers considered the method of tying and directly banning more. But the elderly women were focusing more on being together with their children and paying particular eye on them. In general, some women considered tying their children, aimag women - explaining their children and urban women - establishing a safe environment as a more efficient method.

Commonly used methods and practices:

- Most of the women involved in group discussion considered that in order to prevent their children from being burnt or injured, they should tie their children. So, they usually tie their children to bed stand.

"If they are not tied and accustomed since childhood /8 months/, they won't like to be tied and would keep crying", "It is better to accustom them to be tied and it is a good method", "a child who is tied starts walking early. My two children used to be tied. Nothing bad happened to them".

"People tie their children to bed or to the spaces in a ger wall to prevent their children from being injured. There is nothing more reliable. Our ancestors had been tying too".

"A child is tied before he/she gets to know things or when he/she is 7-8 months old to prevent from being injured", "The advantage of tying children is that they balance on their tie and learn to walk early. But, it disadvantage is, that children who are tied do not access to know the environment and they are mentally retarded. They are not tied always. But, even though they have elder sister to look after them, it is better to tie them".

"I will tie the child with a strap until he/she is 3 years old".

- They consider that they should explain the danger of unsafe things to their children.

"If you touch the child's hand to a hot pot/pan" and say "ee (mind/look out), it's hot", the child will never approach a hot pot/pan again, "you should touch the child's hand to a warm oven to make him aware of the warm oven".

- They consider that they should explain their children well. But,

Most of the women explained that, "...If you say something understandable to the child like "yo, yo (ouch, ouch)", he/she will not proceed to the object. A child knows a hot and a cold object. When I say "gakh" he understands and doesn't touch the object. ...I tied my child throughout this summer. He started walking very soon because of being tied. He isn't 1 year old. Yet he is walking now. Children are not afraid of anything. They are very naive. They don't know themselves. So, we should tell them". Women consider that, we should tell a little grown up children that, you should do this and you shouldn't do that. Because, they won't know if we won't tell them and because of their unawareness and naivet, they would get injured.

- The majority of the women said that, it is important to establish a safe environment, always keep an eye on children and remove all objects that might cause injury. They use appropriate bed or a thick mattress or they tie their children to a bed stand to prevent them from falling. They said that they keep hot objects and electric stove out of children's reach. Women pay attention to their children and prevent children from being injured they put knives and other sharps away from children's hand, be careful of putting fire, remove match-stick

from their children, protect from hot objects, keep all harmful objects out of reach of children and keep an eye on them. Most of the women agreed with the idea that they pay particular attention to their first child.

"We should not remove our eye from them. They take any object and put in their mouth. We have to pay attention to all these. It becomes a bit better, when they reach 4 years old. Till then we have to always follow them".

"We don't take actions to prevent them from falling ill or being injured. When they fall ill or are injured, then only we call here and there. Usually they are protected and an eye kept on them".

Methods and practices used sometimes:

- A woman said that a marmot's ankle-bone is tied to prevent from being injured, which is a folk medicine. She said that she doesn't know the exact reason.
- Depending on season, protect from sun-stroke or from cold.

When women were asked about their suggestions regarding actions need to be taken from the dwelling committee to prevent children from being injured, one third of the women involved in individual interview said that they should have a playground, another one third said that a safe environment should be established, one fifth said that places where auto-mobiles go should be closed and one tenth said that children should always be supervised and paid attention. The majority of the urban women and about one third of the rural women emphasized to make children's play ground safe and to establish children's play ground. Likewise, not few women mentioned that, in the urban and the rural area and streets where auto-mobiles are not supposed to go should be closed.

8.2. Knowing the signs of diseases

(method: ID)

More than one third of the total women involved in individual interview give medicine to their children when they fever, one fifth apply cold sponging and another one fifth give their morning urine with medicine. Women from Arkhangai and Sukhbaatar aimags and young women below the age of 30 years use antipyretic medicines more often than other women and other aimags. Young women use cold sponging with medicine two times more than other women. But, comparing elderly women with young women, they used morning urine with medicine 2 times more. Herdswomen used antipyretics 3 times less than other women but, they used urine 4-5 times more and, using urine with medicine was 2 times many.

During diarrhea, about half of the women responded that they give oral rehydration solution and other fluid, one fourth use a combination of different fluid, and about one tenth use fluid replacement therapy in combination with levomycetin or phthalazole. But a very few of them responded that they would use diet therapy. It is evident from the survey that the practice is relatively different according to selected indicators.

For instance, women from Dundgobi and Sukhbaataar aimags consider oral rehydration solution and other oral fluids more but, women from Zavkhan aimag use levomycetin and phthalazole more often. About half of the women from Arkhangai aimag use a combination of many different methods. But, elderly women use a combination of oral rehydration solution and fluid with levomycetin or phthalazole two times more compared to young women. In rural area, women use diet therapy and combined method relatively more. But in the urban area, it is more common to use a combination of oral rehydration solution and fluid with levomycetin or phthalazole. Particularly, the incidence of using levomycetin or phthalazole was 2 times more, and there were not few women who combined levomycetin or phthalazole with oral rehydration solution and fluid. Herdswomen use levomycetin or phthalazole 3 times more.

