



Notes

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GROWTH AND DEVELOPMENT (0-5 Yrs)

*D*evelopment of a human being from a zygote to a full grown adult is a subject that has fascinated people over generations. Not only is this knowledge useful as a tool for understanding self, but also for guiding the growth of children. Some of you may be young parents with very young children and definitely most of you will become parents in the future. This knowledge of how children grow and develop from birth onwards will help you in understanding the developmental process of your children. It will also be helpful to you in recognising areas where the growth or development of a child is not normal or slower than it ought to be.



OBJECTIVES

After reading this lesson, you will be able to:

- list the stages of human life span;
- describe the patterns of growth and development and discuss factors affecting them;
- list the milestones of motor development during 0-5 yrs;
- highlight socio-emotional development;
- describe language development;
- trace cognitive development;
- discuss care of and behavioral problems in children.

18.1 STAGES IN THE LIFE SPAN

Human development can be better understood if we focus on its different



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stages while relating to the whole. The human life span can be divided into the following stages:

Table 18.1 : Stages of life span

S.No.	Stages of life	Age
1.	Prenatal period	conception to birth
2.	Period of the neonate	birth to one month
3.	Infancy	1 month to 2 years
4.	Early childhood	2 to 6 years
5.	Middle childhood	6 to 11 years
6.	Adolescence	11/12 to 18/19 years
7.	Early Adulthood	18/19 to 40 years
8.	Middle age	40 to 60 years
9.	Old age	60 and above

If you look at the above table you will realise that of the stages listed here, the first one refers to development before birth and the next four can be clubbed together to denote 'Childhood'. After childhood it is adolescence followed by adulthood which covers the next two stages i.e., 7 & 8. The last one left is old age. Hence basically there are four stages of development after the birth which are—

1. Childhood
2. Adolescence
3. Adulthood
4. Old age

18.2 PATTERNS OF DEVELOPMENT

Development essentially means change as a result of the complex interactions between many processes - biological, social and cognitive.

1. **Biological processes** involve changes that are physical in nature. Our genetic heritage, growth of body organs, acquisition of motor skills, hormonal changes at puberty, all reflect the role of biological processes in development.
2. **Cognitive processes** involve changes in the thinking, intelligence and language of the child. Perception, attention, understanding, problem solv-



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ing, memorizing, imagination, all reflect the cognitive processes in children's development.

3. **Social processes** involve the changes in the child's relationship with other people, emotions and personality. The first smile of an infant, the development of attachment between the mother and child, children learning to share, to assert, to take turns, to play with others, all reflect the social processes in development.

You must remember that all these processes are intricately interwoven which means they constantly influence each other. The cognitive processes promote socio-emotional processes and the biological processes influence cognitive processes. For example, a sick child (biological process) is irritable and cries frequently (socio-emotional). If unable to attend school regularly, the child lags behind in studies (cognitive processes). Constant irritability also influences the relationship with others (social processes).



Activity 18.1: List five examples each of cognitive, social and biological processes. Try show the interrelationship in at least two of these situations.

S.No.	Cognition	Social	Biological	Relationship
1.				
2.				
3.				
4.				
5.				



INTEXT QUESTIONS 18.1

1. Match the stages and patterns of development in column I with their description given in column II.

I	II
(i) neonate	(a) 18/19 years-40 years
(ii) adolescence	(b) 2-6 years
(iii) early adulthood	(c) increase in height



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|--------------------------|------------------------------------|
| (iv) early childhood | (d) making friends |
| (v) cognitive process | (e) Birth - 1 Month |
| (vi) social process | (f) watching a colourful mobile |
| (vii) Biological process | (g) 11 - 12 years to 18 - 19 years |
| | (h) expressing happiness |
| | (i) increase in weight |
| | (j) quarrel with peers. |

2. Select the statements which refer to stages of development, from the statements given in question 1 and write them here.

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3. Select the statements which refer to patterns of development, from the statements given in question 1 and write them here.

