III YEAR – V SEMESTER
COURSE CODE: 7BHFE1A

ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

Objectives:

1. To understand development aspects (both normal and exceptional) from conception to old age as they can be guided effectively.
2. To have complete knowledge about the behavior pattern of the individual and various factors influencing them.
3. To Provide adjustment in marital life.

Unit - I

1. **Growth and Development :** The concept of growth and development, Factors that influencing development process.
2. **Prenatal Development** - Conception, signs and symptoms, stages and complications of pregnancy. Types of child birth. Prenatal influences, diet and nutritional care during pregnancy, kinds of birth injuries.
3. **Post-natal** - care, prevention of gynecological complications, methods of feeding and importance of breast feeding and weaning practices.

Unit - II

Infancy – definition, physical, motor, social, emotional, cognitive and language development, Minor ailments of infants. Care of infants - feeding and immunization. Importance of psychological needs.

Unit - III

1. **Early Childhood** – definition, physical, motor, emotional, social, cognitive and language development, creativity, importance of play, importance of family relationship, behavior problems – causes and treatment.
2. **Late Childhood** – definition, physical, social, emotional, cognitive and language development, common behavior problems and its causes.
3. Children with special needs – definition, classification of each exceptional children, characteristics and rehabilitation of children with special needs.

Unit - IV

1. **Adolescence –** definition, physical, emotional, intellectual and motor development, personal adjustment and maladjustment. Delinquency – causes, prevention and rehabilitation. Drug addiction and alcoholism – rehabilitation.
2. **Adulthood** – characteristics and developmental tasks.
3. **Old Age** – physical and psychological changes, problems of the aged, family attitude towards aged, place of the aged in Indian Society.

Unit - V

Marriage and Family : Marriage – Meaning, Functions and types, pre marital counseling. Adjustments in marriage during early period and child bearing period – Personal adjustment and adjustments with family members, family counseling. Sex Education – meaning, need for sex education.

Books for Reference:

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ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

UNIT I

Meaning of Growth and Development

Though many use the two terms growth and development inter-changeably, there is a distinct difference between the two. Growth means increment of body tissues. Specifically, it refers to increase in height and weight. It is the quantitative change occuring in the body.Development refers to those changes which are qualitative innature. Hurlock defines it as a progressive series of orderly, coherent changes leading towards the goal of maturity. The term progressive indicates that development is always forward. The terms orderly and coherent suggest that there is a definite relationship between a given stage and the stages which have preceded or followed it. It also suggests that development follows an orderly pattern and it is not haphazard.

Factors Influencing Development of Children

(Many factors affect the growth and development of a person. Some of these factors are within the individual and some are outside the individual. Most important of these are discussed here:

Heredity.

When a person is born, he inherits some hereditary potential from his parents. Physical appearance and intelligence are to a large extent influenced by these hereditary potentials. Race is found to influence the growth and development.

Ordinal Position in the Family.

Older children are at a disadvantage because they do not have any model to imitate except adult models. The second and third born children learn and master their develop- mental tasks more quickly than the first born.

Intelligence.

High-grade intelligence is associated with speedy development, while low grade intelligence is associated with retarded development. Very bright children talk fast and walk fast.

Glands of Internal Secretion.

Internal secretion of certain glands affects the physical growth. For example, defective functioning of parathyroid glands results in defective bone growth and hyper-excitability of muscles. Thyroxin is essential for physical and mental growth. Deficien-cy of thyroxin leads to stunted growth.

Nutrition

Research studies have proved that deficiency of calories and protein in the dict leads to wasting of tissues and stunted physical and mental growth. Leading a happy normal life is affected greatly by deficiency of vitamins and minerals. All nutrients must be present in required quantities for the proper growth and development of children.

Physical Defects

Physical defects like visual and auditory defects, orthopaedic disabilities, affect the normal development of children. Children who have these defects are not able to make use of the opportunities for growth fully

4. Pre -natal Life

The word 'Pre-natal' refers to the period before birth. It begins from the time of conception and ends when the baby is born. In the various life stages of man, pre-natal period is the earliest and the most important stage because the foundations for future development are laid during this stage.

Stages of Pre-natal Life

Bora Fertilization or conception occurs when a sperm from the male pierces the cell wall of an ovum or egg from the female. Once the ovum is fertilised, it begins to grow. At first, the fertilized ovum which is

also called Zygote consists of only one cell. After a few hours, the

Zygote divides into two new cells. Still later, each of these two new cells also divides. This
kind of multiplication goes on. The entire pre-natal period consists of three sub - periods. They are 1) the period of ovum, 2) the period of embryo and 3) the period of foetus. What happens in each of these stages is explained below.

The Period of Ovum

The first two weeks from the time of conception until the zygote is attached within the uterus is the period of ovum. Conception occurs in the fallopian tube and the zygote travels down to the uterus. It starts dividing and multiplying in the beginning of this period. By the time it reaches the uterus it is about the size of a pinhead. It develops very small tendrils and with the help of these tendrils, the ovum will attach itself to the uterine wall. This specific process of attachment of the ovum to the uterine wall is called implantation. Implantation occurs approximately around 10 days after fertilization,

The Period of Embryo

The period of embryo begins from the time of the zygote's attachment to the uterine wall. This period usually lasts from 2 weeks after fertilization to the eighth week. By the end of the period of ovum, the egg has two distinct parts, one inner cell mass and the other an outer layer, called trophoblast.: The inner cell mass differentiates into three clear layers. Of the three layers, the outer layer is called ectoderm from which will develop the outer layer of skin, the hair, the nails, parts of teeth, skin glands, sensory cells and the nervous system. The middle layer is called the mesoderm from which will develop inner skin layer, the muscles, skeleton and the circulatory and excretory organs. The inner layer is called endoderm from which will develop lining of the entire gastero intestinal tract, the trachea, bronchia, lungs, liver, pancreas, salivary glands, thyroid glands and thymus. The outer layer, the trophoblast, will develop into accessory tissues which protect and nourish the embryo. As the embryo grows, additional life-supporting structures continue to develop. Among these are the umbilical cord and placenta, which maintain the connection with the mother's body through which the embryo gets nutrients and expels waste. Umbilical cord is a flexible cord-like structure connecting the foetus with the placenta. Placenta is a membranous organ into which mother's blood-stream and foetus's blood-stream end. Nutrients from the mother's blood pass to the foetus through placenta. Also, a sac develops, filled with a watery fluid. This is called Amniotic sac which acts as a buffer to protect the embryo from shocks experienced by the mother. During the per af embryo, the spontaneous abortion rate is relatively high. Since all organs have their beginning in this stage, develop- mental irregularities might occur if the mother takes medicines without medical advice.

The Period of Foetus.

This period extends from the end of the second month of pregnancy until birth. During this time, the various body systems which had their origin in the earlier stage become well- developed and begin to function. By the end of the third month, the foetus is about three inches long Muscles become well-developed and spontaneous movements of the arms and legs may be observed. The foetus's sex can now be distinguished easily. By the end of 16 weeks, the mother can feel the movements. By 24 weeks of age, the foetus is capable of swallowing and sucking. By that time the foetus's eyelids have developed and are functional The foetal age of 28 weeks is an important one. By this age, the child's nervous, circulatory and other bodily sytems have become suffi-
ciently well-structured, so that, if bom prematurely it ca survive. As the foetus becomes older, it becomes more active.

Signs and Symptoms of Pregnancy

There are some signs and symptoms by which a woman can kng whether she is pregnant. These include the following:

i) The first sign of pregnancy is usually a missed menstrual period In a girl who usually has her periods regularly, missing of a period may be taken as a sign of pregnancy. Tuberculosis, change of climate etc, may also be causes for missed period. But these cases are rare.

11) Morning sickness or nausea is another sign of pregnancy. More than three fourths of women have this symptom. It usually begins two weeks after the missed period. It occurs generally in the morning as soon as she gets up, but in some women, it occurs at other times also. Morning sickness stops usually by the end of the third month.

1) A third symptom of pregnancy is the feeling of frequent urina- tion. This symptom may be found by the third or fourth week. The enlarginguterus stretches the base of the bladder and so the woman has a feeling ofemptying the bladder often. This feeling may stop after two or three months.

iv) Yet another symptom of pregnancy is the changes in the breast.The nipples enlarge and the area around the nipples may become darker. There is a prickly sensation by the third month. By this time, a little watery fluid can be pressed out of the nipples.

v) Between 18 and 20 weeks, the mother can the movements of the foetus inside the uterus. This is referred to as Quickening.

vi) By twentieth week, a definite enlargement of the uterus can benoticed From the time of conception, there is a progressive enlargement of the uterus. During the first few months, the enlargement is not noticeable from outside. But after the fifth month, it can be noticed easily

vil) In some women, feeling of fatigue can be noticed. They may want to sleep the whole day,

4.3 Ante-natal Care

4.3.0 The care given to the pregnant mother is called Ante-natal care. The word "Ante-natal" means before-birth. Such care includes both physical and psychological care. Specifically, the components of ante-natal care include proper diet, medical attention, exercise and mental happiness. The objectives of the ante-nasal care are

I) to make the period of pregnancy a comfortable one for the mother,

II) to avoid certain health risks during pregnancy.

III) ensure safe delivery and

IV) to help the mother bear and deliver a healthy child who would grow into a healthy individual.

1 Physical Care of the Pregnant Woman

Physical care refers to the bodily care given to the pregnant mother.The components of physical care include the following:

4.3.1.1 Nutritional care.

A number of physiological changes occur during pregnancy.b One of the important changes is in maternal metabolism. Nutritional requirements increase to meet this need. The body of the pregnant mother has to provide for the growth ofthe foetus and other accessory parts like placenta. Studies in the physiology of the pregnant women show that as pregnancy advances, there is a growing need for protein and more calories in the diel Inadequate nutrition leads to low birth weights of babies which in turn causes neo-natal mortality In the foetus, the brain growth is maximal during the latter part of pregnancy. It is therefore, highly likely that brain growth gets affected, if

there is under-nutrition in the latter half of pregnancy It is estimated that a healthy mother's weight increases by 16 to 20 pounds during the entire period of pregnancy. During the last three months of pregnancy, the baby puts on nearly 3/4 of its total weight at birth. During this

time, it receives from its mother about 75% of its protein, 93% of its fat, 65% of its calcium and between 70 and 80 per cent of other minerals. To meet all these needs, good nutritious food in adequate quantities must be given Also, the mother needs food to build reserves to meet the stress of delivery and lactation

4.3.1.2 Recommended Allowances and Diet.

The nutrients needed by the mother include carbohydrates, protein, fats, vitamins,
minerals and water, Daily allowance of these nutrients recommended by the Indian Council of Medical Research is as follows:.

The following are the general principles recommended in choosing
an adequate diet:

i) The diet should be mixed and generous.

ii) Aulcast half of the protein should come from animal sources such as milk, meat and eggs.

iii) Milk is the best source of calcium and phosphorus. An ideal menu for a day suggested for a pregnant woman may be like this:

6-00 a.m. Milk or Ragi malt

8-00 a.m. Idli, coconut chutney, plantain and milk

10-30 a.m. Fruit juice with two biscuitsRice, sambar, greens poriyal, curd and anySeasonalfruit

4-30 p.m. Cooked and seasoned gram and milk or tea

8-00 p.m. Chapathi or Ragi dosai, vegetable kootu and milk.

This menu can be modified depending upon the availability of the seasonal foods, vegetables, fruits, etc., and her economic status. For ex- ample when lemons are cheaper, a pregnant woman can take plenty of lemon juice. If they are very costly, she can take tamarind juice mixed with jaggery. This is called 'Panakkam' in Tamil. She gets the mineral iron, by taking this juice. She may also take butter-milk instead of juice to meet her need for liquids.

Food Cravings.

Many pregnant women have special food cravings during the period of pregnancy. Generally, women crave for ash, mango and sour goods. This is due to deficiency of certain vitamins and minerals in the diet. This craving leads to taking of foods rich in deficient nutrients. It is good to remember that over-feeding should be discouraged and salt must be restricted in the latter half of pregnancy.

Medical care.

Ante-natal medical supervision should begin as early as possible. This gives the doctor an opportunity to make a general medical examination and to give advice on diet and many other factors in the maintenance of health. Regular medical supervision will help the mother to have a comfortable period of pregnancy and child birth. Complications can be averted under continuous medical supervision. The mother may
regain good health, if she has lost it during the beginning of pregnancy due to nausea, etc. The woman should go to the physician every four weeks until the 30th week, fortnightly until the 36th week and then weekly until delivery. In the health centre, her health history is recorded. Physical ex- amination and abdominal examination are made to ensure that there is no abnormality. Blood pressure and haemoglobin are estimated and recorded. Previous illness, heart and chest complaints, kidney trouble etc., are noted. The history of twins in the family is also noted. Tests for anaemia,Rh factor, sugar and albumin are done. The mother is also immunised against tetanus in the last trimester. This produces antibodies in her blood which reach the foetus and protect it from neo-natal tetanus. During the time of pregnancy, especially during the first two

months, the mother should not take any medicine without the consent of the doctor

Care of the Breasts.

Breast milk is definitely superior to any other milk for the baby. Proper care of the breasts is essential to ensure satisfactory breast feeding. Gentle massaging of the breasts will make them soft enough for the milk ducts to function well. Some women have inverted or retracted nipples. Such conditions lead to difficult feeding. Corrections can be done in these conditions by proper breast care. There is some kind of secretion in the breast and this dries and forms a crust. This crust must be removed regularly by the use of warm water and soap.

Exercise,

Rest and Sleep. Enough exercise to the body is essential for the preparation of the muscles for labour. Household work, good walk or some other gentle exercise must be done. More strenuous form of exercise like cycling should be avoided. An afternoon nap is good. At least eight hours of sleep should be obtained. If the woman is not able to sleep, a glass of hot milk will induce good sleep. There are ante-natal exercises to strengthen the muscles of the abdomen, hip and lower limbs. But these should be done only under proper guidance,

43.17 Clothing,

Clothing should be warm. All constrictions ar the waist should be avoided. In the last month, when the womb is reaching its full size, some form of support is a necessity. Matemnity corset that supports the lower part of the abdomen is recommended

Bathing

A daily bath in warm water is essential Resides keeping the body clean, it also makes the mother feel fresh. Bath taken at night will induce good sleep

Care of the Bowels.

Constipation is a common complaint Due to various reasons, bowel movements may get affected during preg- nancy. It is important that there should be free action of bowels at least once a day. Proper exercise, cultivation of regular habits and a suitable diet are important. The diet should include green vegetables, fresh fruits and salads. Fluids intake must also be increased

Marital Relationship.

Marital intercourse is a cause for miscarriage during the early months, if there is a tendency in the woman lo miscarriage and so it should be avoided. During the last two or three months also, it should not take place, because it may give rise to certain complications

4.3.2 Psychological Care During Pregnancy

Psychological well-being of the mother is as important as physical well-being There is no direct connection between the mother's and the foetus's nervous systems. But her unhappiness creates an imbalance in the chemistry of her body Hurlock (1964) states that prolonged emotional stress of the mother during the early part of pregnancy is now believed to be partially or totally responsible for cleft palates and harelips. The bones of the palate are in the process of formation between the seventh and tenth weeks of pregnancy and emotional stress of the mother during this ume causes hyperactivity of the mother's adrenal glands. This in turn affects the normal development of the palate. It has been found that bodily move. ments of foetuses increased several hundred per cent while the mothers were undergoing emotional stress. This made the babies underweight when born. The babies were also highly irritable in the new-born and later stages. It has also been proved that severe emotional stress during the first three months of pregnancy leads to mental deficiency in the baby. Hence, it is of great importance that the

mother's psychological health is maintained well throughout pregnancy. If there are financial problems, heavy work in
the house, family quarrels, disharmony, etc., the period of pregnancy will be a trying time. There should be a coordinated effort on the part of all individuals in the family to make the period of pregnancy a happy one. The husband and the in-laws should see that the pregnant mother is not involved in family quarrels. No shocking news should be told to her abruptly. Also, she should be given information about the process of delivery, so that, she will not have any anxiety. She should neither be overprotected norneglected fout of Pregnancy

Common Discomforts of Pregnancy

Pregnancy brings about changes in the physiology of the body. A number of discomforts accompany these changes. Some of the common discomforts and their remedies are discussed here.

a) Morning sickness

. Vomiting occurs usually immediately after the woman gets up in the morning. It may occur at other times also. Vomiting of food several times a day causes malnutrition in her. The woman who
suffers morning sickness should be advised to take one or two dry biscuits or a piece of dry toast as soon as she wakes up. If this simple treatment is not successful, she should be advised to take several small meals instead of three larger ones.

b) Heart-burn.

Heart-burn is a common symptom in pregnancy.
This is due to irritation of the lower end of ocsophagus. The condition may be relieved by the administration of alkalics. Taking antacids and milk may relieve this condition.

c) Back-ache

. It is an extremely common symptom in pregnancy. It is due to the changes in posture because of advancement in pregnancy The woman who suffers from this may be advised to take rest and physiotherapy

d) Leg cramps

. During the last three months, many women com- plain of cramps in the calf muscle of the legs. Taking calcium tablets may relieve this condition.

e) Constipation.

Plenty of fruits, vegetables and fluid may relieve this condition. Greens must also be taken. If it persists, a mild laxative may help Varicose veins Trwards later months, many women develop varicose veins. In this condition, the veins enlarge and protrude out of the skin. It usually occurs in the legs. Wearing elastic stockings and keeping the leg in a propped-up position will relieve this condition much.

8) Haemorrhoids.

It is varicose veins of the rectum. When they become enlarged, they protrude and are apt to bleed, itch or hurt. Reducing the intake of constipatory foods like bread, biscuit etc., and preventing constipation will give great relief.

h) Shortness of breath.

During the last weeks, when the pregnant woman attempts to do heavy work, she may feel difficulty in breathing.

i) Insomnia.

This refers to absence of sleep. The mother is unable to sleep because of the growing size of her abdomen and the movement of the baby inside her. A bath and a hot drink at bed time or a good walk may help her to get sleep.

j) Swollen ankles and legs.

This condition may be due to the presence of albumin urea. Eating salt-free diet may help. If oedema (swell-ing) persists, a doctor must be

consulted. This may be the beginning of a complicated condition called toxaemia of pregnancy.