"I put 6 tablets of phthalazole in 100 ml water, boil and give. I give after every 4 hours. If the diarrhea doesn't stop, I give Levomycetin" (An unemployed 37 year old mother of a 4 year old child, Ulaanbaatar, Chingeltei district).

"I melt butter (extracted from cream) and give by spoon. I give hot melted cream mixed with flour. The child becomes OK" (An employed 34 year old mother of a 5 year old child, Arkhangai aimag, Erdenebulgan soum).

"The first thing to do is to replace fluid because, the child losses a lot of fluid. I give oral rehydrtarion solution, rice juice, hyaram (water mixed with milk and boiled) and boiled away water. Otherwise, the child will become severe" (An employed 27 year old mother of a 5 year 9 months old child, Arkhangai aimag, Bulgan soum).

"I try not to stop feeding. I give a lot of fluid and prepared oral rehydration solution. I give every 10-15 minutes" (An employed 36 year old mother of a 4 year old child, Dundgobi aimag, Mandalgobi soum).

Most of the women treat their children at home when they cough or breathe heavily. But a few said that they don't treat. About one fourth of the women who treat their children use medicine, one fifth use expectorant, and the remaining few women use urine, herbs and combined medicine. One fourth of the women from Dundgobi aimag and one third of Ulaanbaatar women use human urine more common compared to other aimags. Urine use is more common among women with low education (women with education lower than secondary education) but, as the level of education is increasing (above secondary), administering antibiotics, diet and herbal therapy is increasing. Young women use expectorants more and elderly women use a combination of diet, herbal and various other methods. While soum women use various types of medicine, urban and aimag center women use urine more. Urban women administer antibiotics more and hardly use expectorants.

Observation

"The father was injecting his youngest son himself" (An employed 26 year old mother of a year old child, Ulaabaatar, Bayan-zurkh district).

Most of the 32 women who responded that they do not treat their children at home, were explaining the reason in relation with not knowing the method of treatment. Few described that treatment should not be conducted at home.

Urban women paid more attention on the diet of their ill children than rural women do. The incidence of leaving their children on their own when they refused to eat was 1 times more and breastfeeding 1 times less. But, it was observed that, they used encouraging methods more like the aimag women do to feed their children. But the rural women had the tendency of increasing their breastfeeding when their children were ill and feed children above 2 years more actively ($P=0.03$). Women with above secondary education encouraged and supported their children 3 times more. But the incidence of forcing their children to eat was relatively high among women with lower education.

For herdswomen, during such cases, breastfeeding and giving fluid to their children were dominating. But, among women falling under different economical category, the case of feeding their children with the food they liked dominated. One third of the total women do not pay any attention to their children's food and leave them on their own. This is one of the issues which needs to be taken into consideration.

When children are ill, one of their main care takers are their mothers. In rare cases the father or their grandparents care them. But, father's involvement is very limited. In a herds family, grandparents are relatively more involved in taking care of the children. In families where women fall under different economical categories, the involvement of their own parents are more. For young mothers, the help provided by their grandparents are 6 times more when their children fall ill. Mothers participation in caring their ill children increased, but the father's involvement reduced as the level of father's education increased ($P=0.0058$). It was observed that, fathers of households living in soums did not participate much when their children were ill.

Grandparents, doctors, brothers and sisters are the main supporters of women when their children fell ill. Herdswomen seek relatively more support from their parents. In urban area, relatives supported women more but, in the rural areas doctors supported them relatively more.

8.4. Practices and care provided to injured children at home (method: ID, FGD, OB)

Although most of the women involved in the survey considered that it is appropriate to seek hospital help immediately when a child is injured. But, they provided primary health care using different methods by using available things basing on information they had heard until they sought hospital care. Some women said very confidently that, these methods were very useful. Under domestic injury, women mainly named the following: burns, choking, being injured, cutting their hands and fingers, grazing, falling from a high object and concussion. Methods used by women during these conditions are classified as shown below:

Majority of the women	Minority of the women
<p>During burns:</p> <ul style="list-style-type: none"> • Apply sugar • Dip in cold water • Apply hippophae oil, badger's oil, pig's fat, marmot's and wild steppe cat oil. • Apply laundry soap 	<ul style="list-style-type: none"> • Apply "Sender" soil available in Zavkhan aimag Othgonthenger • Smear cow's dung • Put a raw meat • Apply cream and clotted cream • Put water weed • Apply raw egg • Apply Russian shoe polish • Heat • Sponge with urine • Treat with Roseroot • Put puff-ball • Put carbon paper • Put white goat omentum • Apply tooth paste • Put watery prepared dough
<p>During choke:</p> <ul style="list-style-type: none"> • Make sit heavily on a bed • Hit on the buttock • Hit on the back • Hit on the neck • Dig with finger 	<ul style="list-style-type: none"> • Kiss on the forehead • Stimulate by dipping the head in water • Shake the child with head upside down • Give fluid • Massage the forehead forward
<p>During hand, face, leg and finger cuts and graze:</p> <ul style="list-style-type: none"> • Put a burning cotton • Clean with spirit, furacillin and manganese 	<ul style="list-style-type: none"> • Burn some of his/her hair and put • Apply antiseptic cream • Apply syntomycin emulsion or sprinkle phthalzole • Sprinkle Nystatin or Metronidasole • Dry, pulverize Khan-Khuhii flower and put on the wound
<p>During injury and falling from a high</p> <ul style="list-style-type: none"> • Irrigate with strong salt tea • Have massage done by a chiropractor • Drink Roseroot • Shake 	<ul style="list-style-type: none"> • Place a cast • Use a flower called OBigtseren • Approach a hospital • Cut marmot's raw liver into small pieces and make swallow
<p>During concussion</p> <ul style="list-style-type: none"> • Have massage done by a chiropractor and lie without moving 	
	<p>During a dog bite</p> <ul style="list-style-type: none"> • Put the dog's hair (who bit) on the wound and dress the wound
	<p>During sun stroke</p> <ul style="list-style-type: none"> • Give a cold shower and give frequently oral