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18.3 GROWTH AND DEVELOPMENT IN EARLY CHILDHOOD

Growth and development are complementary processes. Growth indicates the quantitative changes in the body, that is height and weight, while development refers to both the qualitative and quantitative changes, for example language acquisition. Development can be defined as a 'progressive series of orderly, coherent changes'.

Growth: Quantitative change

Development: Quantitative and qualitative change



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All development takes place according to certain principles some of which are as follows:

1. All growth and development follow an orderly sequence. A child can sit only when the muscles of the back are ready to support the body.
2. Each child normally passes through a number of stages, each with its own essential characteristics.
3. There are individual differences in development. Every child grows at his own pace. You know that children start walking by the time they are one year old but you may have also noticed that some are early and others are late.
4. Though the human being develops as a unified whole, each part of the body develops at different rates. Basically there are two sequences in the rate of development.
 - (a) Cephalocaudal i.e. development proceeds from head to toe. The head and brain develops first, then the torso, the neck etc.
 - (b) Proximodistal i.e. development proceeds from centre to extremities. The child first gains control over the spine, then arms, then fingers.

Fig. 18.1(a)
Sequential growth

Fig. 18.1(b) Sequential development

5. Development is essentially the result of the interaction between maturation and learning. While maturation is the 'unfolding of characteristics potentially present in the individual's genetic endowment', learning refers to the "relatively" enduring changes that come about as a result of experience and practise.

Genetic Endowment
characteristics inherited from the parents by the off spring.

18.4 FACTORS AFFECTING GROWTH AND DEVELOPMENT

- (i) **Heredity** - It is the process by which the features and characteristics are passed from parents to the child before the child is born. Thus fea-

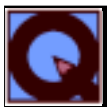


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tures like the colour of the skin and eyes, the height, body build, intellect and talents, etc., are all fixed and no one can change them beyond a limit.

- (ii) **Prenatal environment** - This is the environment of the foetus in the womb. If the mother gets poor nutrition, is emotionally upset or smokes, drinks, or takes some medicine or suffers from certain diseases, the growth of the child can be adversely affected.
- (iii) **Nutrition** - Proper nutrition is essential for the healthy development of the child. A malnourished child's growth may be retarded or slow.
- (iv) **Intelligence** - Higher intelligence is associated with faster development while lower intelligence is associated with retardation in various aspects of development.
- (v) **Emotional climate of home** - If there is a lot of discord/fights at home or the child is not given enough love and attention or there is physical/mental abuse of the child, then the child's development is adversely affected.
- (vi) **Health of the child** - If the child frequently falls sick, suffers from some disorder, is disabled or has disturbed endocrine functioning, the development is likely to suffer.
- (vii) **Level of stimulation** - The amount of stimulation the environment provides to the child i.e., the opportunities for exploration of environment, opportunities of interaction with other people, etc., all influence the rate of development.
- (viii) **Socio-economic status** - It also influences the development by deciding the kind of nutrition, stimulation, facilities, opportunities, genetic endowment the child gets.
- (ix) **Sex** - All children follow the same sequence of development. However, certain skills are faster in girls than in boys and some other skills are faster in boys than girls. For example, language acquisition is faster in girls and skills like jumping catching, throwing are faster in boys. Sex is also a factor that decides the potential of a child in physical development - boys grow up to be taller, heavier and more muscular than girls.

**INTEXT QUESTIONS 18.2**

Test your word power

Human Development is a new concept for you and you must have come across some new words. Given below are some of the words used in the text. Choose the option closest to the real meaning of the word. You can check the correct answer at the end of the lesson.

1. Body build: (a) building a collection of art (b) physical structure of a building (c) physique
2. Intellectual capacity: (a) making interesting conversation (b) the ability to think logically (c) smart
3. Genetic endowment: (a) wearing jeans (b) born with a particular feature inherited from parents (c) to give generously
4. Endocrine functioning : (a) To attend an important function (b) to end a crime (c) working of hormone secreting glands
5. Prenatal environment: (a) environment of fetus in the womb (b) polluted environment (c) healthy environment
6. Emotional climate of home: (a) the atmosphere of happiness in the home (b) the atmosphere of fear in the home (c) the atmosphere of feelings in the home.