Complications of pregnancy

By complications of pregnancy, we mean occurrence of certain conditions which lead to termination of pregnancy before full term. Some- times, the mother's life is also endangered by these complications. The conditions considered as complications are:

a) Tubal pregnancy.

Conception occurs in the fallopian tube. Im- mediately after conception, the fertilized ovum travels down to the uterus and starts growing into a foetus there. In tubal pregnancy, the fertilized ovum continues to develop into the foetus in the fallopian tube itself without travelling down to the uterus. In this kind of pregnancy, there is the grave risk of rupture of the tube. When the tube ruptures, there is bleeding and severe pain. If medical attention is not immediately available, the mother's life will be in danger.

b) Toxaemia of pregnancy.

It is a condition of pregnancy wherethe woman suffers from hypertension (elevated blood pressure), oedema(collection of fluid in the body tissues) and albuminuria (presence of albumin in the urine). If not treated at the proper time, the woman may have severe fits which may lead to maternal death, sull-birth or neo-nataldeath

c) Miscarriage.

Miscarriage is natural abortion. Abortion is inter- ruption of pregnancy at any time before the twenty eighth week of preg- nancy. This may occur due to defects in the germ plasm,endocrine disorders in the mother, chronic diseases in the mother, certain drugs taken by the mother, shocks, dietary deficiencies in the mother and many other causes. Bleeding is the first symptom and if the woman gets medical attention immediately, abortion can be prevented.

d) Premature separation of placenta.

Placenta is the organ through which the foetus is nourished. It separates from the uterine wall of the uterus at the time of birth. If it separates prematurely, that is before the birth of the baby, it may lead to the death of the baby and the mother. Immediate medical attention is essential to prevent serious consequences.

Pre-natal Influences

Pre-natal influences refer to the various factors that affect the foetus inside the mother. There are a number of external factors that can harm an unborn child. Since many of these dangers can be averted, the prospective parents must be made aware of them. Some of the most important pre-natal influences are as follows:

a) Maternal malnutrition.

For her own good health and to deliver a healthy baby, the mother should have an adequate diet. In a study con- ducted at the University of Toronto, the investigators found that 'good-diet' mothers were in better health throughout their pregnancy. Complications such as anaemia, toxaemia, threatened and actual abortions, premature and still-births were much more present in the 'poor-diet' group. Compared with infants bom to 'poor-diet' mothers, the babies of 'good-diet' mothers had better health records during the first weeks of post-natal life.

b) Drug

Drugs like alcohol, nicotine and caffeine when taken mix with the bloodstream of the mother and are passed to the footus which accelerate foetal heart rate. Common drugs like antibiotics, tranquilisers and anticonvulsants can also seriously affect the unborn child and cause

abnormality. Toxins from those are passed on to the focus and this affects the supply of oxygen to the footus,

c) Rh factors.

Human being can be grouped into two kinds depending upon whether they have what is called Rh antigen in blood or not. A large proportion of people have Rh antigen in their blood of those who have Rh antigen in their blood, some are Rh positive end some are Rh negative. If a positive man marries an Rh negative woman, the result will be a positive foetus. The Rh positive foetus produces certain substances called antigens which enter into the mother's circulation and some toxic substances are manufactured in her blood and passed back to the circulatory system of the foetus. This may bring about miscarriage, still-birth or death shortly after birth from the destruction of red blood corpuscles. Also, incompatibility between the maternal and paternal blood types have been found to cause miscarriages, spontaneous abortions, still-births and low intelligence in the baby.

d) Infectious diseases of the mother

Diseases like syphilis, gonor-rhoea, poliomyelitis and German measles in the early period of pregnancy may cause still-births, miscarriage, blindness, deafness, mental deficiency, motor disorders or deaf mutism in the newborn baby.

e) Wasting diseases in the mother.

Diseases like Tuberculosis and diabetes may cause still-births and neo-natal deaths.

f) Age of the mother.

There is some evidence to prove that infant mortality rates are higher if the mothers are below 23 or above 29 years of age.

g) Mother's emotional state.

Mother's unhappy emotional state causes endocrine imbalance in the mother and this condition in the early months of pregnancy will cause more foetal immaturity and results in low birth weight babies. These children have post-natal adjustment difficulties.

h) Uterine crowding.

Multiple pregnancies cause uterine crowding or congestion. Crowding is found to lead to premature births and neo-natal deaths. Hip bones of these foetuses fail to ossify(calcify) and this leads to congenital dislocation of hip.

i) X-ray and radiation.

When used in the early period of pregnancy, they may cause microcephaly with accompanying mental deficiency.

j) Maternal attitude.

Mothers who do not welcome their pregnancy are found to have more vomiting and nausea. Mother's unwelcome attitude may also lead to premature birth of the child. Abortion and still-birth are also caused by mother's negative attitude towards pregnancy.

CHILD BIRTH

Child birth or labour is the process by which the baby, placenta and the cord are expelled from the mother's uterus. For about 270 days the foetus grows inside the mother and reaches maturity. It need not stay any longer inside the mother and so it is expelled. The supportive structures, namely, the placenta and the umbilical cord are not needed after the baby is bom, so they are also expelled along with the baby.

Shortly before the birth, the foetus usually rotates into a head-downward position. This is referred to as lightening. Mainly, three processes of the body help in labour. First is the rhythmic contractions of the uterus, which push down the baby through the birth canal. The second is the stretching of the birth canal to allow the baby's body to

pass through. The third is the coordinated effort of the muscles of the chest and abdomen to push the baby outside the vagina.

Labour can begin in one of the three ways. It may begin with contractions. These contractions are irregular in the beginning. Then they become frequent and regular. The second is by the occurrence of "Show". Mucus from cervix with some blood may appear. This is called "Show".The third is by the rupture of the amniotic sac. There is a sudden gush ofMfluid from the vagina. The contractions begin a little later.

Stages of Birth

Birth occurs in three stages. The first stage is the stage of dilation. It extends from the onset of true pains to the full dilation of the cervix. The second stage is the stage of expulsion of the child. The third stage is the stage of the after-birth. It extends from the birth of the child to the expulsion of the placenta.

The Stage of Dilation.

During the first stage, which is usually 13 hours for the first-born, uterine contractions begin. They are at first gentle and happen at longer intervals. Later, they become frequent and uncomfortable. These contractions bring about the dilation of the cervix
and this is usually accompanied by a slight discharge of blood stained mucus from the separation of the foetal membranes. This discharge is called the "Show". At the end of this stage, there is a sudden gush of fluid indicating that the foetal membranes have ruptured. This rupture of the membranes usually synchronises with the full dilation of the cervix.

The Stage of Expulsion.

This second stage of labour lasts about 90 minutes for the first baby as compared with 15 to 30 minutes for later born children. During this stage, the mouth of uterus, called the cervix, opens sufficiently and the baby begins to move down the birth canal. At
the end of the second stage of labour, the baby is bom. This stage is called the period of expulsion

The Stage of After-birth.

Following the birth of the baby, the third stage of labour occurs. In this stage, the placenta and the remainings of the ruptured amniotic sac and the umbilical cord are separated from the wall of the uterus and expelled. The placenta and other expelled materials are called after birth. This stage usually takes five to thirty minutes.

Typeses of Birth

Generally, there are four types of birth. The most common is normal or spontaneous birth. In this type of birth, the baby emerges in a head-first position. After the head, shoulder, arms, trunk and finally the leg emerges The second type of birth is breech birth in which the infant's buttocks appear first followed by legs and finally the head. Instruments are to be used to aid breech birth.

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In the third type of delivery, the baby lies cross-wise in the mother's uterus. This is called transverse presentation. The arm is born first and then the shoulder and other parts. In this case, either the position must be changed before the birth process begins or instruments must be used to aid delivery In the fourth type, namely, the Caesarian section, the baby is delivered surgically by making a slit in the maternal abdominal wall instead of through birth canal. When normal birth might be difficult due to the big size of the baby or too narrow polvic cavity, doctors may decide to operate on the mother

Birth Injuries

3.0 Birth is a normal process of bringing the baby from the uterus to the outside world. It is generally without any risk or danger. But in some women, birth is traumatic, that is difficult. Difficult births are births

of prolonged duration or births where instruments have been used. Difficult births cause birth injuries to the infant.

Kinds of Birth Injuries.

There are two kinds of birth injuries They are

a) injuries to the brain or nervous system of the baby due to the use of instruments an b) injury to the brain due to prolonged labour alise the use of intens. As stated earlier, there are four of the normal breech, transverse and caesarian birth Steep in mormal bath, in all other types of birth instruments are used to delivery. These struments invariably cause mild to severe damage to res de predare When birth is long and it Bell, the pressure on the head increased. Because of pressure, haemoe hages or bleeding in and around the ban may occur. Premature babies sulle more pressure during the which may cause fracture of hones. Also prolonged birth can cause premature separation of places which leads to a condition called asphyxia or anoti which is suffocation due to lack of uygn. When oxygen supply to the baby is cut off in the middle of the birth may cause damage to the brain cells. Toual lack of oxygen will kill the best cells within 18 seconds. Ia berech dich there is always the pressibly of an Cesarian babies also suffer anoxia when they ex prince culty in establishing breathing

Smect of Birth ajary. Mor disabilities like partial hearing, partial seeing inability to walk asal body postures, inability to use dirent parts of the body and facial spasms may occur due to brain injury Low degene die damage to the brain cells is also common in birth and children. In der children and adolescents who have had birth injury general hyperacy over any imality, anxiety, diseraw speech defects especially sumering and poor concentration are noticed.

5.4 Post-natal Care of the Mother

Post-natal care refers to the care of the mother immediately after delivery. It includes generally physical care, diet and breast care. As soon as labour is over, the mother must be made comfortable and should be allowed to take rest. Visitors should be very much limited. If the mother is not able to sleep, then physician should be consulted because in some women, there is the possibility of mental derangement. There may be difficulty in urination if there have been bruises or stitches in the birth canal. The doctor may use catheter to empty the bladder. The bowels tend to be constipated. If it is so, then laxatives may have to be used. There is discharge of blood after delivery. It lasts on an average of twenty four hours after confinement. If it continues for more than a month, a doctor should be consulted. The mother should be given a good diet. A good mixed diet containing cereals, pulses, fruits and vegetables with plenty of milk must be given. Highly flavoured food and condiments may be avoided. During the first and second days, the breast secretes small quan-tities of a fluid called colostrum. The milk usually comes on the third day. Taking plenty of liquid will help her to secrete normal quantity of milk. As breast will be full and heavy, wearing a brassiere is a must. In the period following labour, the maternal organs return to their normal condition. The mother has to take complete rest during this period. She may be allowed to take up her normal activities within a week. It is very important that she has a post-natal examination a month after the delivery

FEEDING THE BABY

Breast-Feeding

Generally, for the first three months, the baby is fed only on breast milk. Breast feeding is the most satisfying experience for both the mother
and the baby, because of its many advantages both to the baby and the mother.

a) Advantages to the baby.
Breast milk is the natural food for the infant. It is a perfectly balanced food. The nutritional components are well suited to the infant's digestion. Babies fed on breast milk thrive well. Statistical surveys show that both the morbidity and the mortality rate of breast-fed infants is lower than that of boule-fed infants. Breast milk is sterile, warm and ready for the baby. Also, breast milk passes on to the baby the mother's immunity to various diseases. Occurrence of infectious diseases like diarrhoea and dysentery is less common among breast-fed infants than among bottle-fed infants. The need to suck is one of the many needs of the baby. This need for sucking is fully satisfied in breast feeding
In bottle feeding, he cannot suck as long as he wants. This inadequate sucking satisfaction results in thumb sucking and the incidence of thumb sucking is much less common in the breast-fed baby than in bottle-fed baby
Ovo nuo vay
b) Advantages to the mother.
The mother's uterus is brought to its normal size by breast feeding in the days immediately after birth. It is said that breast feeding may improve the shape of the breast. Breast cancer is less common in women who have breast-fed their babies for a sufficient length of time. In a large number of women, breast feeding delays the onset of menstruation after birth and this reduces the chances of conception. As the mother holds the baby close to her body, the baby finds both security and food in intimate contact with the mother. This establishes closest mother-child relationship. The mother is also emotionally satisfied, because she can feed the baby herself. If he were to be bottle-fed, she has to prepare the feed, sterilise the bottle and do other such things. These botherations are reduced to a considerable extent when the baby is breast fed.

Artificial Feeding

0 Feeding children with animal milk, usually using a bottle is called artificial feeding. When the mother is unable to breast-feed the baby, owing to some reason or other, the baby is given this feeding. This is also called bottle-feeding.

In artificial feeding, milk from different sources is used. The comparison of nutrients of various sources of milk with mother's milk per 100 ml is given below:

*Kcal-Kilo calories.

The comparison shows that fat and protein are highest in buffalo's milk. Hence, it must be given in a diluted form to very young babies. The knowledge of the nutrient content of the various sources of milk will help a mother to choose the right type of milk for her baby.

9.1.2.2. The Formula and its Preparation.

In the case of breast

milk, the milk is in the ready form to be consumed. In the case of artificial feeding, milk,sugar and water are to be mixed in the correct proportion, so that it is in the digestible form. A mixture of animal milk, water and sugar in suitable proportions is called a formula. The method of preparation of the formula varies according to the milk used. If the milk is in powdered form, instructions for the preparation of the formula would have been given on the container itself. If it is fresh cow's milk, to begin with, to one part of milk two parts of water must be added. After a week or so, the proportion may be one part of milk and one part of water. Thus, slowly, the quantity of water added must be decreased until the baby is able to digest milk alone.

Special Care to be Taken in Artificial Feeding

Since bottle-feeding gives more chances for digestive upsets and infections, certain precautions should be taken while preparing bottle feeding. They are:

a) Preparation of the formula.

The formula should be prepared with milk, water and sugar in correct proportion Correct proportion depends upon the age of the baby, the number of days since bottle-feeding has been given, digestibility of milk by the baby, etc

b) Preparation of the bottle The bottle must be cleaned properly. The particles of milk, if stay in the bottle, may breed harmful bacteria. Hence, using a brush, soap and warm water, the feeding-bottle must be washed. The bottle should be sterilized by keeping it in boiling water for a few minutes

c) The tear hole.

The teat hole must be of correct size. If it is too small, the baby has to suck vigorously which makes him frustrated. If it is too large, the baby may find it difficult to swallow quick-flowing milk.

d) Correct temperature of the milk.

The milk must be warm. The temperature of the milk may be tested by allowing milk to flow by drops on the elbow

e) Correct posture of feeding

When the baby is fed, the mouth of the bottle should always be full with milk. Otherwise, air may also get into the baby's stomach and may cause pain in the stomach.

Giving fruit juice in between feeds As powder milk may cause constipation, boiled water or fruit juice needs to be given in between feeds to avoid it.

Disadvantages of Artificial Feeding

. Some mothers whoare fashion-conscious and who are worried about their figure, prefer bottle-feeding to breast-feeding Working mothers too have to bottle-feed their babies out of necessity. Unless it is absolutely necessary to bottle-feed, the mother should always try to breast-feed her baby because bottle-feeding

has its own disadvantages. Some of them are:

a) Failure of milk secretion. When mother starts bottle-feeding, her milk secretion shortly diminishes and she may ultimately fail to secrete any milk at all.

b) Under feeding

When mothers do not know the correct proportion of water and milk, the formula may be diluted too much and this may result in babies taking less milk and more water. This may lead to under-nourishment

c) Gastro-intestinal disorders

Because of unhygienic handling of bottle feeding, children suffer from digestive disorders. Diarrhoea is the commonest of them.

d) Constipation Tinned milk, especially. powder milk tend to make children constipated.

e) Incidence of anaenua. It is quit common thar bottle-fed children suffer from anaemia, because, artificial milk is a poor source of iron.

f) Boule addiction.

Some babies refuse to take solid foods even after six months. They prefer bottle milk to other supplementary foods. This delays starting of supplementary feeding. As a result, the child may become under-nourished

g) High cost.

Boule feeding is costly. Milk powder and milk cost money. Replacing teats and bottles may make bottle feeding costly

Demand-Feeding and Schedule-Feeding

Whether it is breastfeeding or artificial-foeding, how often the baby is fed is important. The frequency of feeding is referred to as demand-fending or schedule-fooding: Demand feeding is feeding the baby when he demands feeding by way of crying. In other words, feeding the baby whenever he cries without following a fixed interval between one feeding and another feeding is demand-fooding. Feeding the baby only at fixed interval is called schedule-fooding. Feeding at ingular intervals makes the mother restless and the baby also redes. If he has established some routine, the baby will diep in between foods and wake up at the appropriate time for feeding Schedule-feeding is good for a working mother. Stomach upsets are less in schedul-fed babies. Full term infants may be fed four hourly. Infants with Jess birth weight may be fod three hourly. Most babies establish their own Thy hom in foeding within a month of their birth.

Supplementary Feeding

The foods that are given in addition to breast milk or bottle milk are called supplementary foods. After three months, mother's milk or bottle milk alone cannot meet the growth requirement of the baby. When a baby reaches the weight of 12 pounds, he requires about 36 ounces of breast milk. The majority of mothers are not able to secrete this quantity

of milk. So, something more than breast milk seems necessary. Also, at about 5 months of age, the iron stores of the infant's tissues become exhausted
and it becomes necessary to provide extra iron. There is rapid growth during
the first six months of life. He doubles his birth weight by six months. He
needs more food to meet his growth needs. All these conditions necessitate
giving food along with milk. Vitamin drops, cooked and mashed vegetables, mashed fruits, cooked cereals, porridge, egg, flesh foods, fruit juices, mutton
broth, etc. are the foods usually given to babies as supplementary foods These items are fed from a cup or with the help of a spoon and the baby has to bite or chew these foods. Slowly, the baby's urge to suck subsides.
Supplementary food items may be introduced in the following order. By the second month itself, a little quantity of fruit fuice and cod liver oil may
be given. By the third month, juices of cooked vegetables may be given. By the fourth month, mashed fruits and well cooked and mashed vegetables may be given in small quantities. By the fifth month, well cooked and mashed cereals and dhals may be given. By the sixth month, egg may be boiled and given in small quantities Flesh foods may be given from the seventh month. By the tenth month, Chapathi and bread may be given in small quantities. By one year, he may be encouraged to eat all kinds of foods taken by adults. Also, he must become accustomed to three meals a-day pattern of eating. Different combinations of cereals and pulses are commonly usedas supplementary foods. A supplementary food known as "Kuzhandai
Amudhu" based on a blend of roasted maize flour, Greengram flour roasted ground-nut and jaggery has been developed by Sri Avinashilingam Home Science Insutute for Higher Education (Deemed University in Coimbatore A daily supplement of 80 grams of the above food provides about 11.5 grams of protein and 305 calories. There are certain rules to be followed in giving supplementary foods.