	rehydration solution
--	----------------------

"When a hands/arms and legs are injured, I irrigate with strong salt tea. It helps subside the swelling... It is said that if marmot's raw liver cut into small pieces swallowed, is good for an injury. This is used as a pain reliever instead of an Analgine" (A 31 year old mother of a 7 months old child, Zavkhan aimag, Thosotsengel soum).

8.5. Seeking health care

(method: ID)

When exploring the condition of health preventive services sought according to the conditions of monitoring child growth, more than half the children under 1 year old had their height and weight taken within the last month, about one third of the children above 1 year old had had their height and weight taken within the last 6 months, and another one third had their height and weight taken just once before a year. During individual interview, it was observed that most of the women knew and understood the importance of having their child growth monitored. The women stated that, it is important to monitor child growth. Because it helps identify whether or not the child is growing normally and take any necessary interventions when required.

More than one third of the women involved in the interview concluded that there is no difficulty in seeking medical care. But, one fifth said that medical services are slow and not qualitative, another one fifth said that they have problems with lack of transport and fuel and, less than ten percent said that the doctors are insufficient and it is difficult when they are absent. Most of the women from Zavkhan aimag mentioned that they encounter difficulty in seeking medical care. For instance, the services are slow, the quality is poor, lack of transport and fuel and drugs are unavailable. But, more than half of Arkhangai aimag women said they don't have difficulties in seeking medical care. The remaining half of the women were explaining that the doctors are insufficient, services provided are slow and the quality was poor. More than one third of Ulaanbaatar women said they have no difficulties. Another one third were mentioning that the services were very slow, the quality was poor and they also encountered financial constraints more.

In the city and settlements, the tendency of criticizing the quality and efficiency of services is increasing. For instance, one third of the urban women, one fourth in aimag centers and one tenth in soum centers were criticizing the conditions of services. Most of the soum women said that they don't encounter any difficulty in seeking medical care. But, the women were emphasizing that the main difficulties encountered in aimag centers and soums were lack of transport and fuel, lack of doctors and their absence during their visit to the hospital (P=0.055).

More than half of the women seek medical care from family doctors, one fourth from their family and about one fifth approach the hospital directly. The attitude of seeking health care depends on their level of education, employment and their experiences. Majority or one third of the unemployed and herdswomen approach their

family and one third of the herdswomen first approach the hospital to seek medical care. While, about one third of the young mothers first approach their family, one fourth of the elderly women go to a hospital. A majority of the women with low education approach their family first. But, approaching the hospital first is increasing with the level of education. For instance, the attitude of seeking hospital care first in women with 8 years education is 2 times less than the women with higher education.

Most of the women said that they are provided health care efficiently. But one third concluded that they are provided quite late. Health care sought in the urban and the rural is almost the same.

Observation

"During an interview, a child starting fevering. The oldest daughter (21 years old, the main care taker) was paying more attention and taking initiatives. When the researchers suggested them to hospitalize the child, they were quite hesitant and said "the hospital is cold and the drugs are not sufficient" (An employed 37 year old mother of a 1 year 7 months old child, Arkhangai aimag, Erdenebulgan soum).

8.6. Summary

The Mongolian mothers have appropriate knowledge to prevent their children from falling ill and being injured. Especially, during domestic injury, until they are provided primary health care, it is common among women to use available things and various methods basing on information they have heard from the others. Women giving urine to prevent their children from falling ill, tying their small children to ger wall or to a rafter or to a bed stand are attracting attention. Especially, the practice of tying their children is very common among young, low educated women and women living in soums. They were calling these methods as a traditional method. This may be related with limited time to pay attention to their child and/or lack of suitable care taker. Tying children limits their movement which may likely have unfavorable effect on their physical, mental and cognition development.

In order to prevent children from being injured, it was considered important that the public should establish play grounds to make children's playing environment more safe in urban area as well as in rural areas. Women were also mentioning about the importance of ensuring safety around their gers and houses by closing the ways where automobiles go.

Mothers anyhow know their children are ill. During child physical growth retardation, the attitude of taking any actions is dominating rather than approaching a doctor. Particularly, it must be noted that, although, it is correct to build-up children and improve their care, there is an attitude of using various drugs, injections and vitamins arbitrarily. Women's level of education and experience are affecting their knowledge and attitude at some extent.