18.4 PHYSICAL DEVELOPMENT

Physical development includes (i) an increase in height and weight, (ii) changes in body proportion and (iii) development of teeth, bones and muscles.

(i) Increase in Height and Weight

A newborn baby weighs about 2 to 3.5 kg at birth and loses about 150-200gms in just 3 to 4 days. After that the baby grows rapidly and doubles the weight by 6 months. The birth weight becomes 3 times by 1 year.

The length of the baby at birth is about 40 to 50cm and in one year it becomes 1 ½ times of the length at birth. Thereafter it increases as shown in the table below.

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Table 18.2
Reference body weight and height of Children and
Adolescents according to NCHS

Age (years)	BOYS		GIRLS	
	Height (cm)	Weight (kg)	Height (cm)	Weight (kg)
0	50.5	3.3	49.9	3.2
1/4 (3m)	61.1	6.0	60.2	5.4
1/2 (6m)	67.8	7.8	66.6	7.2
3/4 (9m)	72.3	9.2	71.1	8.6
1.0	76.1	10.2	75.0	9.5
1.5	82.4	11.5	80.9	10.8
2.0	85.6	12.3	84.5	11.8
3.0	94.9	14.6	93.9	14.1
4.0	102.9	16.7	101.6	16.0
5.0	109.9	18.7	108.4	17.7
6.0	116.1	20.7	114.6	19.5
7.0	121.7	22.9	120.6	21.8
8.0	127.0	25.3	126.4	24.8
9.0	132.2	28.1	132.2	28.5
10.0	137.5	31.4	138.3	32.5
11+	140	32.2	142	33.7
12+	147	37.0	148	38.7
13+	153	40.9	155	44.0
14+	160	47.0	159	48.0
15+	166	52.6	161	51.4
16+	171	58.0	162	53.0
17+	175	62.7	163	54.0
18+	177	65.0	164	54.4



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(ii) Changes in Body Proportion

The head of the new-born is $\frac{1}{4}$ th the size of the body. As the child grows, the body becomes more proportionate as you can see from the illustration given below.

Fig. 18.1: Body Proportion

Milestones of physical development

A baby develops from the head to toes. The neck and shoulder muscles must be strong before she can sit, the trunk must be strong before she can stand. The time clock for development depends more on what is inherited than on environment but a baby who spends more time in pram will not learn to crawl as soon as a baby sitting on the floor surrounded by interesting-looking objects.



Fig. 18.2: Milestones of physical development

1. **Six weeks:** smiles at mother; eyes stare at a ring on a string and follow the mother.
2. **Three months :** turns head towards sound, head bobs down on mother's shoulder.
3. **Six months:** head steady and back straight when held on shoulder; sits with support of cushions; stretches arms to be lifted up.

As the newborn grows rapidly, control is first gained over muscles in the trunk and back, then in the arms and lastly in the extremities or the fingers.



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(iii) Development of Teeth, Bones and Muscles

- (i) **Teeth:** A normal healthy child first erupts the lower front teeth known as central incisor between 5-6 months, followed by upper incisor at 7 months. The next teeth to erupt are upper side-teeth (canines) in the 8th month followed by lower canines between 9th to 10th month. By the time a child is 3 years old he/she has 20 teeth. They are called milk teeth, because they are replaced by permanent teeth in middle childhood.
- (ii) **Bones and Muscles:** When a child is born the bones are soft and contain more cartilage tissues. As the child grows, calcium gets deposited in the bones. The process of deposition of calcium in the bones is called ossification and is a continuous process. That is the reason, when children fall, they rarely fracture their bones. Children's bones are covered with fat and muscles. In the early years the fat deposit is more than the muscles. As they grow, it gets replaced by muscles.