Rules for Giving Supplementary Foods.

Only one kind
of food at a time should be introduced. Only very small amount of any new food should be given at the beginning to enable the baby's digestive system
to get accustomed to the food. The amount may be gradually increased. Understandably, only a very thin consistency of the new food must be introduced. If the baby refuses to take the food, it may be omitted for a few
days and may be reintroduced after one or two weeks. Seasoning must be avoided, as baby's tender digestive system may get affected. Spicy foods and extremely cold foods must also be avoided. The food should not contain
fibrous matters. Fibrous foods may irritate the intestines of the baby
[12:56 PM, 10/31/2020] Appa: 9.1.5 Weaning
According to Pitcairn (1971) weaning means changing a baby's
food from a milk diet which he has obtained by sucking to a diet containing
solid food which he has to eat by chewing and biting. This process of weaning includes two things: one is the transition from breast feeding or bottle feeding to feeding from a cup. The other is the transition from milk

to solid foods.
The time when a child may be weaned varies from child to child. It depends mainly on the quantity of milk produced by the mother. When the mother produces less milk, weaning is begun early. If the mother produces adequate quantity of milk for a longer period of time, then weaning may be begun a little later. Under usual conditions, weaning may be begun by the eighth month and completed by one year. The child's readiness for weaning is indicated by several things. These include showing willingness to drink from a cup and eruption of teeth which enables him to chew his [12:58 PM, 10/31/2020] Appa: foods. Weaning must be a gradual process. It is neither easy nor advisable to stop breast feeding suddenly. To begin with, the first feeding that is substituted by solid foods may be 2 O'clock feeding in the afternoon. After his adjustment to this change, the 6 o'clock feeding in the evening may be replaced and thus one by one all feedings of breast milk may be stopped.

CLOTHING FOR THE BABY

Proper clothing for the baby is an important aspect in child care Under normal climatic conditions, the Indian baby is clothed in a thin cotton vesi, shirt or frock and a napkin But at the extreme climatic conditions, he must be protected by suitab.e clothing. The clothes for the baby must be comfortable. The baby's skin is very soft and hence easily chaffed. So, the clothes must be very soft The frocks and shirts must be such that they are easily put on and taken off. The buttons should not poke at any part of baby's body Napkins must be soft and absorbent. It is better to avoid using safety pin on the napkin. If it is used, one should take care that it does not hurt the baby. It is beter not to have any string around his neck. Nylon and other synthetic materials are better avoided Panties should not have tight clastics Clothes must allow freedom to move parts of his body as well as his locomotion. A child should never be over-clothed. Plastic panties may be used only at the time of travel to prevent the dress getting soiled.

In winter, flannel shirts will be very much useful. In northern pan of India, where winter can be severe, the baby needs sweaters Sweaters should always open in the front. The wool of the sweater must be soft and not hairy. When going out in winter, the baby must be protected by a cap and booties. Clothes should be washed at home and never be given for "Dhobi wash as there are chances for infection. They should be dried well in sunlight

IMMUNIZATION OF THE BABY

To immunize a child is to give a special medicine called vaccine which will prevent harmful organisms from infecting him. A new-born baby has immunity against a few diseases which he acquires from the mother through the placenia. These diseases are measles, polio, diphtheria and small pox. Immunity to these diseases acquired at birth lasts for only

about four months. After this, he needs to be immunized. Also, the baby at
birth, has no immunity against Tuberculosis and Tetanus and has to be immunised against these dangerous diseases.

9.3.2. When a vaccine is given, the child becomes immune to certain diseases by making anti-bodies. These anti-bodies are a kind of proteins in blood which fight the organisms that cause the discase. To fight different diseases, different anu-bodies are needed. What is done in vaccination is that the harmful organisms are grown and killed or made weak and injected into the body of the child. Vaccination is done with either live or dead vaccines. The live vaccines when injected into the body infecta child grow in him and cause him to make anti-bodies against them, whereas dead vaccines contain toxoids which are harmless substances made from the toxins of bacteria. BCG, Polio and measles vaccines are live ones whereas diphtheria, whooping cough and tetanus vaccines are dead vaccines. There is a possibility that severe infections in malnourished children may lead to prolonged ill health, loss of weight and even death. Immunization of children assumes a great significance in our country because our country is one where infant mortality is very high and this high rate of infant mortality can be reduced to a considerable extent by immunization

9.3.3 The Immunization Schedule. The schedule recommended for immunization of children is as follows:

The Triple antigen or DPT vaccine provides immunization against three diseases, namely, Diphtheria, Pertussis, (Whooping cough) and Tetanus. Three antigens are given as a single dose and hence the name, triple antigen. Polio vaccine is an oral vaccine and it gives immunity against poliomyelitis. BCG is the vaccine against tuberculosis. Before the end of the first year of life all vaccines must have been administered. Since these vaccines cannot provide protection for a long period, booster doses must be administered as suggested in the immunization schedule. Vaccination facilities are available in Primary health centres and also at private clinics.

III YEAR – V SEMESTER

COURSE CODE: 7BHFE1A

ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

UNIT -II

THE PERIOD OF INFANCY

According to medical standards, the period of the new-born extends from birth to the end of the second week, or until the navel is healed. This is also called the period of Neo-nate. The term 'neo-nate' is derived from the Greek word 'Neos' meaning new and the Latin verb "Nascor' meaning to be born. Hurlock refers to this period as the period of Infancy

Before the birth, the baby was inside the mother in a com-fortable environment. All the needs of the foetus were taken care of by the mother's body. But once the baby is born, the baby has to do such functions as breathing, ingestion, digestion, excrétion etc., by himself. Hence, the new born baby has to make a number of adjustments. The four most important adjustments are: Adjustment to temperature change, adjustment to breathing, taking in nourishment and adjustment to elimination. Because all babies are not capable of adjustment this period is called a critical period. The most critical time is the first day of life. Babies born full term, adjust to these conditions well, but underweight babies and pre-mature babies find it difficult to adjust.

The Appearance of the New-born

As soon as the baby is born, he cries. This birth cry marks the baby's first breath. All the babies look similar in the new-born stage. A new-born baby's body is coated with a cheese like substance. His chinless

head seems too big for his body. There is hair not only on his head, but at other places of the body also. The genitals are at first large and prominent. New-born babies have enlarged breasts which sometimes secrete milk and girl babies occasionally have a brief menstrual flow. The neo-nate's skull is not yet completely formed. There are six soft spots on his head.

Size at Birth

The average weight of the new-born infant in India is 6 pounds (2.87kg) but weight may range from 3 to 12 pounds. Boys are heavier and larger than girls. Variability in birth weight is dependent upon many factors like maternal diel, economic status of the family, ordinal position, etc. If the mother had good diet, the baby would be heavy. Families of poor economic status produce low weight babies. The average length of the infant at birth is about 18 inches.

Physical Proportions

The physical proportions of the infant differ greatly from those of the adult. The infant's head is about one-fourth of the entire body length, while in the adult it is one-seventh. The arms, legs and trunk are small in relation to the head. The abdominal region of the trunk is large and bulging, while the shoulders are narrow.

1 Physical and Motor Development

2Height and Weight.

The child grows very fast in the first two years. It can be roughly said that there is a 200 per cent increase in physical growth during the first year. A baby doubles his birth weight by five or six months and trebles it by end of the first year. During the second year, the average Indian baby puts on about 2.5 kg of weight. Height increases from about 18 inches to 34 inches on the average. Changes in

height are found to be more than weight during the second year. Changes in body proportions are very small in contrast to increase in height and weight.

Motor Abilities and Skills.

Motor abilities or muscularskills refer to the ability to control movement of various parts of the bodyDevelopment of a child's muscular abilities and skills is very much noticeable in postural control, locomotion and hand movements. Postural control involves the coordination of muscles in maintaining different positions of the body, like sitting, standing, etc. Locomotion involves coordination of muscles in the movements of the body from place to place

a) Postural control and locomotion.

The sequence of postural control and locomotion as reported by Shirley (1931) is as follows:

In this sequence of development, one can see that the development proceeds from head to foot.

A number of motor skills are noticed in the second year. There is appreciable improvement in activities like reaching, grasping, block building, eating, self feeding and handling objects.

b) Hand movements.

The baby's hand movements are aimless at first. The baby progresses to squeezing an object, then to grasping it with his hand and finally to using his thumb and forefinger. By the end of the sixth month, the majority of children can grasp objects of suitable size and hold it. By the end of ninth month, almost all babies can accurately reach for an object and pick it up.

Development of Visual Ability.

Visual ability appears and
develops somewhat in accordance with the following sequence during the first two years:

i) awareness, shortly after birth, of a moving light in the field of vision,

ii) ability to follow a light with the eyes,

ii) ability to make the eyes work together, so that, they focus on the mother's face or hands or some nearby objects,

iv) preference for certain colours, shown by his reaching for bright coloured objects

v)eye-hand coordination which makes it possible to pick up small objects and

vi) ability to follow a more distant object such as a bird or an animal.

Very young babies seem to have some idea of depth. They are able to detect differences in surface depths.

Development of Bones.

The bone development is very rapid during the first year of life. At birth, the infant's skeletal system has 270 bones. They consist largely of cartilage. Development of these cartilage consists of ossification or hardening. They become firmer and grow in length and width. Bone development is slower in the second year. Additional bones in the body appear at different times and mature at different times. The skull of the new-born has six bone plates. Spaces appear between the junctions of these bones called soft spots. The bone plates ossify gradually and close the soft spots.

Development of Nervous System.

There is a rapid develop-

ment in the nervous system during the first two years. Both Cerebrum and Cerebellum complete three fourths of their development by the end of the second year. The brain of a one-year-old child weighs two thirds of its full adult weight

Teething.

In the large majority of babies, the first tooth is
likely to appear during the seventh month. Once in a while; a baby is born with one or more teeth. The remaining front teeth, upper and lower, usually appear two or three months after the first tooth. When the baby is one-and-a-half years old, he usually has one molar on each side of his jaw and a total of eight teeth in sight. At two years, he may be the proud possessor of sixteen teeth.

The teething pattern in the baby is as follows:

Tooth

Lower Jaw

Upper Jaw

Central incisor

6 months

712 months

Lateral incisor

7 months

9 months

Cuspids

16 months

18 months

First molar

16 months

18 months

Second molar

20 months

24 months

The entire period of teething lasts about 2 years. There are 20 baby teeth and they are called temporary teeth or milk teeth. These temporary teeth start falling by about 7th year and in their place, permanent teeth erupt.

Teething is often a troublesome period. It affects the baby's eating and sleeping habits. The gums may be a bit swollen. The baby is freurul and irritable at the time of teething. The degree of problems associated with teething varies from child to child. The common signs of teething are drooling, gnawing, biting, general fussiness and irritability

It helps, if the baby is given hard toast or carrot or teething ring to chew on. The gums can be rubbed to ease pain. Giving milk from a teaspoon and enlarging the nipple hole may help to reduce feeding problems. Teething lowers the resistance to infection and some babies suffer from diarrhoea and fever. Poking with finger inside baby's mouth to see if the teeth are there, may lead to infection.

Social Development

Hurlock defines social development as the ability to behave in accordance with social expectations. During babyhood, the baby begins communicating with others by gestures and words and develops close relationship with significant care-givers like mother, father, etc. The baby's social development begins with his watching of his mother's face. By third week some babies begin to attend to human voice in preference to other

sounds. At about five weeks of age, the baby smiles in response to adult's patting. By the second month, he recognises his mother. Usually, by the third month, the infant will turn his head in response to human voice. From six months onwards, he shows enjoyment in being with others and he shows a social interest in both children and adults.

One significant factor in the social development of babies is the development of attachment. It is defined by psychologists as the condition of being emotionally attracted to a person and highly dependent on this person for emotional satisfaction. Human infants develop attachment over a long period. For the first six or seven months, he becomes familiar with the face of the caretaker, namely, the mother. From six months upto two years, the baby gets slowly attached to the mother or the caretaker. In animals, this process is called Imprint. Once the babies get attached to the mother, they show fear for separation and fear for strangers.

By eight or nine months, the baby tries to imitate the speech and gestures of others. At about one year of age, he understands the meaning of 'No'. Negativism in him begins to appear by the latter half of the second year. He shows this through physical resistance or physical withdrawal.

8.3 Emotional Development

Until language begins, it is the emotions that make adults know the needs of babies. Bridges, as early as 1930, studied the emotional development of babies. According to her, at birth, the baby shows only a kind of general excitement. At three months, in addition to excitement, delight and distress are noticed. At six months, he shows fear, disgust, anger, distress, excitement and delight. At twelve months, in addition to expressing the emotions of fear, disgust, anger, distress, excitement, delight he also expresses elation and affection. Affection gets differentiated into

affection for children and affection for adults at 18 months. How some of the common emotions are expressed by babies is given here:

a) Anger. It is the most common emotion displayed. It is aroused whensome one interferes in his activities or achieving his desires. Supposing a baby wants to play in mud and the parent says 'No' to it, he may get angry. He usually screams, kicks his legs or throws objects when he gets angry

b) Fear. Babies fear animals, dark rooms, high places, strange persons, loud noises, etc. The typical behaviour in fear rousing situation is to withdraw from the frightening stimulus and exhibiting such behaviour like crying, holding breath, hiding his face, etc.

c) Joy Joy is pleasure or happiness. The situations which make him joyful include playing with toys, funny sounds and playing with people familiar to him. Joy is expressed in smiles and laughter.

Language development is an important means of becoming independent for the child. It gives him a new power to communicate his feelings to others. Before the baby speaks words, he shows the ability to produce vowel and consonant sounds. By about six months, infants produce most of the vowel sounds and very few consonants. The number of sounds uttered, multiplies rapidly during the first year. Once the elementary speech sounds are acquired, the baby uses the sounds in a variety of ways in different combinations. The baby coos and babbles before he speaks words. These two, along with gestures are known as pre-speech forms. Cooing is the quick burst of squealing noises, Babbling is production of inarticulate meaningless speech sounds which are usually sequences of consonants and vowels such as "da-da-da". Cooing and babbling appear by the third month. Babbling ultimately narrows down to words. Between the tenth and twelfth

months, the baby utters the first meaningful word. The first word spoken is usually a noun. The baby is said to be in one-word stage of language development now. The average one-year-old speaks about four or five words. He uses words individually rather than putting them together to form a sentence. That is why, this period of language acquisition is called the one-word stage. There is evidence to show that children often know what a word means before they are able to say it. Soon children enter the period of two-word utterances. After his second birthday, a child is likely to reach the stage of production of a sentence combining three or more words.

Mental Development

The baby, during babyhood, recognises objects by what he can do with them or what they do to him. This means that he lives in the present and that he lacks the ability to remember for a long time. Before the end of the first year, he begins to show the ability to remember the past for a very brief time. For example, he begins to look for a toy he has been playing with, when it is hidden. According to research studies, babies of one year old could remember a familiar play thing after it had been hidden for about five minutes.

Piaget, a famous psychologist, has studied the intellectual development of children in great details. He says that the child is born with the ability to organise his experience. Piaget's theory of intellectual development in children is known as Cognitive theory of development. He has predicted different stages in cognitive theory. According to him the baby is in the Sensory-motor stage between birth and two years. During the sensory-motor stage, the child understands his world through his sensory organs and through his motor abilities. Hence the name Sensory-motor stage. The Sensory-motor stage has six sub stages. They are as follows:

a) Stage 1 Reflex activity (0 to 1 month). Reflexes are involuntary responses to certain stimuli. A large number of reflexes are present in the infant at the time of birth. These include responses like breathing, swallowing, digestion etc., and the first month of life of the baby is a time for exercising these reflex activities.

b) Stage II Self investigation (1 to 4 months). Between the first month and the fourth month, the baby indulges in investigating his parts of the body. This investigation includes sucking his own thumb and grasping his foot. These activities are done in a repetitive way and Piaget calls them Circular Reactions, because, they are repeated to become habitual behaviour. These are also referred to as Primary Circular Reactions.

c) Stage III Coordination and reaching out (4 to 8 months). During this stage, the baby reaches out for objects other than his own body. This reaching out involves a number of coordinations like eye-hand coordination and coordination between large muscles and finer muscles of the body. These reaching out responses are called Secondary Circular Reactions. A phenomenon called Object Permanence begins to appear in this stage. By Object Permanence, Piaget meant the ability to represent an object whether or not it is actually present. For example, when a baby searches for a toy when it is hidden, it shows that he has Object Permanence. The toy remains in his mind even when it is not present before his eyes.

d) Stage IV Goal directed behaviour(8 to 12 months). The child exhibits purposeful behaviour between 8 and 12 months. For example, the child may remove things for the purpose of obtaining another or may open some thing to get what is inside. By goal-directed behaviour, we mean purposefulbehaviour. Goal directed behaviour can be observed clearly only in this period.

e) Stage V Experimentation (12 to 18 months). In this stage, he begins to experiment actively with things to discover how various actions will affect an object. Breaking a play thing to see what is inside, inserting objects into his nostrils, ears, etc., are examples of his experimentation. These reactions are called Tertiary Circular Reactions.

Stage VI Problem solving and mental combinations (18 to 24 months). The child is able to solve problems by mental combinations of signs, symbols or images between 18 and 24 months. During this stage, object permanence fully develops. The child is able to remember objects for a brief while when they are removed from sight. He can solve simple problems like how to wake up his sleeping parent. He imitates others and engages in make-believe plays, Elementary logic is found in child's responses

A review of the changes discussed in this chapter shows that the infant undergoes tremendous changes during the first two years. Some of these changes, like postural control, happen due to maturation and some, like talking, due to learning. Provision of a stimulating environment is necessary for the optimum development of the baby. This may comprise giving nutritious food, good health care and a happy home atmosphere. The care to be given to a baby is discussed in the next chapter.