When a child has fever, mothers provide primary care until a doctor's care is sought. It is quite common to use mother's morning urine to reduce the fever. This practice was more common among herdswomen and elderly women. This may be related with the availability of drugs in the country. The main treatment provided at home during diarrhea is to give oral rehydration solution and continued feeding. It is praiseworthy that, almost half of the women use fluid replacement therapy. But, using a combination of many drugs or using strong antibiotics and drugs which are excluded from drug list (phthalazole) is related with misuse and lack of knowledge about drugs. The condition is same in Arkhangai aimag, where IMCI has started implementing.

Most of the women provide primary care to children who are coughing or are breathing heavily until they seek hospital care. Not few women use urine deliberately. While, urban and educated women are using antibiotics freely prior to seeing a doctor and being diagnosed, rural women are more often using urine.

Concluding all the above, even though, women are providing primary care to their children until they are seeking medical care, the practice of using many types of drugs arbitrarily and often using some negative traditional practices are likely to affect unfavorably in diagnosing the disease and recovery from disease and, moreover may lead to complications or be a cause of developing a chronic disease. Therefore, it is necessary to study the issue in-depth.

When a child is sick, mothers increase the number of breastfeeding and they feed actively by encouraging them, even if the child refuses to eat. Mothers are encouraging children to eat by increasing the number of breastfeeding in children under 1 and using more suitable methods to feed children above 1 year old more actively in accordance to their age and physical peculiarities. The method of feeding their children when they are sick is very much dependent on the level of mother's education and family's location. But, one out of every three women are leaving their children on their own without feeding them actively. This is likely to lead to complications and be a cause of developing a chronic disease because, energy lost to fight against the disease is not being replaced. Especially, urban women paying little attention to this issue could be an indication related to their knowledge and their initiatives.

The main care taker when a child is ill is his/her mother and her parents, relatives and doctors provide them much support.

Considering the condition of preventive health care, it was observed that child growth is being monitored. As the child is growing, especially, when the child is more than 2 years old, monitoring their growth is becoming less frequent. Child growth is supposed to be monitored every month during the first year of their life, when they are at risk of developing malnutrition. But this is quite unsatisfactory and is attracting attention.

Most of the women concluded that they seek health care efficiently. But, they were also mentioning about poor quality of health services, slow and lack of transport and fuel in the country. As in soums, relatively less difficulties being encountered could be

related to soum health services reaching the population more. The tendency of criticizing the velocity of medical services and its quality is increasing as the women are nearing a settlement. But, they are mentioning more about the lack of logistics and personnel as they are getting away.

Family doctors and soum hospitals are the main health facilities providing health care. It is obvious from the survey that, the place to and whom to seek medical care is depending from women's education level and their age. Herdswomen and less educated women seek care from their family first.

CHAPTER NINE: CONCLUSION

In this chapter, we attempted to integrate the result of the survey and classify the existing practices into positive and negative according to their impact on mother and child health. This was one of the most difficult part. Because, it is a very difficult issue to determine which practices, views and methods used by mothers and care takers are correct or incorrect. And, because, some practices which are considered positive, in some cases could become negative and vice versa. But, considering the current situation, in order to make the result of the survey useful to readers, we would like to apologize for taking these steps boldly.

POSITIVE	NEGATIVE
Care for women	
<ul style="list-style-type: none"> • Most of the Mongolian women eat more food during lactation. Especially, they have a tradition gaining strength by taking sheep meat soup, • They have a view that supplementary food is essential during pregnancy and lactation. • Women agreed with the idea that the amount of food eaten by people have health impact and they consider vegetables, fruits and food rich in vitamins as nutritious food. • The women of Mongolia have precise orders to serve their husband or a man first. This they consider as indication of respect and love and affection for their husband. • Women consider that antenatal care is special for both the mother and child health. • Pregnant women are provided care and support not only by doctors and health organizations, but are also provided different types of care and support by their family, parents, relatives and spouses. • Irrespective of family social and economical indicators, there is a tradition of caring and supporting women during antenatal and postnatal period. Pregnant women, especially during the last months are released from heavy work and do light work. After childbirth, there is a tradition of releasing women from domestic work for about 36 days to stick to a regime. • Even though, women are abruptly criticizing 	<ul style="list-style-type: none"> • A considerable number of women during pregnancy and lactation eat the same amount or less food than usually taken. • Rural women are upset because of the condition and paying more attention to their family life, they often deliver without being able to rest in maternity rest homes prior to delivery. • Some women, especially quite a number of rural women account food rich in fat and flour products as nutritious food. This in an indication of unsatisfactory basic nutrition education among the public. • Some women consider that it is worth breaking marriage rather than always being physically violated. • Alcoholism and unemployment are one of the main constraints encountered by the women. • The women of Mongolia have considerably less self-confidence, they are very careful and have no trust in their power. • Women are less competent to independently decide their family's major financial issues. • Women are spending more time than their husband in domestic work. • Women have unequal view in boy's and girl's education.