18.5 MILESTONES OF MOTOR DEVELOPMENT

<i>Age</i>	<i>Motor Development</i>
0-2 months	Kicks aimlessly, stretches hand and feet, closed fist.
2-4 months	Follows a moving person with eyes, stares at a bright object, lifts chest short distance when placed on abdomen, holds head. Rolls from back to the side. Begins to grasp toy in hand.
4-6 months	Holds head steady when carried. Holds toys and reaches for objects. Raises hands to be lifted. Lifts head and shoulder and rolls over. Lifts self by hands or forearms when lying on the stomach. Sits up when propped.
6-8 months	Can hold head and sit erect without support. Bangs spoons or pats floors. Can pick up objects from floor, table. Can hold a toy in each hand. Has learnt to use the thumb to grip things.
8-10 months	Begins to crawl, can pull self up to stand by holding on to furniture.


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	Holds small objects like buttons, coins between thumb and finger. Can hold, bite and chew objects.
10-12 months	Stands with slight support. Walk with support. Can push light objects. Picks up small and big objects and examines them.
1-2 years	Walks without support. Drinks from a cup. Can handle a spoon. Plays with push and pull toys. Can climbing stairs and come down as well. Scribbles. Eats by self.
2-3 years	Plays tirelessly. Can feed himself well. Bowel and bladder control is acquired. Can brush hair and teeth. Can take out and put back toys from cupboards. Follows simple instructions.
3-5 years	Can button and unbutton dress, can dress without help. Can attend to personal needs like toilet, washing. Ready for school.

18.6 SOCIO EMOTIONAL DEVELOPMENT

At birth a child is neither social nor unsocial but by 3 months he/she smiles and responds to friendly overtures. By 5-6 months the child can discriminate between a stranger and familiar person. Cooperates in simple games by 1 year and becomes shy in presence of strangers by 1 ½ years. Loves the company of same age persons by 2 years. The child starts throwing temper tantrums and resents the arrival of the new baby in the family. The fear of separation from the family members becomes significant. Loves to copy the action of his parents. Around 3 years of age, displays affection towards parents and starts cooperative play. Has imaginary friends, practices sex role activity. May enter pre-nursery. During 4-5 years of age, prefers to play with other children and becomes competitive.

18.7 LANGUAGE DEVELOPMENT

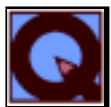
At birth a child cries to tell about his/her woes and needs. Slowly the crying becomes more peculiar and the mother can distinguish between hunger, discomfort and pain cries.

Around 3 months, the child starts cooing, i.e. makes happy gurgling sounds when pleased or picked. Around 6 to 7 months, cooing is converted to babbling sounds, which is a repetition of syllables like Ma - Ma, Ba - Ba, etc. By



nine months, a child can speak words. One word is used at a time to convey a whole sentence like 'doll' means 'I want a doll'. By one year, the child can combine two words. By 2 years 2 to 3 word sentences are spoken easily.

By the age of 5 years, a child has a vocabulary of about 500 words. This vocabulary then grows rapidly.



INTEXT QUESTIONS 18.3

- Match the following motor and social skills in column A with the age the child learns these at, in column B. Some of these may be overlapping answer in column B.

Column A	Column B
(i) Walk without support	(a) 1-2 years
(ii) Sit up without support	(b) 3 years
(iii) Climb steps	(c) 2-3 years
(iv) Bladder control	(d) 5-6 months
(v) Stranger shyness	(e) 6 months
(vi) Cooperation in simple games	(f) 1 year
(vii) Cooperative play	(g) 8-10 months
(viii) Discrimination between strangers and familiar person	(h) 2 years
(ix) Use 2-3 word sentence	(i) 6-8 months
(x) Produces babbling sound	(k) 1½ years
(xi) Follows a moving person with eyes	(h) 2-4 months

- Define motor development.

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- Name two types of motor development.