IMMUNIZATION OF THE BABY

9.3.1 To immunize a child is to give a special medicine called vaccine which will prevent harmful organisms from infecting him. A newborn baby has immunity against a few diseases which he acquires from the mother through the placenta. These diseases are measles, polio, diphtheria and small pox. Immunity to these diseases acquired at birth lasts for only about four months. After this, he needs to be immunized. Also, the baby at birth, has no immunity against Tuberculosis and Tetanus and has to be

immunised against these dangerous diseases.

9.32. When a vaccine is given, the child becomes immune to certain diseases by making anti-bodies. These anti-bodies are a kind of proteins in blood which fight the organisms that cause the disease. To fight different diseases, different anti-bodies are needed. What is done in vaccination is that the harmful organisms are grown and killed or made weak and injected into the body of the child. Vaccination is done with either live or dead vaccines. The live vaccines when injected into the body infecta child grow in him and cause him to make anti-bodies against them, whereas dead vaccines contain toxoids which are harmless substances made from the toxins of bacteria, B.C.G., Polio and measles vaccines are live ones whereas diphtheria, whooping cough and tetanus vaccines are dead vaccines. There is a possibility that severe infections in malnourished children may lead to prolonged ill health, loss of weight and even death. Immunization of children assumes a great significance in our country because our country is one where infant mortality is very high and this high rate of infant mortality can be reduced to a considerable extent by immunization.

The Immunization Schedule.

The schedule recommended for immunization of children is as follows:

The Triple antigen or DPT vaccine provides immunization against three diseases, namely, Diphtheria, Pertussis, (Whooping cough) and Tetanus. Three antigens are given as a single dose and hence the name, triple antigen. Polio vaccine is an oral vaccine and it gives immunity against poliomyelitis. BCG is the vaccine against tuberculosis. Before the end of the first year of life all vaccines must have been administered. Since these vaccines cannot provide protection for a long period, booster doses must

be administered as suggested in the immunization schedule. Vaccination facilities are available in Primary health centres and also at private clinics.

CHILDHOOD ILLNESSES

Children suffer from a number of illnesses during their early childhood years. They have less resistence to diseases than adults. So they easily get illnesses. A large number of diseases children suffer from are due to infection. These diseases are called communicable diseases. Another kind of diseases called deficiency diseases are also common in children. When the nutrients needed for growth are not available in adequate quantities in their diet, children suffer from undernourishment and consequently deficiency diseases. There are still a few more illnesses suffered by children like colic which are neither infectious nor deficiency diseases.

Communicable Diseases

Those diseases which spread from one person to another are called communicable diseases. These are caused by harmful germs which are not visible to the naked eye. The saliva and other excretions of the infected person carry disease-producing germs. From the infected person these germs are spread to others through air, water or bodily contact. Flies and the other insects also pass on the germs to other people. Once these germs get into the body, they multiply rapidly and cause the symptoms of the particular disease.

There are three stages in any communicable disease. They are : i) The incubation stage, ii) the acute stage and iii) the convalescence stage. The period from the time the germs enter the body to the time the symptoms appear is called the incubation stage. During this stage the germs multiply rapidly and start affecting the body syustems. The period of actual suffering is called the acute stage. In this stage symptoms appear and the individual

suffers the maximum discomfort. After the period of acute illness, he gets into the period of convalescence. This is the period of recovery. Good diet and rest are important for speedy recovery. The duration of these three varies depending upon the illness. Some of the communicable diseases are harmful enough to cause the death of children. Others make the children very weak. The following are the common communicable diseases.

Common Cold.

One of the frequent infections of the child
is common cold. This is caused by cold virus. Cold is usually accompanied by running nose, head-ache and light temperature and cough. Children catch cold from persons having cold. Some suffer cold due to allergy. Children may suffer from stuffy nose when they have cold. Applying camphor oil over chest may give relief to cough. There is no special medicine for the common cold except to make the child comfortable by keeping his nose open with nose drops.

Diarrhoea.

Diarrhoea is passing three or more loose or
watery stools in a day due to infection of the digestive system. Important salts and water are lost in this process. Excessive loss of water and salts leads to the death of the child. Hence it is called a killer disease. The common causes of diarrhoea include drinking impure water, unhygienic living conditions, eating food which is not clean, unhygienic bottle feeding, etc.

Diarrhoea leads to dehydration. The signs of dehydration include excessive thirst, dry mouth and tongue and loss of skin elasticity. In the treatment of diarrhoea oral rehydration solution is effective, cheap, readily

available and easy to make. Fluids such as water from cooked rice, dhal water, weak tea, lemon juice, coconut water, home made salt-sugar solution, etc. can be given to prevent dehydration. Oral rehydration solution can be easily prepared by mixing salt, sugar and water. In a glass of boiled and cooled water one pinch of salt and four pinches of sugar are added. This solution must be given little by little whenever the child is willing to drink.

Dysentery.

Dysentery is bloody diarrhoea. The child com-
plains of abdominal pain and the stools contain plenty of mucous and blood. Some times there is high fever. Doctor must be consulted immediately.

Mumps.

This is a condition where there is swelling of
the glands in the neck as a result of infection by virus. The child may have fever. He may not be able to eat anything because of the enlargement of the salivary glands. Hence liquid diet is recommended.

Tonsilitis.

This disease is caused by bacteria. Throat is
affected. There may also be fever accompanied by cough. Gargling with hot water containing salt gives relief. Only liquid diet should be given as it is painful to swallow.

Ear Infections.

It is common for children to have mild
infections of the ear. Whenever there is ear-ache doctor must be consulted. Appaying hot pad and giving aspirin may give temporary relief.

13.1.7 Scabies. When a child suffers from scabies, there is

generalised itching which results in ulceration and crusting. Treatment consists of applying Benzyle benzoate emulsion as per doctor's advice to the whole body for three or four days after a bath. Keeping the body clean is a preventive measure. Children should not be allowed to play in dirty soil.

Measles.

It is caused by measles virus. The virus is present in the secretions of throat, nose and mouth and the disease is spread through air. Children who inhale infected air will get it immediately. The symptoms include cold, cough and fever. The child's eyes become red and watery and become sensitive to light. After three or four days of fever, rashes appear first behind the ears and then slowly spread to the face and all over the body. By the seventh or eighth day, the rashes begin to disappear. If proper treatment is not given, the child may get respiratory illnesses like pneumonia. Measles lead to diarrhoea and even can cause brain damage and death. One dose of measles vaccine between 9 and 12 months may prevent this disease.

Chicken Pox.

It is caused by the germ called Variola minor.

It begins with fever. Shortly, separate, raised pink spots appear on head, face and waist. They increase in number rapidly forming nodules and blisters and then a crust within about seven days. The incubation period for the disease is 11-21 days. The pox may cause intense itching that makes the child very restless. By scratching he causes secondary infections. So the child's hands should be washed with soap several times a day.

Diphtheria.

This is a fatal disease caused by an organism

known as Corynebacteriumdiphtheriae. These bacteria are usually present

in the nose and throat of the infected child. A child can get this disease by

being close with the patient or when the child uses the patient's belongings. The first symptom is that the child gets a sore throat with or without

difficulty in swallowing. The child suffers from mild fever and cannot

breathe easily. As the disease progresses, the child is not able to breathe.

If proper treatment is not given, the child may die. The disease can be

prevented by giving three doses of DPT before the baby's first birth day.

13.1.11 Pertussis. This disease is also called whooping cough. It

is caused by the bacteria called Bordetella pertussis. These germs are present

in the throat and nose of the infected child and are spread through air.

Children of all ages are affected by pertussis. The symptoms include cold,

cough and running nose for about 7 days. After 7 days, there is non-stopping

cough. The child's eyes bulge and tears appear while coughing. The child

finds it difficult to breathe. A characteristic whooping sound is produced

at the time of coughing. Sometimes the cough is followed by vomiting. If

no treatment is given, the child may suffer from malnutrition, Pneumonia,

blindess, brain damage and even death. Giving three doses of DPT vaccine

bere the child's first birth day will prevent the occurrence of this disease.

Tetanus.

Tetanus is caused by the bacteria called

Clostridium tetani. These are found in animal dung and human excreta.

They get into the body through open wounds. In the case of new-born

babies, these get into the body through unhygienic instruments used in

delivery. When infected, the baby stops sucking milk because the sucking

reflex stops. The baby cannot open his mouth. The jaws become rigid. The

child also gets convulsions and when the convulsions become severe the body becomes arched. If proper treatment is not given, limbs may get affected with permanent disability and even death can occur.

Poliomyelitis.

This is also called childhood paralysis and
is caused by an enterovirus. The virus lives in the faeces of an infected person and is spread by contact or through contaminated water. Throat secretions can also spread this disease. This illness starts with fever. There will be mild cough and cold. There will also be pain in the legs and arms. The child cries when he is made to stand, walk or move the hands. This disease can permanently paralyse the child. Usually the extremities of the body are affected. Three doses of oral polio vaccine are to be given to the child during the first year. All children who have contracted polio must be provided with timely help.

Tuberculosis.

This disease is caused by bacilli known as
Mycobacterium tuberculosis. These bacteria are present in the sputum of an infected person and when he coughs, they spread to another through air. There is prolonged low grade fever. There is loss of weight and occasional cough. If proper treatment is not given, the lymph nodes on the sides of the neck get enlarged. The wounds heal at one part while other such nodes begin to form. Tuberculosis can affect any part of the body like glands, lungs, brain and bones. BCG vaccination usually given within a month after the birth of the child will prevent this disease.

Typhoid.

This disease is caused by the bacteria called S. typhi and is contracted by eating food or drinking water infected with the organism. The disease is accompanied by high fever and severe head-ache and can last for 3 weeks. The intestines are inflamed and so only liquid diet is advisable. The child may also have diarrhoea. Nourishing soups and drinks and soft boiled food must be given. Typhoid has a tendency to relapse and so great care must be taken of the child.

13.1.16 Infective Hepatitis. This disease is also caused by a virus and is spread in the same manner as typhoid. There will be slight fever, nausea and vomiting with or without jaundice. Plenty of sweetened drinks and light boiled food should be given. The child should be made to take complete rest.

Worm Infection.

Children often suffer from worm infections. The commonest worms found in human body are round worms, hook worms, thread worms and tape worms.

a) Round worms.

These are got by the child as a result of poor hygiene. Playing in infected soil, drinking impure water, eating contaminated vegetables, etc. lead to infection. The infected child loses appetite, becomes listless and may develop protruding abdomen. If the worms are very large in number they form bunches and cause intestinal obstruction with abdominal pain and vomiting. Eradication of worm should be undertaken after confirming the presence of worms.

b) Hook worms.

These worms suck blood from the intestine. This results in iron deficiency and anaemia. This infection is acquired from

walking barefoot. The larvae from the soil penetrate the skin and enter the body. Children infested with hook worms complain of abdominal pain, nausea, heart burn, vomiting and loss of appetite. When infestation occurs through skin, local inflammation and swelling at the site of penetration occur. Prolonged infestation leads to delayed mental and physical development. Deworming should be done as early as possible. Children must be encouraged to wear footwear while walking in the street.

c) Thread worms or Pin worms.

They cause local irritation of the anus. Nails must be cut short and hands should be washed thoroughly with soap before eating food and also after going to the toilet.

d) Tape worm.

By eating improperly cooked pork and beef children get infected by this worm. Severe anaemia develops and children complain of dizziness, head-ache, nausea, and abdominal pain. Children have to be dewormed after consulting a physician.

Deficiency Diseases

The common nutrients needed for child growth and wellbeing include carbohydrate, protein, fat, vitamins and minerals. When these nutrients are not present in adequate quantities in the diet of children, they suffer from deficiency diseases. As the origin of these diseases is the inadequacy of nutrients, they are both preventable and curable by diet alone. The common deficiency diseases found among Indian children are discussed as follows:

Protein-Energy Malnutrition (PEM).

This condition isdue to deficient intake of calories and protein. Marasmus and Kwashiorkor are the two extreme forms of protein-energy malnutrition.

III YEAR – V SEMESTER

COURSE CODE: 7BHFE1A

ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

UNIT - III

THE PERIOD OF EARLY CHILDHOOD

in the views of Hurlock, the period of life from three to six years of age may be called Early Childhood Years. This is an important period in the life of an individual. Significant changes occur in the child in all the areas of development, namely, physical, social, emotional and intellectual areas. The major features of early childhood period are as follows:

The child's physical abilities expand to a considerable extent from those of babyhood. Fine motor skills emerge and he enjoys gross motor or large muscular activities and doing things by himself. Motor skills fundamental for life, like climbing, jumping, hopping and skipping have their beginning in this period.

It is a time of increasing social development. His social contacts help in the emergence of self awareness during this period. The child begins to feel himself as a part of a social group and as a result, he becomes more rule oriented. As he becomes aware of the imperativeness of the rules for effective social life, he also learns to follow the rules. His learning of rules is greatly aided by his parents in early childhood years.

His cognitive development also expands during this period. There is a rapid development of the brain and the central nervous system. It is said that by about eight years, most of the brain growth is achieved. The child, most of the time is engaged in discovering the factors in himself like his abilities. The child during this period is described as a walking question

mark. He has increasingly larger vocabulary and more sophisticated language skills. He has increasingly longer attention span which helps in his intellectual development.

In the area of emotional development, he has increasing ability to control his emotions and learns acceptable ways of emotional expression The developmental changes that occur during this period is discussed in detail here.

PHYSICAL AND MOTOR DEVELOPMENT

Physical development refers to increase in bodily tissues. Generally, it denotes height and weight changes, changes in body proportions, bone growth, muscular development and development of nervous system. Motor development refers to the development of control over different muscles of the body. This includes control over gross movements like walking, running, etc., and finer coordinations like grasping, throwing, etc.

Physical Development

Physical development is an important aspect of development because it influences child's behaviour both directly and indirectly. Directly, it determines what the child can do and indirectly, it influences his attitudes towards himself and others. Abnormal physical development tends to develop a feeling of awkwardness and inferiority)

Height and weight.

On the whole the height and weight increase is slower than that of infancy. Children can be expected to gain four to five pounds each year. After the beginning of the third year, there is a slower and more gradual increase in body growth. A general rule is to expect

children to be seven times their birth weight by age six. The rate of height gain exceeds weight gain. He may be expected to grow about 2 to 2 12 inches each year. According to Indian Council of Medical Research (1968) by the age of five years, the average child measures from 101 to 102 centimetres in height. Girls tend to be slightly shorter than boys.

Body proportions.

During this stage, the appearance of a baby changes to that of a young child. The chubby appearance of the baby begins to disappear by four years of age. By the time children are six years old, they have the body proportions of the adult. Changes in body proportions for different parts of the body vary. The head growth is slow, limb growth is rapid and trunk growth is intermediate

Bone development

Bone development consists of growth in bone size, change in the number of bones and change in their composition. Bone development is most rapid during the first year of life. Then it is relatively slow upto the time of puberty and then once again is more rapid during adolescence

Development of teeth

Most of the primary milk teeth have erupted by his third birth day. These teeth will remain in the gums until about age six or seven. From the age of seven, the primary teeth begin to be shed one by one and in their place permanent teeth erupt.)

d Development of nervous system. The growth of the nervous system is very rapid before birth and in the first three to four years after birth.

Growth during the pre-natal period consists primarily of an increase in the number and size of the nerve cells. Later growth consists primarily of the development of immature cells present at birth. After the age of three or four, growth of the nervous system proceeds at a relatively slow rate. Brain growth Brain growth is rapid during infancy and pre-school years. The brain is about 75 per cent of its adult weight at five years, and it is 90 per cent of adult weight at eight years.

Growth of muscles

The muscles play a major role in regulating the vital organs of the body such as the heart, the organs of the digestive system and the glands At birth, muscle fibres are present, but undeveloped. After birth, they change in size, shape and composition. The muscle fibres grow in length, breadth, and thickness. Upto five years of age, the muscles grow in proportion to increase in body weight. Then from five to six years, comes a rapid spurt in muscle growth. In early childhood the muscles are more delicate and less firmly attached to the bones than at maturity. As the muscles become stronger, the child has a strong drive for muscular activity

Motor Development

During the first four or five years, the child gains control over gross movements. These movements involve the large areas of the body used in walking, running, jumping, swimming and so on. Most of the fun-damental motor pattems like running, catching, etc., develop to a higher level of precision than during the earlier stage. After five years of age. major development takes place in the control of finer coordinations, which involve the small muscle groups used in grasping, throwing and catching

balls, writing, using tools and so on. There is a progressive maturation of theneuro-muscular system. So he expresses increased skill in motor activities. The following motor activitis and skills can be observed among the pre-school

children:

a) Running.
b) At first, running is a little more difficult than walking.

The child runs clumsily and with uneven steps. He falls many times before reaching the target. By the age of 5 or 6 years, the child is able to run smoothly without any fall He is able to adjust his speed and can turn corners.

c) Jumping.
d) By his fourth birth day, he can jump from a height of about 12 inches and make a standing jump from a height of about 23 to 33 inches. Jumping over obstacles is difficult for a 4 year-old-child. The five-year-old has no difficulty in running over obstacles. Between the 5th and the 6th years most children can jump rope.

c) Skipping and hopping

Skipping and hopping are modifications of jumping. Hopping on two feet precedes hopping on one. While children attempt to hop before they are 3 years old, they are not skilful until 6 or 7. Most children can hop for short distances at around four years, but it is not until they are about six years that they are proficient in hopping.

Skipping is more difficult than hopping. Few children can skip well at the age of 6.

d) Climbing.

Even before the baby can walk, he climbs steps by

crawling and creeping Before a child is two years old, he can walk upstairs and downstairs with help, holding the railing of the stairs or the hand of a person. (The adult manner of step-climbing where the child uses his legs alternately is attained by four years of age provided the child has had ample opportunity to learn.

e) Tricycling and bicycling

By the age of two years, very few children can ride tricycles. Between 3 and 4, all who have an opportunity tra learn can do so. After achieving a skilled performance, children use their tricycles for stunting. By the time the child is 6, he graduates to a bicycle.

f)! Swimming Learning opportunities play a large part in determining how soon a child win'accauire swimming skills. Few children swim before the age of four years.