<p>domestic violence, they are paying more attention in protecting their children's future and solidity of their family and, are looking for their own mistakes and are compromising.</p> <ul style="list-style-type: none"> • Women who earn and are well educated try to decide an issue independently when they do something new. • Half of the women hold their money. • The women of Mongolia decide their family member's health issues independently. 	
<p>Breastfeeding and complementary feeding practices</p>	
<ul style="list-style-type: none"> • The Mongolian mothers have correct knowledge, attitude and behavior about the duration to exclusive breastfeeding, continued breastfeeding, when to wean and the importance of breast milk. • Mother's knowledge regarding indication for complementation is correct. • They are using different types of encouraging methods when their children refuse to eat. 	<ul style="list-style-type: none"> • There are few views that children must be given any kind of fluid such as tea or rice juice after breastfeeding. A child who has been breastfed for a long time is likely to be sluggish in weaning. • The practice of weaning their children too early or too late is quite common among mothers. • Mother's knowledge in weaning their children with what type of food is unsatisfactory. • Mother's initiative and practice to feed their children actively and regularly is unsatisfactory. • Lack of tables and chairs for children of young age is leading to inability of establishing a favorable condition for them to eat and feed. • Although, it is suitable to gradually stop breastfeeding a child, mothers often abruptly, in a short period force their children and stop breastfeeding them.
<p>Psycho-social care</p>	
<ul style="list-style-type: none"> • The mother of Mongolia in general have correct knowledge and attitude about the stages of child development. • Mothers support and encourage their children when they start speaking or walking or start learning to do some simple things. • Since early, the Mongolians have been paying attention to develop their children's language 	<ul style="list-style-type: none"> • Mothers have wrong understanding that newborns are born with no capacity to learn. • Among traditional methods used to improve their children's language abnormality, there are some methods with negative impact. • Women often give wrong answers, or do not answer or explain them, change the topic of their question or stop them when they ask

<p>and used encouraging methods.</p> <ul style="list-style-type: none"> • Mothers concluded their children's mental development correctly and had correct understanding about actions to take during mental retardation. • Parents are child's most intimate people as well as grandparents, elder brothers/sisters and relatives are playing important role in caring children. In the country, fathers and grandparents are playing important role in child care. • Siblings and peers playing with them are having special effect in small children's cognition and social relations development. • Families provide conditions and opportunities to get acquainted and learn about the environment. • Mothers mostly communicate closely/friendly, fondle and lullaby their children when they don't sleep. • The Mongolians have special behaviors to protect and prevent their children from negative influences. • Women understand that they have special role in family and child education and, should be an example to them and teach them. • The Mongolian women play special attention in educating their children from young age and use traditional methods. 	<p>questions regarding reproductive health.</p> <ul style="list-style-type: none"> • Women have wrong understanding that there is gender difference in children's mental development and that girl's mentality develops faster than boy's. • In city, siblings are playing major role in caring children of young age. • Mothers are concluding that the public is not providing conditions for children to learn and know through their toys, to play in a safe environment. • It is not common for parents to play with their children. • Some mothers use frightening, forcing, tiring and violating methods when their children don't go to sleep. • There are some practices used to protect and prevent their children from negative influences, which may have unfavorable impact on child health, mental and cognition development. • The practice of scolding and punishing their children is common among mothers and they consider that it is useful at some extent.
<p>Preparation food and active feeding practices</p>	
<ul style="list-style-type: none"> • Families mainly store meat and flour and in summer they jerk meat and use them. • Women almost do not participate in preparing wood and collecting water. Mostly husbands and other people prepare them. • Women prepare new food, in small quantity at a time for their children of young age and they consider that left over food don't meet the composition, quality and hygiene needs. 	<ul style="list-style-type: none"> • Women usually purchase food products themselves and their husbands involvement is unsatisfactory. • They are collecting food from the cheapest site such as food market, the city and settlements. • The practice of using left over food is common among the Mongolians and they usually heat or in some cases they warm the food by putting it in hot tea.

Hygiene practices	
<ul style="list-style-type: none"> • All the mothers wash their hands at some extent and they also wash their children's hands. • Mothers have an understanding that bathing their children is helpful for their health, growth and hygiene. • There is a tradition of bathing their children in strong salt black tea, sheep and horses bone soup to strengthen them when they have fatigue, cold or are suffering from rickets. • Mothers know the harm of drinking unboiled milk and water by children. 	<ul style="list-style-type: none"> • The sources of drinking water in rural area being wells, water tanks, snow, rain, river and springs are affecting unfavorably in meeting family and individual hygiene needs. • Due to inadequate public bath places, in rural areas they usually bathe in their gers and in city, they bathe in someone's house who live in apartments. • Practice of washing their hands after defecation is unsatisfactory among mothers especially, they hardly wash their children's hands after defecation. • The practice of passing urine and stool open is common among children and the practice of removing the wastes is unsatisfactory. • A specific custom to collect newborn's stool for one month after birth and removing it is existing. • The practice of giving unboiled water to their children is considerably common. • Mother's morning urine is used widely for treatment.
Home health practices	
<ul style="list-style-type: none"> • Mothers have appropriate knowledge to prevent their children from disease and injury. • Mothers have the understanding that in order to prevent their children from being injured and to make their play ground safe, they should establish a play ground and close the auto roads. • Mothers are able to know and determine their children are ill. • Mothers have the attitude that they should care their children and take actions to strengthen them when they are physically and mentally retarded. • Mothers provide primary health care to their children when they have fever, diarrhea or signs of heavy breathing, until they seek 	<ul style="list-style-type: none"> • The practice of using human urine to prevent their children from falling ill and tying them to an object from being injured is very common. • There is a tendency of using drugs, injections and vitamins freely among women when their children have physical growth retardation. • Most of the mothers when they or their children have fever, are poisoned or have internal fever, take urine orally or apply sponging or wrap with urine. • The practice of using mother's urine during fever, heavy breathing and coughing is considerably common. • During diarrhea, at home mothers are using many different types of medicines or strong antibiotics (levomycetin), or drugs which are