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18.8 FEATURES OF COGNITIVE DEVELOPMENT

Some of the features of cognitive development seen in a child from birth upto five years are:



- Realises that the world exists even if he/she cannot see it (object permanence)
- Unable to see the perspective of others (egocentric)
- Unable to think logically
- Believes all things (living and non-living) to be possessing life and feelings
- Indulges in fantasy and make-belief play
- Easily confused by surface appearances
- Has uneven attention
- Has limited memory
- Confused about causal relationships
- Acquires basic concepts of colour, shape, size, number, days etc.
- Has high level of curiosity

18.9 HANDEDNESS

You all know that we prefer to use our right hand to do the majority of our daily chores. But some children prefer to use their left hand as their main hand. We should not force these children to change to the right hand because it may affect their brain and other developments. The child may also develop certain speech problems. This is because in the case of right handed persons, the center that controls handedness is on the left side of the brain and the main speech centre is on the right side of the brain. In case of left handed people, the system is reversed, i.e., the main centre of speech is on the left hand side and the handedness centre is on the right side of the brain.

When you force a child to change from left hand to right hand, the main speech centre on the left side tries to take up the function of handedness also. Hence the main speech centre gets over loaded and this affects both the functions of speech and handedness. This leads to speech problems accompanied by bad handwriting and other problems of coordination. Hence, let a left handed child remain left handed. Moreover, left handed children are as intelligent as right handed children.



INTEXT QUESTIONS 18.4

1. From the following list tick mark (✓) those skills which are cognitive. Give reasons for your choice.
 - i) thinks logically

- ii) indulges in make belief
- iii) follow moving object with eye
- iv) confusion about causal relationship
- v) recognizes colours
- vi) able to eat with spoon
- vii) curiosity
- viii) easily confused by surface appearance
- ix) brush own hair and teeth
- x) limited memory span



18.10 TAKING CARE OF CHILDREN

A new born is helpless, delicate and tender and the mother needs to take special care so that the child grows up to be healthy and strong. Every child should get proper food, ample sleep and rest, regular bathing, suitable clothing and needs to be immunized against diseases.

1. **Feeding:** The first yellow secretion from the breast when the child is born is called colostrum. It has protective antibodies which provide immunity against certain diseases.

Breast milk is easily and quickly digested. It has ideal composition and temperature. It provides emotional satisfaction to the mother and security to the child. Hence, all new-borns should be breastfed.

Once the child is 3 to 4 months old, mother's milk is not sufficient to meet the nutritional needs. Hence the child has to be slowly weaned from milk to liquid to semi-solid to solid diet. This introduction of top feeding is called weaning. In the beginning fruit juice, clear soups of vegetables and dals are given, followed by mashed dals, fruits and vegetables, soups and kheers. One year old child can chew raw vegetables, chappatis, fruits, etc. However, weaning has to be done gradually.

2. **Rest and Sleep:** Rest is required for growth and development. It makes the child strong and healthy. The rest period varies from child to child, but on an average the sleeping pattern of children is as follows -

<i>Age</i>	<i>Hour of Sleep</i>
0-2 months	20 to 22 hours per day
2-6 months	16 to 18 hours per day



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6-12 months	12 hours per day (and 1-2 hours afternoon/morning nap)
1-2 years	12 hours at night and a nap in the afternoon.
2-5 years	8 to 10 hours including a nap in the after-noon.

- (3) **Bathing:** All children should be bathed regularly to get into the habit of regular bathing, preferably at the same time each day. Before bathing, massaging should be done. Baby should be bathed with water at a temperature of about 85.0°F. In summers, babies should be given a bath twice a day and in winters once a day or on alternate days.



Fig. 18.3: Bathing

- (4) **Suitable Clothing:** A child's garments should be comfortable, soft, of absorbent material like cotton, simple in design, bright in colour, and easy to wash. They should not have too many frills, trimmings and buttons, draw-strings, and ribbons.

As children outgrow the size quickly, clothes should never be too many or too expensive.

Nappies or diapers are the most essential clothing for a baby, hence it should be soft, light weight, absorbent and quick drying.



Fig. 18.4: Suitable clothing

- (5) **Immunization:** Right from birth all children should be immunized regularly against communicable diseases as it increases their body resistance.