8)Ball throwing and catching. The ability to throw and catch balls requires well - coordinated movements, not only of the arms and hands, but of the entire body and a fine sense of balance. Even at 4, a child may find it difficult to throw well. By 6 years, most children are proficient, though there are marked variations in the skill at every age.

Ball catching is likewise difficult. At 4 years, few children are proficient, while at 6, approximately two-thirds are. At first, the child uses his whole body to clasp the ball. Then he uses his arms, with less random movement. Later, he perfects a coordinated movement of the hands to catch the ball between the palms.

h) Self - feeding.

By the end of the second year, the child tries to eat food by himself. At first he spills most of the food. By five years he

can feed himself like an adult.

i) Self-dressing.

The period of most rapid improvement in dressing

is between 112 and 32 years. By the time the child is 5 years old, he should be able to dress himself completely Eye-hand coordination is necessary until the child learns to dress himself. Afterwards he can dress himself. effortlessly

Self - grooming Grooming skills develop along with dressing

skills. By the time he reaches 5 years of age, he should be able to comb his hair successfully

k) Hand writing.

Upto one year, the child just scribbles in the

middle of the paper. On the average, the baby is not biologically ready for hand writing before he is six years old. Until that age, the nerves and muscles of the fingers, hand, wrist and arm are not developed enough to make the fine co-ordinations needed in writing. At four years, he writes a few large and single capital letters. At five years, he can write his name in capital letters. At six years, he can write the entire English alphabet if given the opportunity to learn them

Copying. Copying requires not only control over the finer

muscles of the hand and arm but also the ability to perceive relationships. Between lhe ages of 242 and 5 years, most children show consistent improvement in their ability to copy simple geomelic figures.

m) Handedness. The preferred use of one hand over the other in

day-to-day activities is called handedness. This is believed to be established in early childhood.

The normal physical and motor development is essential for the successful adjustments to the challenges of the ensuing school years.

SOCIAL DEVELOPMENT

When the baby is born he is asocial. He does not exhibit any form of social behaviour. But as he grows, the society expects that he learns to interact with other members in the society in conformity with group standards, mores and traditions. Learning of these acceptable forms of interaction is called social development.

During the pre-school years, namely, from two to six years of age, the child learns how to make social contacts and get along with people outside home, especially with peer group-children of his own age. The child has now acquired the ability to move from place to place and use his language. As a result, his social contacts widen. These widening social contacts increase the chances for imitation of social behaviour of others. The child's social interactions enable him to acquire new social abilities like being cooperative, having a sense of oneness, developing meaningful relation, etc

*Play behaviour is an index of social development. Before the age of two years, young children engage in solitary and parallel play. Solitary play involves self - activity, like, exploring parts of his own body. In parallel play, two children may be playing side by side without concem for each other. They play alone and show little interest in group - play.

A little later, children show interest in imitating others and watching others. This behaviour is called on-looker behaviourFrom the age of three or four, they begin to play together in groups and to talk to one another while they play. Now they learn to adapt themselves to the others, and to cooperate

in group play activities.

***Common Forms of Social Behaviour**

The social development takes the form of different social be-
haviour. The common forms of social behaviour observed during the pre-
school age are as follows:

a) Desire for social approval.

From the early childhood period,
the child starts craving for social approval. If a child does not get social approval, he is unhappy. He asks many questions in a bid to invite attention and exhibits behaviour like showing off his dress, and his mastery over physical skills, etc., which win him approval.

b) Cooperation.

As the child is self-centred in earlier days, coopera-
tivebehaviour is hardly seen. From the fourth year, there is an increase in cooperative play. The more the opportunities the child has to be with other children, the quicker does he learn to be cooperative.

c) Sympathy.

It is the form of behaviour in which one is affected
by the emotional state of another. Children start showing sympathy by about the third year. Young children react sympathetically by helping others, by removing the cause of distress or by comforting others with pats, hugs, kisses, etc. It is found that they respond sympathetically to blind
people, people in bandage and to pictures of accidents and funerals or to crippled persons carrying crutches.

d) Friendliness.

Young children are friendly toward both adults

and other children. They express friendliness by such overt acts as hugging and kissing. He gives rapt attention to what his friend says or does. He tries to protect his friend against aggressive acts of others. As the ability to speak improves, he verbalizes his feelings in such remarks as "I love you" "You are my friend " or" I want to go with you".

e) Generosity.

The young child is ego-centric. He demands what he wants. Only after he begins to play with others does he begin to learn to submerge his self interests in the interest of others. Selfishness reaches a peak between 4 and 6 years. It then declines. Generosity in children is shown in a willingness to share with others. This behaviour increases in frequency as selfishness decreases

Negativism.

Negativism is a form of exaggerated resistence behaviour. Negativistic children are rebellious and stubborn. It usually occurs as a result of aggressive discipline of parents, intolerant attitude towards child behaviour etc. Resistant behaviour begins at about 18 months and reaches a peak between three and six years. Children also exhibit temper tantrums, destructiveness or moodiness as a form of negativism. Between the ages of four and six, there is decline in physical forms of resistance and an increase in verbal forms.

Rivalry,

Rivalry is characterised by a desire to outdo others. It may take many different forms. One of them is bragging about being first in some activity or about winning superior material possessions. Studies have shown that two year olds exhibit no signs of rivalry. At three years,

some competition appears. By four years, children have a better idea of excelling and by six years, most have a well developed competitive spirit. Children from lower socio-econimic groups are more competitive at every age than those from higher socio-economic groups. In the home, rivalry takes the form of sibling rivalry. This is augmented by a partial attitude of parents towards sons or daughters. Sibling rivalry is common at home, especially, when the parents show preference to one child. In families where children are closely spaced, the problem of sibling rivalry is found to be more, When the mother showers all her attention only on the younger baby and neglects the elder child, the elder child feels that he has a rival in his younger brother. Hence, parents must never be partial towards any one child.

h) Aggression.

Aggression is an actual or threatened act of hostility

Almost all young children are aggressive to some extent. Aggressive behaviours are first noticeable by about 2 years when temper-tantrums appear as a result of frustration. Pre-schoolers show many acts of aggression during conflicts over property rights, territory and other disputes about possession Aggression also occurs as a part of dramatic play. Other causes include frustrations which make the child attack a person and displace anger when the child cannot express anger directly toward the offending person. Parental rejection, the desire to win attention, the permissive attitude of parents or other adults, emotional tension resulting from family stress and physical punishment from parents for misbehaviour are the other causes for aggression.

Aggressiveness is expressed most commonly in the form of un-

controlled temper tantrum behaviour. It is also expressed in verbal aggression and in indirect forms as attack through another person.

1) Quarrelling.

Hurlock defines quarrels as angry disputes that generally start when a person makes an unprovoked attack on another. Quarrelling involves two or more people. It usually begins when one attacks another person or his property. It may take different forms like destroying another child's work, taking away his toys, screaming, crying, biting, kicking, name calling and making derogatory statements. Quarrelling usually ends when one child yields to another.

1) **Ascendant behaviour**.
   This is the tendency to dominate others.

Beginning at about the age of 3 years, ascendancy increases as opportunities for social contacts increase. It reaches a peak around the age of 5 and then declines.

k) Teasing and bullying.

Teasing and bullying are aggressive forms ofbehaviour that usually lead to quarrelling, Teasing is a verbal attack on another and thus arouses an angry response. In bullying, the attacker inflicts physical pain on another because of the pleasure he derives from watching the victim's discomfort and attempts to retaliate At home or in school, , younger children are teased and bullied by older ones. Only very few pre-school children engage in teasing and bullying. Siblings, parents and peers play a very important role in the social development of the pre-school child.

EMOTIONAL DEVELOPMENT

An emotion may be described as a stirred up state of the

organism accompanied by certain physiological changes in the body and A an impulse to act. Fear, anxiety, anger, disgust, grief, jealousy, excitement are some of the common emotions expressed by man,

Role of Maturation and Learning

The new-born infant exhibits only a general excitement and no specific emotions. But as he grows, he shows different forms of emotional behaviour. Psychologists are of the opinion that the ability to respond emotionally is present even at the time of birth. This ability develops due to maturation or biological growth process and learning.

Role of Maturation.

Emotional behaviour is possible only with the appropriate neural and endocrine development. It has been proved experimentally in animals that removal of cortical region of the brain made them extremely calm. Hence maturation of cortical region is very important for emotional development. Likewise, the development of adrenal glands in size has been found to affect emotional expression to a great extent. Muscular development is also an important pre-requisite for visible physical expression of emotions. Intellectual maturation enables the child to know the advantages and disadvantages of exhibiting a particular emotion and thereby control emotional expression.

Role of Learning.

Generally, children learn emotional behaviour through two methods of learning, namely, conditioning and imitation.

a) **Conditioning**.
   This means learning by association. For example, pain due to injection creates fear for the doctor or the nurse because the

child associates injection with the person who gives it.

b) Imitation.

Children imitate the emotional behaviour of people whom they have a chance to observe. Very often, emotional reactions to specific situations develop by imitating others. For example, when some one in the family fears cockroach or lightning, the child develops fear towards cockroach and lightning through imitation.

Characteristics of Children's Emotions

The emotional expressions of children differ from those of adults. According to Hurlock, the following are the characteristics of children's emotions:

i) Children's emotional state lasts only for a few minutes. They express their emotions openly and get over the distressing state of emotions. The adults, in contrast, get into 'moods' and so they experience emotions for a longer duration.

ii) Children's emotions are intense. Even for a simple situation, the child's emotional reaction is intense. For example, if you make him angry by taking his toy away, the young child may cry loudly, throw himsel down and raise a big hue and cry. Usually, children express their emotions loudly and overtly.

iii) Children's emotions are transitory. Children usually shift their emotions from one emotion to the other easily. This is partly due to the small attention span of the child which makes him divert his attention casily

iv) Children's emotions appear frequently. If we note the number of times a child expresses various emotions in a day, we may come to know that he expresses emotions oftener than an adult.

v) Children's emotional responses are different, As they do not

have any inhibition, they don't try to hide emotions. So the ways in which they express their emotions differ from that of adults. For example, when a pre-school child cries, the different parts of his body like his hands, face and voice are involved in the expression of his grief. In the case of an adult, no such responses appear usually

vi) Emotions in children can be detected by symptoms of be-haviour. Because their responses are overt, their emotions can be casily identified.

vii) Emotions of children change in strength as they grow. For example, temper tantrums are frequent in pre-school period. But during school age, the frequency of tantrums decreases.

viii) Patterns of children's emotional expressions change as they grow. Older children do not express emotions in the same way as being expressed by small children. For example, small children express anger through tantrums whereas the older children express their anger through verbal means.

Classifications of Emotions

Emotions can be broadly classified into two types. One is positive-integrative and the other is negative - disintegrative. Positive - integrative emotions are pleasant in nature. The individual feels happy at the expression of these emotions and the expression of these emotions is liked and welcomed by others. Such emotions as joy, love, affection curiosity and sympathy are included under this category. The negative-di: - integrative emotions, on the other hand, give an unpleasant feeling to the individual who feels it and the expression of these is disliked by others. Such emotions as anger, jealousy, fear, etc., are included under this category.

Forms of Positive or Pleasant Emotions.

Delight is the earliest form of pleasant emotion seen in the child at about the third month of life. The other pleasant emotions, namely, joy, elation and affection can be clearly identified at about two years of age. An account of the various pleasant emotions expressed by pre-school children is as follows:

Joy and low While joy indicates a happy condition, clation denoses a condition of being in high spirits. These emotions are expressed in the form of smiling, chuckling and laughter Stimuli thar evoke laughter in pre-school children incluido surprise, incongruity, contrast situation, and play situations. Achievement of success in an activity after a long time triat is another important source of happiness or joy during early childhood, Children express joy through smiling or laughing. When they are happy, they sometimes, jump up and down, roll on the floor and clap their hands. Children also hug and kiss to show their happiness

c) **Afection**.
Allection is an emotional reaction which symbolises a strong bond of love between the child, and another person, or an animal. Children learn to love those who give them pleasure and satisfaction. As a result, young children love not only human beings, but also animals and inanimate things. Affection develops along with his social contacts. Outside the home, children love those peers, teachers or adults who like him and treat him affectionately. Children show affection in different ways. They hug, pat and kiss the loved one. They also wish to be with persons whom they love most of the time.

d) **Curiosity**.
Curiosity is the interest in new, strange, incongruous or mysterious elements in a person's environment. It can also be said as

the desire to know. The pre-school child is highly inquisitive or curious. His curiosity is endless. He is curious about his body, people and things. Mechanical devices, toys, novel situations, changes like new ways of dressing of his parents, changes in his body like the eruption of teeth, etc, also cause curiosity in the child's mind.

Curiosity can be found in babies from the third or fourth months onwards. It is expressed bodily at first. The baby tenses his body and shows a startled expression at first. Then he gets hold of the object and explores it by pulling, sucking and rattling it. As soon as he can talk, he begins to ask questions to satisfy his curiosity. The questioning age begins around the third year and reaches its peak around the sixth year. Curiosity helps in the widening of the child's awareness of his environment.

Forms of Negative or Unpleasant Emotions.

Some ofthe common negative unpleasant emotions found among pre-school children are as follows:Jealousy is the feeling of angry resentment directed towards other people. In most cases jealousy is a normal response to actual, supposed or threatened losing of affection. In the case of pre-school children jealousy is found in the form of sibling rivalry. Sibling rivalry is noticed between the ages of two and five years, especially when a new baby arrives in the family. This feeling of rivalry is expressed in varied forms like aggression toward the younger infant, relapse into infantile behaviour like refusal to eat solid foods, expressing new fears, destructiveness, name calling,etc.. The simple rules, for preventing jealousy among siblings are taking some time each day to spend exclusively with the older child and being impartial in treating children.

b) Anger.

Anger is a frequent emotional response in early childhood. Anger- arousing situations are more in the early childhood years. Also, the child finds that expression of anger is a good way to attract the attention of others. Because of these reasons, anger is found to be a frequent emotional expression. The common stimuli for anger include bodily restraint, blocking of the child's activities, thwarting of his wishes to carry out an activity, failure of his toys to work, etc. Anger responses vary with age. The baby cries, screams, kicks and twists his whole body when he is angry. The pre-school child shows his anger through temper tantrums. Temper tantrum is violent anger directed towards a person or thing. He may hurt others by hitting, kicking, biting, etc., When the child is able to talk, he also begins to use language with physical responses.

c) Fear

Fear is characterised by agitation or fright in anticipation of actual or imagined danger or pain. The pre-school children's fears focus on unpredictable and unknown situations, objects and events. Young children show the greatest fear reaction to animals, snakes, darkness, falling, loud noises and high places. As they gain more experience and understanding, fears subside. The common fear responses are running away, hiding, avoiding fear evoking situation, crying, whimpering, etc.

Children learn to fear things in different ways. Often, they learn fear by imitating elders. Fear of lightning and insects are found to develop by imitation. Another way in which fear develops is through conditioning, In conditioning, frequent association with painful experience makes the child fear objects associated with the painful experience.

Fear can be eliminated from children's mind by explaining to them

about the fear evoking stimuli. Children should be told when and under what conditions the fear stimuli are dangerous. Another effective method is to actually subjecting the child, or in other words, making the child experience the fear arousing condition often. The strangeness which causes fear is no longer strange and so the child stops fearing.

e) Arxiety.

Jersild defines anxiety as a painful uneasiness of mind conceming impending or anticipated ill. It is a mental condition which in volves undefined fear, dread and a general feeling that all is not well. This anxiety pattern is clearly present in the child by the third year of life. An anxious child is unhappy and is irritable. He suffers from mood swings, restless sleep, quick anger and high sensitivity. These forms of behaviour lead to adjustment problems.

Anxiety generally centresaround routines, parent-child and child-child relationship. Insecurity in children has been found to be the major cause for anxiety. Insecurity mainly arises from inconsistency in social rules, conflicting authority and atmosphere of emotional tension. When parents are strict disciplinarians or when they behave inconsistently, children feel anxiety. Some times anxiety is constructive. It drives the child to work hard and reach perfection. But it is necessary that needless anxiety or worries that may persist into adulthood must be eliminated. A happy home atmosphere minimises the occurrence of anxiety among children.

A child attending a pre-school learns emotional control quickly because of the varied experiences and the teacher's conscious guidance available in the pre-school. The teacher in the pre-school guides the child in expressing emotions, especially, negative emotions in a socially accept-able way

MENTAL DEVELOPMENT

Mental development refers to intellectual development and it is characterised by such abilities as verbal comprehensio, word fluency, numerical ability, perceptual speed, reasoning, etc. Piaget refers to these abilities as cognitive abilities. He systematically studied the development of these abilities and has identified different stages in cognitive development, They are: Sensory-motor stage(0-2 years), Pre-operational thought stage (2 to 7 years), Concrete operations stage (7 to 11 years) and Formal operations stage (11to 15 years). The child in the early childhood period is in the Pre-operational thought stage of cognitive development.

Pre-operational Thought Stage

The significant aspect of development during this stage is the continuous development and use of internal images and symbols. This period is called Pre-operational because it precedes the Concrete Operations stage. Children in this period have not acquired the logical operations or rules of thought that are characteristic of later stages of cognitive development. This Pre-operational stage consists of two sub - stages, namely, the Pre-conceptual stage (2 to 4 years) and the Intuitive stage (4 to 7 years).

Pre-conceptual Stage (2 to 4 years).

A concept is thegeneralised idea representing a group of objects. For example, "tree" is a concept because it is a generalised idea representing certain characteristics common to all kinds of trees. Before children develop concepts, they are said to be in the pre-conceptual period. In this period, they develop immature concepts or incorrect concepts called pre-concepts. For example, they may have the idea that all winged flying objects including butterflies are birds and all moving objects like train and clouds have life.