<p>medical care.</p> <ul style="list-style-type: none"> • During diarrhea, mothers are treating their children by providing them oral rehydration solution or fluid to drink. • Mothers are paying attention in feeding their children and active feeding when they are ill and, they encourage them according to their age and physical peculiarities. • Mothers mostly care their children when they are ill and doctors, grandparents and relatives provide them great support. • Health care is sought from family doctors and soum hospitals. • Child growth monitoring program is being implemented at some extent. 	<p>already excluded from the drug list (phthalazole).</p> <ul style="list-style-type: none"> • Most of the mothers who do not administer any medications at home do not know the method of treatment. • Paying little attention for their children's feed leaving them on their own is considerably common among mothers. • Growth monitoring when they become older, particularly in children above 2 years old is becoming less frequent. • Mothers are concluding that health services are inefficient, not qualitative, there is lack of transport and fuel, lack of doctors or they are absent or drugs and injections are not available.
--	--

Based on the result of the survey, we tried to determine current resources for the childrearing practices according to human, economical and organizational indicators at a family and community level.

One: At the family level

I. Human resources

Knowledge, beliefs, attitude

In result of high literacy rate among the Mongolians, the level of health education among women is relatively high. They have correct knowledge and attitude about the child's developmental milestones, the importance of breastfeeding and child's growth monitoring, active complementary feeding, preventing children from falling ill and being injured, knowing signs of child's illness at home, providing primary health care, take actions when child's growth are retarded, the effect of diet during pregnancy and lactation on child health.

As the level of education is increasing, methods and practices used to prevent their children from being injured and providing primary health care at home is improving and the coverage in health services is increasing.

Utilizing all the channels used by women in obtaining information, there is a wide opportunity to provide them with all necessary information.

Mental health, stress, and self-Confidence

Women who earn money and have higher education have relatively high capacity to make decision. Although, Mongolian women are facing many upsetting issues, they are generously dedicating their time, knowledge and skills for their family and children.

Fathers

In a family where the mother is employed and who are living in soums, fathers are playing important role in child care. Men provide good physical and emotional care to their wives when they are pregnant or lactating as well as, they never make them do any domestic hard work.

II. Economic resources

Family resource, property control

There are a considerable number of women who hold their family finance. This is providing them opportunity to utilize and coordinate the resource for the well being of their children. As the level of education in young women and women of any age is increasing, their financial competence is increasing too.

Workload and time

Provision of antenatal and maternity allowances from the government is having a positive impact in child care resources. But, women in order to earn money are working as well as, if compared with men are spending many hours in domestic work. This is leading them to spend little time to care their children. This is independent to selected indicators such as, women's employment, education level and household's location.

III. Organizational resources

Alternative care takers

Grandparents, siblings and relatives are participating actively in child care. In the rural area, adults with life experiences such as fathers, grandparents play important role. This is contributing to opportunities to deal with more responsibility in child care and care them well.

At the community level

At the national level, implementation of programs such as Breastfeeding and Growth Promotion, fighting against iodine deficiency, IMCI, National Immunization and the Community – health are contributing valuably in child care. Especially, the establishment of "Baby Friendly Hospital" a health care system relying on the community in many numbers is one of the resultative form to organize and decide child care issues within the community. Likewise, NGOs are contributing to child care activities.

CHAPTER TEN: RECOMMENDATIONS

Basing on the result of the survey, the following implementative recommendations are suggested. These recommendations are only expressing our views. So, please take into consideration that it does not express the policy and doctrines of the MOH and funding organization.

One: Care for women

At a family level:

- Spread the tradition of paying particular attention and providing care to women during pregnancy and lactation from their family and husband and advertise to men to continue providing these support and care to children at least, until they are 2 years old;
- Although, women understand well that they should use supplementary food during pregnancy and lactation, they are unable to implement them in life. Therefore, the family members should pay more attention in their food and nutrition;
- Utilizing the importance of antenatal care evaluated by women, improve attention and care of the family members to fully involve herdswomen in antenatal care;
- Father's and grandparent's participation in child care is good. Therefore, reduce women's domestic workload by motivating them;
- Education of women have positive impact on the quality of child care. Therefore, apart from encouraging their view and attitude about education, the members of the family should not neglect the issue of men's education;
- Provide women with opportunity to obtain their desired information and participate in education and communication;

At the community level:

- Encourage and stimulate activities to rest and deliver herdswomen in maternity rest homes and improve the conditions of maternity rest homes;
- Women have unequal gender views and attitudes towards male, female child education. Therefore, the issue needs to be considered, advocacy and communication activities are required to be organized and conducted deliberately;
- Formal and informal education system for women, especially reflect the issue of family education in the Government policy;
- Encourage and support initiatives to fight against alcoholism;
- Increase the number of job, encourage initiatives and training at all level to teach to live and upgrade professional skills;
- Support women to decide issues independently and to have self-reliance by providing them with job, loan, to implement a project and show relief in production and services;
- Provide women with opportunity to obtain information and organize activities to disseminate information related to women and child care utilizing the most accessible media channels such as the radio and newspapers;

Two: Breastfeeding and complementary feeding practices

At a family level:

- Motivate traditional behaviors for breastfeeding, organize mass communication to change behaviors in too early or too late weaning;
- Increase the name and type of traditional complementary food for young children, take actions to teach care takers to enrich energy and nutrient values of diet with locally available food products by expanding information, education and communication for care takers;
- Prepare special food and feed children actively at least until they reach 2 years old. Take initiatives and conduct education and communication activities to feed efficiently;
- Motivate the practice of breastfeeding children up to 2 years old. In order to introduce the practice of discontinuing breastfeeding by gradually reducing the number of breastfeeding, conduct education and communication activities and disseminate information through media channels;

At the Community level:

- Continue the policy of breastfeeding at the national level, integrating the policy with other program activities. Promote a movement for baby friendly community, organization, soum, district and region;
- Establish an information, education and communication network at the national level including all the social sectors regarding issues in complementary food for young children;
- Basing on traditional complementary food, possible to prepare from locally available food products meeting the needs of young children, develop and introduce recipe and technologies for complementary food;
- Integrate the activities of sectors participating in food and nutrition, revive domestic production for child food, support and encourage an investment in child food production;
- Exempt and relieve domestic factories and industries producing child food from tax;
- Support initiatives for establishing sanatoriums for malnourished children;

Three: Psycho-social care

At a family level:

- Although a child becomes helpful and independent at a relatively young age when he/she has a younger brother/sister, it should be taken into consideration that these may likely have negative influence on the health and nutrition of the child;
- Care takers pay considerable attention in developing child language. Therefore, they should pay attention in explaining and responding correctly to difficult questions raised by them;

- Traditional practices used to put children to bed such as, lullaby, hum a lullaby and sleeping along the child have positive influence in child education. Therefore, attention should be given to reinforce and transmit these practices;
- Combine advanced methods for child mental development with contemporary methods;

At the community level:

- Basing on care taker's correct knowledge in actions to take during child development and mental retardation, develop and implement strategy to support child psycho-social development;
- Organize education and communication among parents in peculiarities of education and mental development in children of young age;
- Develop, produce and distribute education and communication materials appropriate to psycho-social peculiarities of children;
- Reinforce and transmit positive behaviors used to protect and prevent children from any bad influences, conduct training and communication to explain the negative behaviors;
- Organize activities and provide information to care takers to give correct response to questions asked by children;
- Admitting children to help at a relatively young age may have negative impact on their physical growth and development and health. Therefore, pay particular attention to increase care taker's knowledge on the above, family planning and reproductive health;
- In order to establish a safe environment for children to know, learn and play, first of all estimate budget for establishing play grounds and kindergartens in numbers;

Four: Practices for preparing food and active complementary feeding

At a family level:

- In order to save women's time to prepare food for their children and family and facilitate their work, provide them with possibilities to widely use kitchen equipment;
- To avoid left over, prepare appropriate amount of fresh food for their family members;

At the Community level:

- Organize training and communication among care takers in food hygiene and food safety;

Five: Hygiene practices

At a family level:

- Apply practices to avoid using unboiled water and milk and to use them boiled;

- In case when hands are dirty, particularly after defecation and after handling children's wastes everyone should get into the habit of learning to wash their hands;
- To get used to using purpose-made latrine in the rural area and remove human wastes appropriately;

At the Community level:

- Provide the population with safe drinking water;
- Establish public bath places alike in city and in the countryside, regularize their activity and improve the conditions;
- In order to change practices and traditions related to human wastes, implement IEC activities among care takers;
- Develop simple technology to construct purpose-made latrines in the rural area, train the rural population about the technology and implement IEC activities;

Six: Home health practices

At a family level:

- Avoid some traditional methods directed towards preventing injuries harmful for child health;
- Provide primary health care at home when a child is ill and seek health care immediately;
- Feed children more and well when a child is ill;
- To monitor their child growth, women should take initiatives to consult their doctor and health workers;

At the Community level:

- Explain and inform the harm of some traditional methods directed towards preventing some injuries harmful to children's health;
- The community should establish play grounds for children to prevent them from being injured and the local country should pay particular attention to take special actions and implement the actions by closing transport roads;
- Conduct IEC activities for care takers using various information materials on treating, feeding and caring sick children at home and intensify program activities implemented in this field;
- Expedite and improve the quality of health care and services, take and implement actions to improve the provision of health staff, transport and equipment in the local area;
- Organize a systematic training to monitor and evaluate the growth of young children involving all level of health sector, improving child growth monitoring system by integrating with other program activities.