Immunization Schedule (against vaccine preventable diseases)

FOR WHOM	WHAT	WHEN	WHY
Pregnant Women	T.T	Early in Pregnancy	Protects against Tetanus
		One month after the first shot	
Infants (Below 1 year)	BCG Bacillus Calmette-Guerin Vaccine	At birth	Protects against Tuberculosis
	Oral Polio Vaccine (0)		Protects against Polio
	BCG	At 6 weeks	Protects against Tuberculosis
	DPT-1		Protects against Diphtheria, Pertusis (whooping cough) and Tetanus
	Oral Polio Vaccine (1)		Protects against Polio
	DPT-2	At 10 weeks	Protects against Diphtheria, Pertusis (whooping cough) and Tetanus
	Oral Polio Vaccine (2)		Protects against Polio
	DPT-3	At 14 weeks	Protects against Diphtheria, Pertusis (whooping cough) and Tetanus
	Oral Polio Vaccine (3)		Protects against Polio
	Measles		Protects against Measles
	Chickenpox		Protects against Chickenpox
Children (Above 1 year)	MMR	At 15 months	Protects against Measles, Mumps and Rubella
	DPT Booster	At 16-24 months	Protects against Diphtheria, Pertusis (whooping cough) and Tetanus
	Oral Polio Vaccine Booster		Oral Polio Vaccine
	DT	At 5-6 years	Protects against Diphtheria and Tetanus
	TT	At 10 years	Protects against Tetanus
	TT	At 16 years	Protects against Tetanus

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18.11 BEHAVIORAL PROBLEMS IN CHILDREN

Young children often demonstrate behaviours which are inappropriate. For example, a child may be in a habit of hitting everybody else, breaking things, abusing/telling lies, etc. These are behaviours which not only harm children physically but also make them unpopular with other children.

Causes: There can be many reasons why children develop these behaviours. Some are listed here:



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- When children live in an environment which forbids any self-expression they pick up behaviours which are unacceptable.
- When parents and teachers expect too much from children and they are not able to keep upto expectations, they show unacceptable behaviour.
- Often children learn that unacceptable behaviours are tools to get what they want. For example, the child learns that when he hits his younger siblings parents attend to him or when he cries and rolls on the floor he gets the toy he wants.
- When family environment is disturbed, children start showing unacceptable behaviour, eg., when parents quarrel with each other, they hit each other or when their mothers and grandmothers do not get along with each other.
- When there is a crisis in the child's life. Children show unacceptable behaviours on birth of another sibling, the death of a beloved member of the family.
- Children may also develop unacceptable behaviours because physically they are not able to cope up. This happens when they have had a long illness or when they fall sick too frequently.



Fig. 18.5

The caregivers at the playcentre have to be alert and understanding. whenever there is a child who shows unacceptable behaviour they must act immediately. Since, very often the cause of the behaviour originates from home they must ask for cooperation of the parents, understand the problem and develop a strategy which helps to cure the problem. Punishing and scolding or ridiculing will not help. Some of the common problem behaviours are described in the following table together with a description of what adults normally do but they should not do and what they should do.

Common Behaviour Problems Observed Among Young Children

<i>Behaviour</i>	<i>Meaning</i>	<i>Do not</i>	<i>Do</i>
(a) Hurts other children	- Angry, feeling troubled	- Punish or hurt - Make the child feel bad	- Divert attention - Separate other children quietly - Help the child feel loved by giving other outlets for feelings.

(b) Destroys things	<ul style="list-style-type: none"> - Feeling of helplessness - Jealousy - Boredom - Seeking attention 	<ul style="list-style-type: none"> - Scold, shout, punish, spank or hit 	<ul style="list-style-type: none"> - Keep precious things out of reach - Provide place for play - Offer low-cost substitutes - Divert and involve the child in other activities
(c) Sucks the thumb	<ul style="list-style-type: none"> - Need for sucking, love, comfort and assurance - Tiredness - Hunger - Dissatisfaction - Boredom 	<ul style="list-style-type: none"> - Punish or scold - tie fingers or smear them with bitter medicine 	<ul style="list-style-type: none"> - Provide sucking satisfaction - Offer love affection and assurance - Involve in pleasurable and interesting activity - Provide things needed for the child
(d) Wets the bed	<ul style="list-style-type: none"> - The child is not ready for training - Fear - Insecurity 	<ul style="list-style-type: none"> - Threaten or punish - Insist on prior information - Tell you do not love the child 	<ul style="list-style-type: none"> - Accept the child as he/she is - Expect accidental bed-wetting - Help and encourage the child to become confident
(e) Tells lies	<ul style="list-style-type: none"> - Fear of punishment - Exaggeration - Imagination - Attention seeking 	<ul style="list-style-type: none"> - Preach or punish or reject - Make him apologize - Get upset 	<ul style="list-style-type: none"> - Understand the reason - Give the needed attention - Provide opportunity for enriching the imagination - Tell the truth