During the Pre-conceptual stage, the child's reasoning is based on limited criteria. For example, when asked to classify objects which have different characteristics, he classifies them in a crude manner based on a single criterion. Because of his short attention span and easy distractability, the young child has problems in sorting out things by volume, size, or other similar characteristics. This means that once children concentrate on some aspect or activity, they have difficulty in being aware of other elements or aspects. This characteristic is referred to as Centredness. Animism is another characteristic of Pre-conceptual stage. Animistic thinking is the belief that the inanimate objects are live. A train is considered to have life because it moves. Young children have problems in differentiating the real from the imagined. They think nightmares are real.

Intuitive Stage (4 to 7 years).

In this stage, children's beliefs are generally based on what they sense to be true rather than on rationalthoughtInstead of logical, operational thought, children rely on their senses and imagination to arrive at conclusions. The following example would make this idea clear: Let us consider an experimental conditon. Three beads are placed in a narrow hollow cardboard tube. A red bead is placed on top, a yellow bead in the middle and a blue bead at the bottom. The tube is held in front of a pre-school child. When the child is asked to say which colour bead will be on top when the tube is turned upside down, the child is able to give the correct answer. Is it because of his logical reasoning? No. He is able to give the correct answer because of his ability to imagine. Suppose that we ask the child what colour bead will be on top after 12 turns of the tube (which involves logical reasoning), the child may not be able to answer. An adolescent may be able to answer correctly

because he has the ability to reason logically.

The child is ego-centric during this period Ego-centrism means that the young child focuses on his own view point and seems to be unable to consider any one else's at the same time. He uses words like, "I","mine" and "my" frequently.

Children have conservation problems during the pre-school years. Conservation means the understanding that some things (like water, clay, etc.) retain their same properties like volume, number, etc. even though they can be rearranged differently or reshaped. For example, a child of pre-school age does not understand that the volume of water remains unchanged when it is poured from one container to another of a different shape.

Also, children lack an understanding of reversibility. Reversibility means thinking backward or in reverse order. They can learn to add whereas it is difficult for them to learn to subtract because it is a reverse operation.

LANGUAGE DEVELOPMENT

Language plays a vital role in cognitive development. It facilitates the development of thought processos. Language includes every means of communication including writing, speaking, gestures, facial expression, etc. Speech is one of the different forms of language. It is a form of language in which articulate sounds or words are used to convey meaning. It is the most important and most widely used language form. Among all the periods of development, it is during the early childhood period that the language development is most rapid.

Advantages of Language to the Child

Language serves many useful purposes to the child. They are:

1) By the use of language the child expresses his needs and wants and makes them known to others.

The child is able to establish and maintain social contacts with the help of language. His social contact grows because he can communicate with others.

ii) The child is able to gather wider information because of language. Through speaking, reading, and writing, the child is able to know of himself and his environment.

iv) Language helps him to organise his own thoughts and feelings.

v) The basic elements of thought are concepts. A child learns concepts easily with the help of language.

THE PERIOD OF LATE CHILDHOOD

The period of late childhood extends from the age of six to the time the individual becomes sexually mature. This period is called "school years since during this stage the child is normally engaged in educational activities more than any other activity. This period is also referred to as the "gang age" because the child is usually found in the group of selected peers which is called a gang and his major concern is acceptance by his peers and members in his gang! As Stone and Church (1964) have put it, for a seven or eight-year-old, the worst sin is to be in any way different from other children. The child during this stage is more stable in all respects than during the early childhood years. His impulsive actions characteristic of early childhood years become less. From comparatively a smaller world he is stepping out into a larger world. Many more persons, other than his family members are coming into his life. As a result, he begins to move away from dependence upon adults toward cooperation and friendliness

with other children. He secks their companionship and gains security from being accepted by them. Entering the school makes him feel important and grown up.

PHYSICAL AND MOTOR DEVELOPMENT

Physical Development

The growth during this stage is relatively slower than that in the preceding or following period.

a) Height and weight

By six years of age, a child is approximately two thirds as tall as he will be as an adult The average annual gain is about one or two inches in height and three to five pounds in weight. From the birth through the tenth year, the average annual height gain for both boys and girls tends to decrease. Boys tend to be slightly heavier than girls and are slightly taller than girls upto eight years. Between 9 and 12 years girls are taller than boys. By the age of eleven, most boys have attained about 85 per cent of their mature height. In girls, there is a growth spurt beginning from one or two years prior to sexual maturity.

b) Body proportions.

As the child grows, his trunk becomes slimmer, his chest broadens and his arms and legs longer and thinner. The skeletal structure becomes bigger and broader. The size of his head approaches adult proportions of one seventh to one eighth of his total height. During the early school years it is possible to recognise the general kind of physique a child is likely to have as an adult.

c) Development of muscles.

The child's muscles increase in size

and strength during this period. He usually has a high energy level and engages in a lot of physical activities. Eye-hand coordination also improves and by twelve years of age, most children have highly coordinated muscle control.

e) Bone development.

There are changes in size and composition of bones during this period. The length and width of the bones increase. Continued deposition of minerals or ossification makes the bones harden and reach their mature shape.

f) Development of teeth.

The child's primary tecth begin to fall from the age of six. It continues upto thirteen years. About twenty milk teeth are lost during the school age. Girls are found to have permanent teeth earlier than boys.

1) Brain development.

About 90 per cent of the adult brain size is achieved by age six. During late childhood, the brain development includes the organization of brain functioning and myelination. Myelination is the deposition of fatty substances around nerve cells which helps in the conduction of electrical impulses. There are two parts of the brain, the right hemisphere and the left hemisphere. The functions of these hemispheres become well established during late childhood years.

Sex differences in physical growth which was relatively slight during the pre-school years become more pronounced during childhood years.

Motor Development

By school entrance, most children are proficient in jumping, skip-

ping, hopping and climbing a little height with well coordinated arm and leg movement. They become more and more skilled in using a number of muscles simultaneously. Significant changes from the early childhood years in the nature and extent and precision of gross and fine motor competencies are observed. Children are able to exert more force which is shown in firmer grip. They develop greater flexibility of the various parts of the body like trunk, wrists, legs, etc. Their speed of movement and the ability to balance increases considerably. Such activities as writing, playing musical instruments, drawing and using tools such as spanner, doing household chores like sweeping, etc. can be observed among school-age children. Skills like swimming, playing ball, etc. are learnt depending upon the opportunity available to them. The motor skills of late childhood can be divided roughly into four categories, namely, self-help skills, social help skills, school skills and play skills.

a) Self help skills.
This group of skills include the ability to eat, dress, bathe and groom himself with speed and adeptness as an adult.

b) Social help skills.
Skills in this category relate to helping others. At home they include dusting, helping the mother in the kitchen, sweeping, etc. and at school washing black board, filling water container, emptying waste paper basket, etc.

c) School skills.
At school the child develops the skill needed in writing, drawing, painting, clay modelling, dancing, singing, sewing, cooking, etc.

d) Play skills.
The older child learns such skills as throwing and

catching balls, riding bi-cycles, swimming, skipping, etc.

SOCIAL DEVELOPMENT

A number of changes in social development occurs in late childhood years. Besides the parents and the family members, a new group, namely, the peer group comes to take an important place in the child's life. This peer group influences his behaviour to a large extent. As his social contacts widen, he is expected to be a member of a number of social groups. Accordingly, he learns to play many social roles. The significant charateristics of late childhood social development are as follows:

a) **Formation of childhood gangs**.
A gang is a spontaneous local group of children. It usually begins as a play group. Children who have the same interests come together and spend most of their waking time in the company of others in the gang. A child of school age has a strong desire to be an accepted member of the gang. This desire increases day by day He likes to imitate his gang-mates in dress, behaviour and opinions. The gang dominates his life, his language, clothing, play activities and his standard of behaviour. Gang activities include all kinds of group play and entertainment, making things, annoying other people, exploring and engaging in forbidden activities such as gambling, smoking, etc. Through gang experiences he learns appropriate social attitudes, Gang experiences help him to develop a scale of values.

b) **Susceptibility to social approval and disapproval.**

Childrencrave for the companionship of others and their approval of their dress, their speech and behaviour. They are easily hurt when they are not approved by sibling, peers and parents.

c) **Oversensitiveness**.

Children have a tendency to be easily hurt when scolded or threatened.

d) Suggestibility.

They are easily influenced by the suggestion of others, especially their peers.

e) Competition.

Competition takes the form of rivalry among group members, conflicts between one's own gang and rival gangs and conflicts between his gang and society. Wherever there is competition, it is likely to leadto much quarreling, teasing, bullying, arguing, etc.

Good Sportsmanship. Children learn that they should play according to the rules of the game. They learn that cheating, lying and other underhand methods will not be tolerated. Even if they lose in the game they learn to take it sportively.

8) Responsibility.

Children tend to have more sense of responsibility and the willingness to share the load than during early childhood years.

g) Social insight.

This is the ability to perceive and understand the meaning of social situations. As they grow, children tend to develop more social insight.

h) Social discrimination.

Children start discriminating against others as inferior or superior. They begin to develop social prejudices

towards other groups.

i) Prejudice.

Children tend to classify all those belonging to a particular group as inferior and treat them accordingly. These prejudices are learnt from social situations where parents are mostly the models followed by children. Caste prejudices are common in India.

j) Sex antagonism.

Children choose friends of their own sex and antagonism towards members of the opposite sex is common.

EMOTIONAL DEVELOPMENT

The situations arousing emotions are different and also the way in which they are expressed are also different from that of early childhood years. The child, during this stage learns that expressions of negative emotions are socially unacceptable. So he tries to control the outward expression of his negative emotions, especially, temper tantrums. Though his emotional expressions are mostly of pleasant type, occasionally he also expresses temper outbursts, anxiety and feeling of frustration. Heightened emotionality can be observed when the child is ill or tired or facing a new situation. Boys express anger and curiosity more overtly than girls, while girls are likely to experience more fears, worries and feelings of affection. On the whole, it is relatively an emotionally calm period. The common emotional expressions of school-age children are as follows:

a) Fear.

Children's fears during this stage are mainly imaginary and fanciful. They are afraid of supernatural elements and remote dangers. They fear death, thunder, lightning and storms. Their ability to remember

the past makes them fearful of frightening characteristics in movies, comics, television, etc. They are afraid of being ridiculed. They fear going into darkness and creatures. Girls are found to show more fears than boys. Whatever be the fears, they do not show fear overtly. They react to fear arousing situations by withdrawing from them and avoiding them.

b) Worry.

It is an imaginary form of fear. Worry is a result of imagining situations, which could arise in future and be dangerous. Worries about school work and not being promoted are common among them. Other worries include being late for school, failing in test, being scolded, being punished, etc. Worries vary according to the socio-economic status of their families. High socio-economic status gives more security feeling and worries are generally less among them.

c) Anxiety.

Anxiety is an uneasy state of mind. When a child worries often he may develop anxiety. Anxiety increases as he grows. As in the case of worry, in anxiety also children of low socio-economic status tend to have more anxiety Anxiety is expressed in the forms of depression, irritability, restless sleep and extra-ordinary sensitivity

d) Anger.

In school-age children, anger is aroused by teasing, thwarting of desires, lecturing, constant fault finding or making unfavourable comparisons with other children. Many other stimuli like being cheated, being bullied, being scoided, etc. lead to anger in children. Children may express their anger either openly and directly or through inhibited expressions. In the former forms, he may attack a person either physically or verbally. In

the latter forms, the child may withdraw into himself and run away from the offending person or object.

e) Jealousy.

Jealousy may result from the worry of losing the affection of a beloved person or may be a result of envy. The child also feels jealous of others who possess things which he does not possess. The common responses to jealousy take the form of hitting, kicking, general naughtiness, calling nicknames, etc. A child often tries to outdo his rival in competition. As he grows he indulges in instigating quarrels, being sulky and disagreeable, complaining and gossiping. In order to outdo his rival he may even indulge in unfair means like cheating, lying, etc.

f) Joy and happiness.

There are individual differences in the expression of joy, joy stimuli and amount of happiness a child enjoys. Most grownup children feel happy when they feel superior, especially, after doing some thing which is forbidden. Practical jokes where adults have been victims arouse their pleasure. The usual joy responses include smiling, laughing, jumping up and down, clapping hands, hugging, etc.

8) Affection.

As the child grows his social contacts widen and if these contacts are pleasureable, he tends to develop affection towards all who treat him as an important individual. Children as they grow want to show affection in developmentally appropriate manner. They do not want to show babyish and embarrassing overt physical demonstration of affection. A child's affection for different members of his family vary depending

upon how kindly each one treats him.

MENTAL DEVELOPMENT

Mental developmet includes the continued formation and functioning of certain mental abilities like perception, memory, imagination, reasoning, etc. As the child develops, from birth onwards, changes take place in his mental abilities. His mental abilities progress from the ability to respond to simple stimulus toward the functioning of complex mental operations. These various mental abilities do not develop in isolation or function independently. They develop in an integrated way. As the child grows, such interactions are observed overtly in his behavioural pattern. During school years, the child's sensory equipment becomes well developed. His perceptual powers increase in keenness and accuracy. His somewhat photographic memory is giving way to increased ability to function more logically. He has long term memory and is able to recall from long past. He is able to learn, analyse and classify a number of things.

Piaget's Concepts

According to Piaget, during this stage the child enters the period called the stage of Concrete Operations in thinking. This stage is characterised by the cognitive skills of decentration, reversibility and conservation.

a) **Decentration**.

ability to shift attention from one aspect to another is called decentration. Decentering involves the ability to show a flexible approach to problem solving. It comprises the ability to attend to more than one detail or attribute of an object or event simultaneously. For example, the school-age children understand that cows can be grouped as animals, but also as animals which give milk.

b) Reversibility.

This is an understanding that a process can be reversed. For example, the child is now able to understand that subtraction is the reverse of addition and also that the whole can be divided into parts and that parts can be made into a whole again.

c) Conservation.

Another important ability developed is conservation. It is an understanding that some thing has not changed in its essential properties even though its shape, arrangement or physical appearance has altered. The child first masters the conservation of numbers. He comes to know that twelve beads remain twelve beads whether they are placed in a straight line or a heap. Conservation of weight is the realization that equal weights remain equal despite changes in appearances such as shape and amount. The school-age child also can have an overall mental picture of a sequence of events. He is also better able to understand how physical objects go through a series of changes. He has a more quantitative attitude toward things. He is also able to take the view point of others.

LANGUAGE DEVELOPMENT

The child in late childhood period discovers that speech is an important tool for gaining acceptance into a group and this gives him a strong incentive to learn to speak better. His parents, peers, radio, television and books help him in the acquisition of language skills. Improvement is observed in three areas, namely, vocabulary, pronunciation and sentence construction.

Vocabulary

The average first grader knows between 20,000 and 24,000 words.

By the time he is in the 6th grade, he knows approximately, 50,000 words. In addition to new words, he also learns new meanings for old ones. He also develops certain special vocabularies which are used only during special occasions. The special vocabularies include the following:

a) **The Etiquette vocabulary**.

This consists of such words as "please", "Thank you", etc. School age children use them often to gain social acceptability and social recognition.

b) **The colour vocabulary**.

By five years, children generally are able to name primary colours correctly. The opportunities the children have, to learn the names of colours, decide how soon they learn them and how manycolours they know.

c) **The number vocabulary.**

Even though the child of six years may be able to count upto 200 or more it does not mean that he knows the meaning of numbers. He learns them only gradually. Using visual aids is of great importance in primary classes for proper learning of number concepts.

d) **The time vocabulary**.

Once the child goes to school, he learns the names of different days of the week and months of the year.

e) **The money vocabulary.**

The opportunities to handle money determines the money vocabulary of the child.

The slang vocabulary. This vocabulary is found to be used more

from the 6th year onwards. Attending school facilitates learning of slang

words and using them.

8) The secret language.

It is found that from the third standard

onwards, children start using secret language. Each gang may develop its

own secret language to communicate among themselves without letting others

know what they talk.

Sex differences and socio-economic differences are noticeable in

the vocabulary possessed by children.

Children with special needs

In the popular mind, **special needs** are usually identified with very low expectations. Parent should believe in the value of educating **children with special needs**. The higher the expectations, the higher will be their acceptance in the family. All the **children with special needs** must be enrolled in primary schools. Exceptional children can be classified into many broad categories and each of these categories have one or more types.

1. The Intellectually Exceptional Child:

There are three groups comprising the intellectually exceptional children. On one hand we have the gifted child, the child with superior intellect.

Gifted children exceed, in terms of intelligence quotient, 125 or 130 and generally fall within the range between IQ, 130 and 180 or above. Such children constitute about 2 to 7 per cent of the average population. These children are more neglected in terms of special provisions, particularly in the elementary school, than are children of any other area of exceptionality.

They present a unique challenge to teachers and administrators who must plan a realistic programme geared to meet the special needs of the gifted pupil and at the same time insure that society will benefit to the maximum from the unusual abilities and leadership qualities which the children and youth with high mental ability possess.

It is not enough merely to set normal standards for them or to leave them to their own devices on the assumption that they are well-qualified to care themselves.

Such negligence and lack of appropriate instruction encourages some gifted students to operate on a resort 'get-by' policy, while others become so bored that they resort to a social if not antisocial behaviour. If properly guided, they can become the evaluators and innovators of society, the great economists, industrialists, engineers, statesmen, scientists and linguists.

They need special curriculum content and precepts, special methods of teaching, special leadership roles in the school and college society.

(i) The slow-learners are those children whose measured intelligence quotient is somewhere between 80 and 95. They have problems of adjustment and education which must be understood by parents and teachers. They need remedial education.

(ii) The mentally handicapped or the educable mentally retarded pupils possess I.Q., between approximately 50 to 75. They can however, become literate and socially and economically self- sufficient in childhood.

(iii) The mentally difficult or trainable. Mentally retarded children have been defined as possessing I.Q., scores between 30 and 50. Because their mental ages approximate 4 to 8 years by adulthood, they can expect to develop rudimentary skills in self care, socialisation, and oral communication, but not to become literate.

This group will need some social support or protection for all of their lives. Many of them are able to perform useful tasks at home or in a sheltered environment.

Mentally deficient children whose I Qs fail below 30 cannot benefit from any training. They need custodial care and are called custodial cases.