REFERENCES

1. Altangerel D. Language treatment, 1995.
2. Altansuvd L, Gereltuya T, Tuya B. Diagnosis of mental development in pre-school children, Ulaanbaatar, 1999.
3. Batjargal J. Protein-enerID malnutrition in Mongolian children under 5, its prevention, Ulaanbaatar, 1999.
4. Ministry of Education. Model recommendation in training for pre-school education, 1999.
5. Ministry of Education. Child development in Mongolia during transition period, 1997.
6. UNICEF. The status of world children, Geneva, 1998.
7. Malchinkhu D, Udval N. Reasons for under 5 children's death, influencing factors. Report of a completed work, Ulaanbaatar, 2000.
8. The Government of Mongolia, UNDP. Human Development Report, Ulaanbaatar, 2000.
9. Narmandakh A, Soros Foundation. Parent participation in child development and education, 1998.
10. Horjkhorloo N. Child development in Mongolia during transition period, Save the Children's Fund, The World Vision, Ulaanbaatar, 1997.
11. NSO, MOH, UNFPA, UNICEF. Reproductive Health survey report, Ulaanbaatar, 1998.
12. UNDP. Minimum level of birth, Population Bulletin, 40-41, 1999.
13. Orosoo G. Growth and development of children under 1, Ulaanbaatar, 1997.
14. Orosoo Sh, Batdelger J. Physical and mental development in infants, Ulaanbaatar, 1999.
15. Oyuntsetseg S. Child health, World vision, 1998.
16. Ch. Urje. Hygiene in crèche children, 19...
17. PTRC. Second Demographic survey in Mongolia, National University of Mongolia, 1996.
18. Nutrition Research Center, UNICEF. The status of population nutrition survey report, Ulaanbaatar, 1999.
19. Care and Nutrition: Concepts and Measurement. Patrice L Engle, Purnima Menon, Lawrence Haddad, USA, 1999.
20. Deborah Lowe Vandell and Barbara Wolfe. Child Care Quality: Does it matter and does it need to be improved?
21. Judith L Evans. Child rearing practices and beliefs in Sub-Saharan Africa, Report of a Workshop, 1993.
22. Kid Source Online. Parenting: Child Care.
23. Kerry Richter and others. Child care in urban Thailand, 1992.
24. Lucas A. and others. Breast milk and Subsequent Intelligence quotient in Children Born Preterm, 1991.
25. Manual for a three-day workshop on Early Childhood Care for Survival Growth and Development. Nutrition Section Program Division UNICEF, NY, 1999.
26. Memorandum of Understanding. Food security and Nutrition, Ulaanbaatar, 1998.
27. Nutrition and Food security study, Mongolia.

28. Freya I, Sonenstein and Douglas A Wolf. Parents' Child Care Preferences: Patterns Welfare Mothers (USA).
29. Patrice L, Engle and Purnima Menon. Care and Nutrition: Concepts and Measurement.
30. Report on the 2nd National Child and Nutrition Survey, Mongolia, 1999.
31. Reproductive health, Gender and Rights in Mongolia, MOHSW, UNFPA, 2000.
32. Situation Analysis Report. MOHSW, UNICEF, 2000.
33. Tatsuo Ujie. Socio-cultural comparison of emotion regulation in relational context between Japanese and American Mother-infant dyads.
34. UNICEF. The Care Initiative.
35. UNICEF. Kenya study.
36. UNICEF. The Care Initiative. Assessment, Analysis and Action to Improve Care for Nutrition, UNICEF, Nutrition Section

SURVEY PLAN

Workplan

1. Conduct training, select teachers and researchers, meeting to discuss general survey plan.
2. Collect materials for researchers to read and translate.
3. Meeting with UNICEF to discuss and negotiate the general plan for the survey.
4. Make copies of and distribute materials for researchers to read and translate.
5. Work independently (familiarize with survey methodology, and surveys conducted in other countries, search information from internet, read survey materials and prepare for the survey.
6. Estimate and approve budget for the survey.
7. Write roles and responsibilities for each participant.
8. Researchers' workshop.
9. Inform the aimags date for conducting the survey.
10. Organize researchers' training.
11. Organize interviewers' training.
12. Revise, enter and retype survey questionnaires.
13. Practice group discussion.
14. Prepare for conducting survey in the country, make contracts with the researchers.
15. Collect information, work in the field, write unit report.
16. Collect unit information and prepare for entering into computer.
17. Enter information into computer.
18. Calculate the cost of the survey conducted in the field and prepare for conducting the survey in Ulaanbaatar.
19. Conduct survey in Ulaanbaatar.
20. Write unit report and prepare the report for entering into computer.
21. Enter information collected from Ulaanbaatar in computer.
22. Analyse the information.
23. Write report.
24. Give the report to professionals and collect their suggestions.
25. Organize a workshop to discuss the report with professionals.
26. Preparatory work for organizing a national seminar on the result of the survey.
27. Conduct national seminar on the result of the survey.

Page count:

1. 44 402 words : 250 words/page = 178 pages
2. 5497lines : 28 lines/page = 196 pages