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(f) Refuses to eat	<ul style="list-style-type: none">- Is not hungry- Feels unwell- Dislikes particular food- Forced to do the act	<ul style="list-style-type: none">- Force or punish- Make a scene- Reward, threaten	<ul style="list-style-type: none">- Be calm- Introduce new foods along with the favourite
(g) Fears	<ul style="list-style-type: none">- Reviews painful experience- Needs parent's closeness- Feels guilty or unloved	<ul style="list-style-type: none">- Force, seek reason for fear, shame or threaten	<ul style="list-style-type: none">- Reassure and comfort- Make the environment a happy one.- Encourage efforts.- Avoid fearful experiences
(h) Steals	<ul style="list-style-type: none">- Ignorance of property rights- Unsatisfied needs- Irritation- Hostile feelings	<ul style="list-style-type: none">- Scold, make feel bad, punish or reject- Cut off love- Humiliate before others	<ul style="list-style-type: none">- Let the child own things and get a sense of ownership- Be kind, understanding and not too strict.- Provide creative outlets- Help make real friends



INTEXT QUESTIONS 18.5

1. Choose the correct answer. Justify your answer.

(i) Children develop unacceptable behaviours if the environment is

- (a) forbidding
- (b) free
- (c) forbidding and free
- (d) none of the above

Justification _____



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(ii) A child sucks her thumb because she is:

- (a) bored
- (b) insecure
- (c) scared
- (d) asking for attention

Justification _____

(iii) A child wets the bed because she is :

- (a) bored
- (b) insecure
- (c) scared
- (d) asking for attention

Justification _____

(iv) A child tells lies because she is :