2. The Physically Handicapped:

Within the large category of the physically handicapped children are a number of separate and distinct groups of children, each of which requires special thought by educators. Herein are children with impaired vision, children with impaired hearing, and children with speech handicaps, children with orthopedic and neurological impairment.

Children with impaired vision may be subdivided into two major groups, that is, the partially-sighted and the blind. The basis of grouping is in terms of visual activity.

The partially sighted are those whose vision is between 20/70 and 20/200 in the better eye with correction. The blind child is one whose vision is less than 20/200 with correction or whose field of vision is significantly restricted. These children need special programmers, special methods of teaching, special equipment and teaching aids.

The blind have to use Braille as their reading medium. Some of them, partially seeing ones, may be able to read large letters slowly but do not have sufficient vision to read them effectively. The blind have to acquire skills in travel and mobility, in adjusting to group situations and strange environments, in avoiding undesirable facial expressions and mannerisms, and in learning to explore the world about them by tactual means. They need suitable vocational training.

Pupils with impaired hearing encounter more difficulty scholastically than other children with sensory disabilities. Besides teaching subject- matter, a teacher of the hearing impaired must offer instruction in speech development, speech reading, language and auditory training.

In children who are hard of hearing, the residual hearing is functional for acquiring language usually with a hearing aid but sometimes without one.

Children who are deaf have a profound hearing loss, either congenitally or accidentally after they have experience of speech. They need to acquire their language concepts and skills in speech and speech reading through special instruction i.e., lip- reading. Whether the hearing impaired children need specialised instruction in a special class depends on the degree of hearing loss, the age when the loss occurred amount of special training already received and amount of language, speech, and speech reading proficiency attained.

Speech disabilities are often closely associated with loss of hearing. They result from developmental, functional and organic causes. Delayed speech may be associated with the former while stuttering is typical of a functional speech disability.

Cleft palate and cerebral palsy cause speech disabilities of the organic type. Infantile and other minor speech problems can be corrected by the teacher, but the more difficult ones require direct services of a speech therapeutist. Unfortunately, in India we have hardly 3 or 4 trained speech therapeutists and not more than 3 or 4 speech clinics. The various types of speech disabilities include defective articulation, lisping, stuttering, voice disorders of pitch, quality of duration.

Pupils with neurological and non-sensory physical impairments are also included in this group. Disabilities may result from polish, osteomylitrs, tuberculosis, central palsy, epilepsy, and such as chronic health conditions as cardiac disorders, asthma, nephrites hepatitis and diabetes.

These conditions make the children “crippled” in functioning. Some of these children may become crippled because of malformations or malfunctions of bones, joints or muscles. These are also called orthopaedic handicaps.

In a few cases there may be aphasia which is a language disorder due to brain damage. All these children need specialised care and specialised techniques of training and education.

3. The Emotionally Disturbed Children:
Include those with behaviour problems and those who are socially maladjusted or the delinquents. The causes of emotional disturbance or social maladjustment are a breakdown in the family constellation, a developmental disturbance, an economic, social or ethnic or religious conflict, unhappy home and school life generating all sorts of emotional insecurity, overcrowding in houses and schools, lack of individual attention, absence of individualised instruction, primitive discipline and ego-deflating methods of teaching or handling at home.
These children need special care and attention. They may disrupt the rest of the class by their irregular class attendance, may place under pressure on the teacher and may not be able to learn because of their own inner conflicts and anxieties. Such children need the help of child guidance specialists and a mental hygiene approach.
4. The multi-handicapped or multiple handicapped child:
Has a problem of exceptionality which is highly complicated. Children may be mentally retarded as well as speech handicapped. They may be at the time suffering from epilepsy. They may have cerebral palsy with mental retardation and epilepsy. They may be deaf, blind and mentally handicapped. They may be mentally defective, speech handicapped and suffer at the same time from behaviour disturbances. Very little research has been done in this area so far. Hence chances of their rehabilitation are meager.
Characteristics of Children with Learning Disabilities
After learning some of the basic information about learning disabiliteis, we need to discuss some of the effects this disability may have on the children you will be serving. As you learned in the last activity, no two children with learning disabilities will show the same set of characteristics. Nor will children with similar characteristics show these effects to the same degree, in the same situations, or in the same way. As we learn about some of the typical characteristics that children with learning disabilities, please keep these lessons in mind.

Specific Characteristics
In this online lesson we will cover some of the *general* characteristics you may see in the children you serve. These include:

- **academic learning problems**
- **language disorders**
- **perceptual disorders**
- **metacognitive deficits**
- **socio-emotional difficulties**
- **problems with memory**
- **motor difficulties**
- **attention and impulse control deficiencies**

rehabilitation of children with special needs
Children with special needs (with psychophysical developmental disabilities) need rehabilitation in order to live as independent life as possible. The aim of this study was to determine the amount of certain kinds of rehabilitation in children with special needs.
Material and methods: The study included three groups of children (total of 99 children) hospitalized at the department for extended treatment of the rehabilitation center for children. All children have mental, physical or combined disabilities, as a result of chronic disease. Treatment type and the amount (and also involvement in special schools) depended on the disability. Analysis of sex distribution showed male predominance. Most children (59 of them) were aged 0-7 (59.6%) and there were 40 children 8-17 (40.4%) years old.

III YEAR – V SEMESTER

COURSE CODE: 7BHFE1A

ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

UNIT - IV

THE PERIOD OF ADOLESCENCE

The end of late childhood years is the beginning of the period of adolescence. The child by about the tenth or eleventh year begins to have certain biological changes in his body like growth spurt, appearance of pubic hair, ctc. In girls changes like enlargement of breasts, appearance of pubic hair, etc. happen. These changes are called secondary sexual characteristics. These are accompanied by the attainment of biological sexual maturity, Girls have their first menstruation between the eleventh and thirteenth year Boys become capable of producing sperms a little later. All these changes are referred to as puberty. Hence it may be said that the period of adolescence begins from the onset of puberty and ends by about twenty years when he becomes an adult The end of the period of adolescence is much less clear and it varies from society to society. This period is also called the teen age. A teen ager is a person between the ages of 13 and 19.

The stage of adolescence may be categorised into eariy adolescence and late adolescence. Early adolescence period extends from the time of puberty to the age of sixteen. The importance of this period is that physical changes of adolescence begin and get completed. The period of late adolescence extends from the age of sixteen to twenty. During this period the adolescent prepares himself to become an adult.

The period of adolescence is a significant period in the life of an individual because it is the period when the individual begins to think about

himself seriously and wants to have an identity in his social group. The adolescent faces many problems because it is the period of transition between childhood and adulthood. He is subject to a number of physical and psychological changes. It is a time of experimentation, idealism, conflict and uncertainty. The various changes in an adolescent and the consequences of them in their development are discussed in this chapter.

PHYSICAL AND MOTOR DEVELOPMENT

Physical Development

This is a period of rapid physical development. Adolescents grow both in height and weight, with the increase in height occuring first. During the whole period of adolescence the height increases by 25 per cent and weight increases by 50 per cent. In girls, the adolescent growth spurt or rapid physical development begins between the ages of 8 and 11 and reaches a peak at an average of 22 years. The growth spurt in boys generally begins later than it docs in girls and lasts for a longer time. It begins between the ages of eleven and fourteen and reaches a peak at about age fifteen. A growth hormone released by the pituitary gland is responsible for the rapid growth at the beginning of adolescence. The gonads the ovaries in the female and the testos in the male are stimulated by hormones secreted by the adrenal gland and the pituitary. The primary sex characteristics and secondary sex characteristics result from the action of growth hormones.

Primary sex characteristics.

In malos the testes grow rapidly during the first year or two of puberty. Shortly after that tostes begin to develop the penis starts to grow in longth and the seminal ducts and the prostrate gland onlargo. The female uterus, fallopian tube and vagina grow rapidly through puberty. The ovaries produce ova and secrete the hormones

needed for pregnancy, menstruation and the development of secondary sex chamcteristics

Secondary sex characteristics.

The secondary sex char acteristics-breasts, body hair, voice change, etc, appear in puberty. Pubic hair and under arm hair appear in both boys and girls. In boys, hair also appears on face, arms, legs and shoulders and later on chest. The skin becomes coarser and thicker during puberty and pores enlargo. The sebaceous or Patty glands in the skin become active and produce an oily secretion. In boys deepening of the voice is noticed. In giris changes in the shape and size of hip is observed, which grows wider and rounder. Soon after, her breasts begin to grow Motor performance reaches its peak during adolescence in girls at about 15 years and in boys at about 18 years. Sex differences in motor activities become apparent during early adolescent years. These differences between the sexes are not because of difference in leaming capabilities, but because of anatomical differences, different socialisation and related interests and motivation

EMOTIONAL DEVELOPMENT

Adolescence is said to be a period of heightened emotionality.

Heightened emotionality is a state of more than normal emotional experience.

Heightened emotionality is so characteristic of adolescence that Stanley Hall, a famous psychologist referred to this period as a period of "storm and stress".

The words storm and stress suggest anger and turmoil.

Causes for Heightened Emotionality

The major causes for heightened emotionality are as follows:

a) **Psychological problems due to physical changes.**

This is a period of rapid physical changes. Sudden spurt in height, appearance of secondary

sexual characteristics, voice change, appearance of pimples and acne on face, etc. cause much embarrassment to him. He/she becomes worried about his/her physical appearance.

b) Social expectations.

The adolescent is treated neither as a child nor as an adult. As far as social behaviour is concerned he is expected to show more mature behaviour. The constant pressure to live up to social expectations causes a generalised state of anxiety in him.

c) Unrealistic aspirations

Adolescent aspirations are sometimes unrealistic. When he/she is not able to attain them he/she feels inferior and frustrated.

d) Urge for sex.

Reproductive hormones are active and so there is the presence of sex urge. This may sometimes lead to anxiety.

e) Identity crises.

The adolescent is expected to form a realistic self concept. He/she has to try out different roles and develop a holistic idea of his/her future role. Until he/she finds out this he/she will have role confusion and anxiety Hetero-sexual relationship. An adolescent has to develop appropriate heterosexual relationship as expected by the society. In the development of appropriate hetero-sexual relationship. he/she may have strong feelings of insecurity and uncertainty.

8) Unfavourable family relationship.

Because of the generation gap between adults and adolescents conflicts occur often. Adolescents resent parental restrictions and lack of parental understanding. Financial dependence on parents irks them. Adults and adolescents interpret situations in the light of their own experiences. An adolescent believes that peers understand him better than parents. Parents resent the behavioural, attitudinal and value changes in the adolescence.

Methods of Solving Problems

Adolescent period need not necessarily be a period of "storm and stress". Though an adolescent faces a number of physical and socio-psychological problems, by proper guidance, these problems can be solved. Mutual adjustments between the adults and adolescents is very much essential Problems in the relationship must be discussed openly. Some time close friends of the family and close relatives may help in solving the problems between adults and adolescents. They should put themselves in the shoes of others and try to understand each other. Adults should treat them as equals and should give them responsibilities which they can manage by themselves. Sex education would help in solving problems related with sexual interest and physical changes.

COGNITIVE DEVELOPMENT

The adolescent, according to Piaget, is in the period of Formal Operations. The Formal Operations period begins from 11 years. New abilities and skills different from those of Concrete Operations appear during this period. The major characteristics of adolescent cognitive development are as follows:

Adolescents are able to apply logical principles in solving problems. Hence their problem solving ability is of an advanced level. They have the ability to coordinate multiple factors in problem solving. They need not have concrete situations for solving problems. They are able to solve even word problems because they are able to think about and with symbols and words. Adolescents are able to use symbols to represent other symbois, which is evident in their ability to do algebra. They have got the ability to work with relationships between symbols that represent other symbols.

Problem solving involves the ability to raise and test hypotheses. This

ability is found in adolescents.

The adolescents are able to introspect and examine their own think-

ing. As a result, they are able to form ideals and develop their own philosophy

of life. Adolescents are able to understand metaphor and are able to ap- preciate literacy forms like poetry. This description shows that adolescents have enormous mental

capacities. Proper opportunities are necessary for the optimum development of these capacities.

JUVENILE DELINQUENCY

Delinquency is a problem associated with the period of adoles-

cence. It is engaging in activities which are against law and are punishable.

Such acts like burglary, pick pocketing are examples of delinquency Delin-

quency is viewed with concern because it affects the welfare of socily. When

a delinquent act is commited by a child or a young person before the age of 16_

then it is called juvenile delinquency. The age of 16 is arbitrary and different

countries have prescribed different ages to indicate who a delinquent is

Majority of juvenile court laws have set the age of '8 as the limit of their

control

A list of delinquent acts by minors include the following Committing

theft of valuables, burglary, looting, anti-social acts like damaging public

utilities, etc., black mailing, murdering, raping, truancy or running away from

home, leading immoral life or living in prostitution, drinking, gambling,

smuggling, drug addiction, etc.

Causes of Delinquency

The causes of delinquency may fall into three categories. They are

the personal causes, family causes and community causes

17.7.1.1 Personal Causes. According to Cyril Burt who has done a

lot of research into delinquency, handicapped and physically ill children are

prone to delinquency. These children feel inferior to other children and may want to make up for their inferiority by indulging in anti-social acts. Also, antisocial elements may make use of these unfortunate children to carn money by engaging them in criminal offences. Children with low intelligence are casily made into delinquents by anti-social elements because such children can be influenced by suggestions. A person's physical heredity is said to be one of the causes for delinquency Physical defects, emotional tendencies like becoming emotional easily and being aggressive, low intelligence etc. are inherited which make a person prone to delinquency

Family Causes.

Children in broken homes lack love and affection and security feeling. A broken home is one where the parents have been separated by death, quarrel, divorce and desertion. This very often drives them away from home to seek the comfort of their peer group. If members of their peer group have anti-social tendencies, these children have the chance of becoming delinquents. in such families children have the freedom to do whatever they like and they may easily be tempted to indulge in antisocial activities and bad behavior

When the parents are emotionally unstable, their treatment of the child will not be the same all the time. The child may grow up not knowing what exactly forms of good behaviour are and what are bad. This condition may also favour delinquency.

Poverty of the home can be a very important contributing factor to delinquency. All needs-physical and socio-psychological needs may not be satisfied in a poor home. The child may seek satisfaction of his needs by engaging in delinquent acts.

Poor family background like the one where parents do not advise the child on sex, importance of honesty, good values in life, etc. may contribute to delinquency Presence of delinquent sibling is also a cause. When he has the model of delinquency at home, he learns it very easily. Parent rejection of the child, frequent quarrels between parents, bickering, tension and other unhappy family surroundings cause delinquency. When parents are cruel, neglecting and inclined to ridicule, we see more incidence of delinquency. Immoral homes where there is excessive drinking, irresponsibility and illicit sex habits will also cause delinquency. Type of family to which a child belongs, whether it is a nuclear family or a joint family is an important factor. In joint families the traditional values are maintained. Solidarity among members is maintained. The elders keep a close watch of the behaviour of youngsters, but in a nuclear family adult control and solidarity are found less. Hence delinquency is likely to occur more in nuclear families than in joint families.

Community Factors.

A number of factors come under this.

a) Poor housing Poor housing is a symbol of poor economic and social status. Over-crowding in poor houses causes lack of privacy which is said to be a cause for committing sex offences.

b) Poor recreational facilities. In the absence of good recreational facilities, delinquency itself becomes a recreational activity.

c) Poor schools. Many factors in school contribute to delinquency. Poor curriculum, nagging by teachers, unhappy home-school relationships, etc. make children dislike the school. In such a situation children's attention is diverted to aspects other than studies Schools situated in delinquency prone areas tend to influence children towards delinquency.

d) Unemployment. Unemployment among school dropouts and those who have completed their studies tend to cause delinquency.

e) Delinquent areas. Certain areas and communities may hold values which encourage delinquent acts. Such areas are not safe to live in.

Movies and comic books. Crime, gangster movies and glamour and sex movies stimulate young people to commit offences,

While trying to understand the causes of delinquency it is good to remember that not a single factor but a combination of factors are responsible for delinquency and that delinquent activities are performed by groups rather than singly

Treatment Rehabilitation of Delinquents

When a person below 16 years commits a crime punishable by law, he is taken away and produced before a magistrate by police. The magistrate decides the action to be taken on the basis of information produced by probation officer. Till then the delinquent is kept in a Remand Home and not in jail. While the delinquent is kept in the remand home the probation officer or the Social Worker collects enough background information about the home, parents and home environment of the delinquent. Based on this information and the severity of the act, the rehabilitation measure is decided by the magistrate. Sometimes the delinquent is left with only a warning. If the crime is severe then he may be sent to any of the institutions, namely, Approved homes, Approved hostels, Fit person institutions, Approved certified schools or a Borstal institution. When such institutional care is not needed he is sent with parents. Parents are advised as to how the delinquent must be taken care of. In these special institutions, these delinquents are helped to change their delinquent ways of behaviour through special schooling, training in

workshops, recreation, religious instruction and a happy atmosphere. In Borstal school, they are given vocational training and enabled to earn some pocket money Delinquents are released from these institutions after two or three years of stay. They are followed up by Probation officer and helped to readjust to normal life

Prevention of Delinquency

Researchers Glueck and Glueck (1962) are of the view that satisfactory adult-adolescent relationship, absence of feelings of rejection and love and affection among members of family will be of much help in preventing delinquency. Besides these measures at family level, community efforts by parent-teacher association, schools, churches, YMCA and YWCA, social workers, etc. in guiding children is very essential. Under-privileged children should be assisted by these agencies. Mass media such as radio, television, newspapers, etc. should educate parents on proper treatment of children. Good children's films and magazines will be helpful in providing healthy recreational activities. Schools may have such programmes as "Earn-while-you-learn" to engage adolescents in useful activities.

ADULTHOOD

Adulthood is **the stage of human development that follows adolescence** , in which the individual is already fully developed and constituted as an individual link in the species. It is known as the fourth stage.
The **sexual maturity, the entrenchment of personality and physical fullness** gradually occur at this stage summit of life , until, eventually, gives way to old age .
The arrival to adulthood is celebrated and **ritualized from social, emotional and even legal points of view** , since from this stage a full member of society is formed , with all rights and responsibilities.