- (a) bored
- (b) insecure
- (c) jealous
- (d) asking for attention

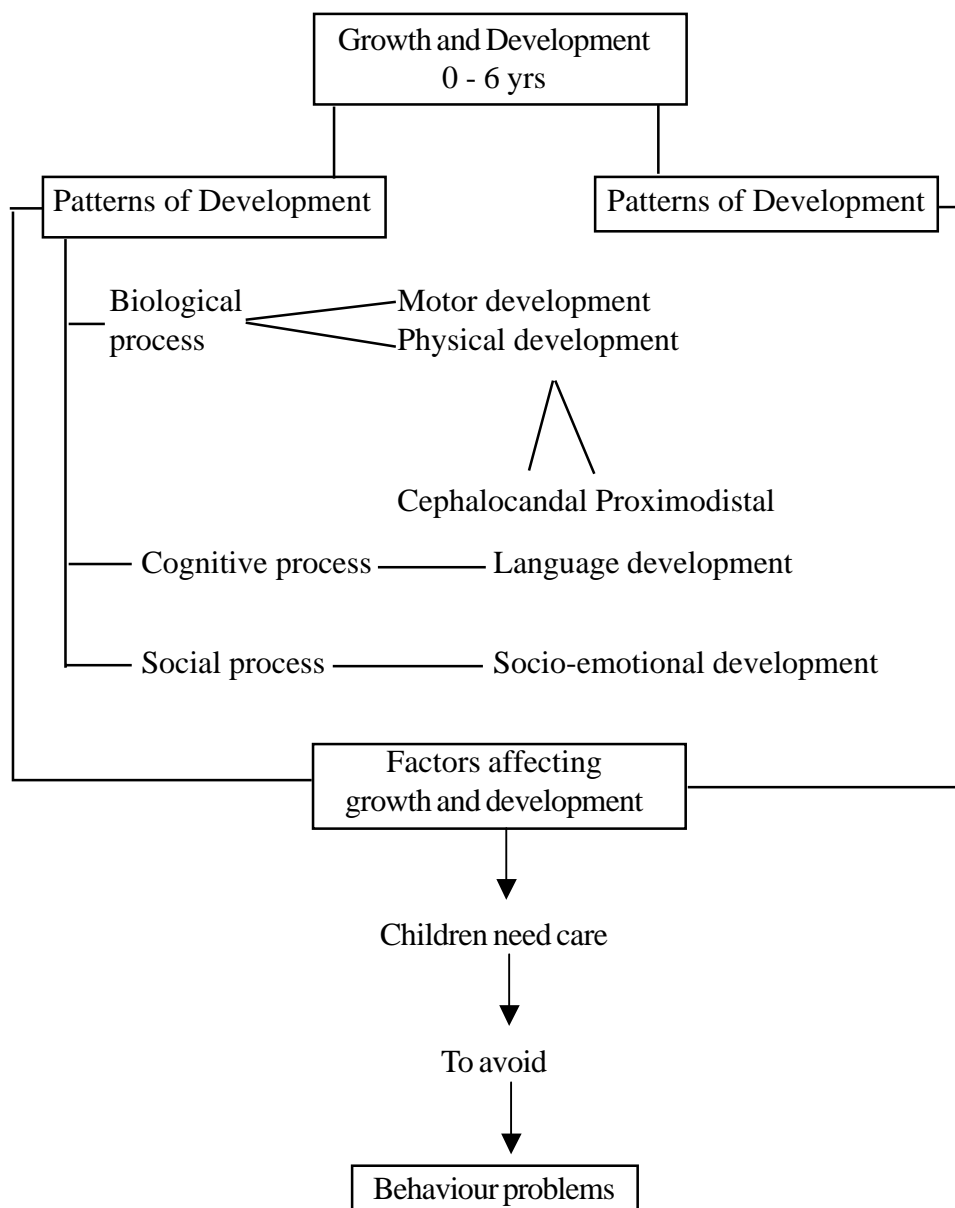
Justification _____



Notes



WHAT YOU HAVE LEARNT



18.4 TERMINAL EXERCISE

1. List milestones of motor development.
2. Describe the cognitive characteristics of a 4- year old child.
3. Why are some people left handed? What happens if they are forced to become right handed?

4. What points should be considered while selecting clothes for children?
5. Give the latest immunization schedule for children.
6. Define behaviour problems. Give the causes and methods to control any five of them.

**ANSWERS TO INTEXT QUESTIONS**

- 18.1** 1. i/e, ii/g, iii/c, iv/b, v/f, vi/d, vii/a.
2. Stages of development - i) neonate ii) adolescence iii) early adulthood
3. Patterns of development iv) early childhood v) cognitive process vi) social process vii) biological
- 18.2** Test your word power
- 1/c, 2/b, 3/b, 4/c, 5/a, 6/c
- 18.3** (i) (a) (ii) j (iii) a (iv) a (v) b (vi) k (vii) f (viii) b
(ix) d (x) h (xi) g (xii) l
- 18.4** (iii), (iv), (vii), (x)
- 18.5** 1. i) a) - a child living in an environment which for bids any self- expression develops unacceptable behaviour
- ii) a) - a child who is bored will often such thumb.
- iii) b) c) a child who is insecure and scared may wet the bed
- iv) d) a child asking for attention may till lies.

AUDIO - Jeevan ka Prarambh

VIDEO - (1) Human Reproduction (2) How to organize a play centre (3) Play time is fun time (4) Little people on the move.

For more information log on to

[http:// www.pey.pdse.eclu/Psicafe/Areas/Development/PhysDev-Child/](http://www.pey.pdse.eclu/Psicafe/Areas/Development/PhysDev-Child/)
www.successbycoglynn.org/childDev.html

**Notes**