Characteristics of adulthood :

1. **Coming of age**

The age of majority marks, at a variable age depending on the countries, **the legal enforcement of adulthood** . It is usually around 18 and 21 years old.
It is not precisely a synonym for it, however, and not in vain many specialists consider adolescence as a period that finally dies out in the early twenties.

Even so, coming of age **marks the beginning, in the face of laws and the State , of the individual's adult life** , and is usually one of the most ritually celebrated dates throughout cultures .

2. Stages of adulthood

The average adulthood is between 40 and 65 years of age.

Adulthood is a gradual process, it is not an immediate growth. In that sense, two different stages of adulthood can be identified: early and middle.

- **Early adulthood** It includes the initial moment of adulthood, from the end of adolescence to about 40 years. It is a vigorous stage and of enormous productive power, accompanied by a feeling of fullness essential to undertake the professional and individual paths drawn.
- **Average adulthood.** It is the "plateau" stage of life, between 40 and 65 years, in which a greater settlement and a certain slowing of the pace is expected, although it remains a moment of great productivity and experience, whose end It leads to the cessation of productive life and old age.

3. Independence

What is expected during early adulthood is **a yearning for independence in the individual** , which points to needs of physical and emotional space different from the paternal home.
Whether this can be achieved or not (this will depend on variables of socioeconomic environment, cultural and geographical location, as well as the capabilities of the individual), or that **can be achieved on their own, as a couple or in a group** , it is a necessity intrinsically linked to adulthood, especially considering that the mature individual will tend, over time, to start a family.

4. Social integration

In adulthood, friendships are sought with a similar vital path.

Unlike in adolescence, adult social ties necessarily go through their personality and their individual life decisions. **Gangs cease to be so frequent** , to focus on the couple and on friendships that have a similar life path: co-workers, college, etc.
It is said that the friends made at this stage are really the ones that will last a lifetime.

5. Stability

Adulthood, and even more so the middle stage, is **a period of greater stability in the human being** . The meteoric emotivity and the volubility of character typical of adolescence usually have already been left behind, replaced by a progressive self-knowledge and a greater depth of character.
The decision at this stage (especially in the media) tend to be more conscientious, more fruit of meditations and not the emotion of the moment. Which accuses a more pronounced cognitive development in reflection and flexibility, adaptability and individualism.

6. Marriage

Most of the adult population marries during early adulthood (between 25 and 34 years old). It is also the stage of greatest social pressure around the issues of reproduction and offspring (especially in women), and the first formal attempts at family life.

In the case of many adults, this decision is postponed for the sake of other experiential areas, but it is common that from the entrance to middle adulthood, **the needs of company and belonging derive more towards the family environment** , especially with a view to fatherhood

The margins of divorce, on the other hand, are in frank worldwide increase , being more frequent when entering middle adulthood, but the tendency points steadily towards the young adult.

7. Paternity

Together with marriage, in early adulthood **the first attempts at paternity (desired or not) usually occur** , which is lived without the tragic dimensions of teenage pregnancy, but it does pose a challenge for young professionals in training.

Just as in underdeveloped societies, **teenage pregnancy is common** , in many developed societies there is a tendency to postpone the pregnancy and the foundation of a family, and even the conjugal life, in order to guarantee professional and individual success first, when not economic, to face it. And many, when the time comes, decide to opt for life models other than family.

In less developed countries , too, early adulthood **constitutes a struggle to enter the work environment or to educate oneself** , so paternity is also considered an impediment and often an accident that precipitates the family constitution.

8. The moral

In adulthood **the moral precepts that will determine life in society are reaffirmed** . The social contract, for example, that puts the good of the majority before individual desires, or certain universalist ethical precepts, takes root at this stage. And this is due to the fact that the set of experiences and knowledge acquired is already sufficient to evaluate a different dilemma from different possible perspectives.

In fact, experts accuse two types of experience as enormous moral formators, such as: the confrontation of values (such as that which takes place in the university or in military work) and taking **responsibility for the welfare of a third party (such as paternity)** . Both types of experiences closely linked to the adult world.

More in: Moral .

9. Sexuality

The exercise of sexuality in adulthood **ideally finds its greatest opportunities for freedom** , experimentation and satisfaction. Whether or not within a conjugal or monogamous context, sex reaps an important psychic space in the adult, beginning to give way towards the end of middle adulthood.

Sexuality **is perceived as a path to individual fulfillment** and is exercised, in principle, autonomously, ethically, openly and self-consciously.

10. The experiential crisis

Also known as the midlife crisis, it **usually occurs in the transition from early to middle adulthood** , and consists of a radical, sometimes even reckless, rethinking of vital priorities and the pace and model of life that takes .

Like many other things in life, it **is the product of the awareness of finitude: the eventual end of life** , the inexorable passage of time, reflected in the end, precisely, of the most socially quoted stage in our societies: youth.

Developmental Tasks of Early Adulthood

Havighurst (1972) describes some of the developmental tasks of young adults. These include:

1. Achieving autonomy: trying to establish oneself as an independent person with a life of one's own
2. Establishing identity: more firmly establishing likes, dislikes, preferences, and philosophies
3. Developing emotional stability: becoming more stable emotionally which is considered a sign of maturing
4. Establishing a career: deciding on and pursuing a career or at least an initial career direction and pursuing an education
5. Finding intimacy: forming first close, long-term relationships
6. Becoming part of a group or community: young adults may, for the first time, become involved with various groups in the community. They may begin voting or volunteering to be part of civic organizations (scouts, church groups, etc.). This is especially true for those who participate in organizations as parents.
7. Establishing a residence and learning how to manage a household: learning how to budget and keep a home maintained.
8. Becoming a parent and rearing children: learning how to manage a household with children.
9. Making marital or relationship adjustments and learning to parent.

Personality Changes

The third criterion that may be used to assess the kind of adjustments elderly people make is the degree and extent of change in personality. It is popularly believed that all old people, regardless of their younger personality patterns, develop into ogrelike creatures who are mean, stingy, quarrelsome, demanding, selfish, self-centered, egotistical, and generally impossible to live with. Furthermore, it is popularly believed that if old people live long enough, their personalities will become childlike in the closing years of life – "senile" – requiring that they be treated like children.

As long ago as Plato's time, it was recognized that the personality pattern, prior to old age, influenced people's reactions to old age. This, in turn, determined how much change will take place in their personalities when they become old. This point of view has now been substantiated by modern studies of personality which emphasize that although changes in personality do occur, they are quantitative rather than qualitative. This means that the fundamental pattern of personality, set earlier in life, becomes more set with advancing age.

Although the elderly may, for example, become more rigid in their thinking, more conservative in their actions, more prejudiced in their attitudes toward others, and more self-centered, these are not new traits that developed as they aged. Instead, they are exaggerations of lifelong traits that have become more pronounced with the pressures of old age. When pressures are too severe to adjust to and personality breakdowns occur, there is still evidence that the predominant traits, developed earlier, will be dominant in the pattern the breakdown takes.

Causes of Personality Changes

Changes in personality in old age come from changes in the core of the personality pattern, the *self-concept*. How much this self-concept will change and in what direction the change occurs determines the quality and quantity of change in the personality pattern.

Changes in the self-concept are due mainly to subjective awareness of aging on the part of the elderly. This is often accentuated by their acceptance of the cultural stereotype of old age and by their recognition of social attitudes toward them and the treatment they receive from members of the social group because of their age.

When the elderly become aware of the physical and psychological changes that are taking place within them, they begin to think of themselves as "old." As result, they are likely to think and behave as old people are supposed to. In time, they develop personality patterns that conform to social expectations.

The treatment the elderly receive from members of the social group because of their age also contributes to changes in their self-concepts. Because this treatment tends to be unfavourable, the effect on the self-concepts of the elderly likewise tends to be unfavourable.

In spite of the fact that the number of old people is increasing rapidly, they still constitute a "minority group" in our culture. They suffer from subordination to the younger members of society, and they are discriminated against and made to feel unwanted, as all minority-group members are. Because of their minority-group status, many old people develop personality traits that are typical of members of minority groups, such as hypersensitivity, self-hatred, feelings of insecurity and uncertainty, quarrelsomeness, apathy, regression, introversion, anxiety, overdependency, and defensiveness.

It is important to recognize that not all older people develop "minority-group" personality patterns. Even those who do develop such patterns do not develop all the traits characteristic of such patterns or in equal strength. Personality differences occur in old age as in every other period of life. However, those who are institutionalized, especially when against their wishes, have poorer attitudes toward themselves and more marked characteristics of the minority-group personality than those who live outside institution

PROBLEM OF AGED

A man's life is normally divided into five stages namely: infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual's finds himself in different situations and faces different problems. Old age is viewed as an unavoidable, undesirable and problem ridden phase of life. Problems of aging usually appear after the age of 65 years.

These problems may be divided under 5 heads:
(i) Physiological

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(ii) Psychological

(iii) Social

(iv) Emotional

(v) Financial

1. Physiological Problems:
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Old age is a period of physical decline. Even if one does not become sans eyes, sans teeth, sans everything, right away, one does begin to slow down physically. The physical condition depends partly upon hereditary constitution, the manner of living and environmental factors. Vicissitudes of living, faulty diet, malnutrition, infectious, intoxications, gluttony, inadequate rest, emotional stress, overwork, endocrine disorders and environmental conditions like heat and cold are some of the common secondary causes of physical decline.

Due to the loss of teeth, the jaw becomes smaller and the skin sags. The cheeks become pendulous with wrinkles and the eye lids become baggy with upper lids over hanging the lower. The eyes seem dull and lustreless and they often have a watery look due to the poor functioning of the tear glands. Loss of dentures affect speech and some even appear to lisp.

The skin becomes rough and looses its elasticity. Wrinkles are formed and the veins show out prominently on the skin. Perspiration is less profuse and other skin pigmentation appears as the age advances. The hair becomes thin and grey, nails become thick and tough. Tremors of the hands, forearms, head and lower jaw are common. Bones harden in old age, become brittle and are subject to fractures and breaks.

Changes in the nervous system have a marked influence on the brain. Atrophy is particularly marked in the spleen, liver and soft organs. The ratio of heart weight to body weight decreases gradually. The softness and pliability of the valves change gradually because of an increase in the fibrous tissue from the deposits of cholesterol and calcium. The aged are also prone to heart disease, other minor ailments and chronic diseases.

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Due to the weakening regulatory mechanism, the body temperature is affected. Therefore the old persons feel the change in climate more profoundly than others. They suffer from digestive troubles, insomnia. Due to dental problems they are not able to chew or swallow well.

The old are more accident prone because of their slow reaction to dangers resulting in malfunctioning of the sense organs and declining mental abilities, the capacity to work decreases. Eyes and ears are greatly affected Changes in the nerve centre in the brain and retina affect vision and sensitivity to certain colours gradually decreases. Most old people suffer from farsightness because of diminishing eye sight.

With advancing age, the sexual potency decreases along with a waning of secondary sex characters. Women go through menopause generally at the age of 45 – 50 years accompanied by nervousness, headaches, giddiness, emotional instability, irritability and insomnia. The movements of the aged are fewer co-ordinates. They get fatigued easily. Due to lack of motivation, they do not take interest to learn new skill and become lethargic. Above all visits to the doctor becomes a routine work for them.

2. Psychological Problems:

Mental disorders are very much associated with old age. Older people are susceptible to psychotic depressions. The two major psychotic disorders of older people are senile dementia (associated with cerebral atrophy and degeneration) and psychosis with cerebral arterio sclerosis (associated with either blocking or ruptures in the cerebral arteries). It has been observed that these two disorders account for approximately 80% of the psychotic disorders among older people in the civilized societies.

(1) Senile Dementia:

Older people suffer from senile dementia. They develop symptoms like poor memory, intolerance of change, disorientation, rest lessens, insomnia, failure of judgement, a gradual formation of delusion and hallucinations, extreme-mental depression and agitation, severe mental clouding in which the individual becomes restless, combative, resistive and incoherent. In extreme cases the patient become bed ridden and resistance to disease is lowered resulting in his days being numbered.

(2) Psychosis with cerebral Arteriosclerosis:

This is accompanied by physiological symptoms such as acute indigestion, unsteadiness in gait, small strokes resulting in cumulative brain damage and gradual personality change. Conclusive seizures are relatively common. This is also associated with symptoms such as weakness, fatigue, dizziness, headache, depression, memory defect, periods of confusion, lowered efficiency in work, heightened irritability and tendency to be suspicious about trivial matters. Forgetfulness is one of the main psychological problems of old age. General intelligence and independent creative thinking are usually affected in old age.

3. Emotional Problem:

Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgements but still they want to tighten their grip over the younger ones. They want to get involved in all

family matters and business issues. Due to generation gap the youngsters do not pay attention to their suggestion and advice. Instead of developing a sympathetic attitude towards the old, they start asserting their rights and power. This may create a feeling of deprivation of their dignity and importance.

Loss of spouse during old age is another hazard. Death of a spouse creates a feeling of loneliness and isolation. The negligence and indifferent attitude of the family members towards the older people creates more emotional problems.

4. Social Problems:

Older people suffer social losses greatly with age. Their social life is narrowed down by loss of work associated, death of relatives, friends and spouse and weak health which restricts their participation in social activities. The home becomes the centre of their social life which gets confined to the interpersonal relationship with the family members. Due to loss of most of the social roles they once performed, they are likely to be lonely and isolated severe chromic health problem enable them to become socially isolated which results in loneliness and depression.

5. Financial Problem:

Retirement from service usually results in loss of income and the pensions that the elderly receive are usually inadequate to meet the cost of living which is always on the rise. With the reduced income they are reversed from the state of "Chief bread winner to a mere dependent" though they spend their provident fund on marriages of children, acquiring new property, education of children and family maintenance. The diagnosis and treatment of their disease created more financial problem for old age.

Old age is a period of physical deterioration and social alienation in some cases, loss of spouse, friends, Job, property and physical appearance. In old age physical strength deteriorates, mental stability diminishes, financial power becomes bleak and eye sight suffers a setback. It is a period of disappointment, dejection, disease, repentance and loneliness.

Nevertheless grandparents provide an additional source of affection and enrichment of experience in respect of child care and family business. Despite various problemsof old age, one must keep himself actively engaged for the personal well being and social good as well.

Family Towards Old Age People

The problem of the old has become more pronounced now than before. The life expectancy has increased due to industrial revolution, development of medical science and advancement of science and technology. So all the developed and developing countries should undertake various social legislative, reformative and welfare measures to protect the interest of the old.

(i) Society should take steps to establish Day care centres or homes for the aged to give physical protection, medical aid and economic security to the old. These centres should be well equipped and specious with all facilities for reading, crafts and hobbies, recreational facility like radio, television, indoor and outdoor games with sufficient interested volunteers to serve the old people. In short these

homes or centres should help the older individual to spend his time usefully and constructively in order to achieve happiness and avoid any in inconvenience to the family and community.

(ii) Under various welfare schemes due protection should be given to the old by means of old age allowance, accident benefit, free medical aid etc. by the government and to ensure economic security for salaried people, provident fund, gratuity, life insurance facility should be introduced.

(iii) Society should engage old person in different activities involving physical and more mental ability, skill and experienced work by giving appointment as advisor or counsellor. Employment of older person will not only provide necessary economic security but also help to keep them busy and alert. So planned and purposeful activities, which will constructively engage older persons according to their capacity must be organised.

(iv) Society should make some arrangement for establishing clubs or religious institution where the old people can spend their time in religious discourses and can get a chance to for-get their owes.

Problems of old age are relatively less in societies where the family ties are very strong. Family should not neglect the old people rather they should get respect and develop the feeling that they are still "Useful" and hence wanted by their own families.

Besides, the family members should take fallowing measures to prevent accident in the life of old people.

(i) The rooms of old should be well lighted especially the passage to the toilet should not be dark and the floor of the room should not be very highly polished and as well as should be cleared of any materials or equipment

(ii) The stair-case should have a hand railing for support while climbing up.

(iii) Floor covering should be intact and secure with no loose opening or strings coming out.

(iv) Pills and medicines should be clearly labeled and care should be taken about their intake as old people of often forget.

Thus we see that much needs to be done for the welfare and care of the elderly by the family as well as society. So we should look into the areas and give it immediate thought and attention for the developmental work of old age. Apart from all these some special measures have been taken by the legislature as well as the judiciary to protect and promote the interest of geriatrics.

The code of criminal procedure 1973 was made to reinforce the natural and fundamental duty of a child to maintain his or her parents. This section is applicable to all irrespective of their religion and includes adoptive parents. The Supreme Court has interpreted this section so as to make daughters and sons married and unmarried equally responsible to maintain their parents.

Although society and family can do much to improve the status of the senior citizens, the individual also needs to prepare himself for the problems typical of old age. He is to plan ahead for an active and useful life in his twilight years. He is to maintain mental flexibility and adaptability. He is to also establish new and satisfying inter personal relationship. Old age thus poses special problems but it is by means incompatible with meaning and self fulfillment.

Old age Status in India

- According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. A report released by the United Nations Population Fund and HelpAge India suggests that the number of elderly persons is expected to grow to 173 million by 2026.
- Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 20 11 . For males it was marginally lower at 8.2%, while for females it was 9.0%.
- As regards rural and urban areas, 71% of elderly population resides in rural areas while 29 % is in urban areas.
- The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females). Kerala has got the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively as per the SRS Report 2009 - 13.
- For 2013, the age specific death rate per 1000 population for the age group 60 - 64 years was 19.7 for rural areas and 15.0 for urban areas. Altogether it was 18.4 for the age group 60 - 64 years. As regards, sex - wise, it was 20.7 for males and 16.1 for females.
- The old - age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males , the value of the ratio was 14.9 % and 13.6% in 2011.
- In rural areas , 66% of elderly men and 28% of elderly women were working, while in urban areas only 46% of elderly men and about 11% of elderly women were working.
- The percent of literates among elderly persons increased from 27% in 1991 to 44% in 2011.The literacy rates among elderly females (28%) is less than half of the literacy rate among elderly males (59%).
- Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts.
- Most common disability among the aged persons was locomotor disability and visual disability as per Census 2011.
- In the age - group of 60 - 64 years, 76% persons were married while 22% were widowed. Remaining 2% were either never married or divorced.
- State - wise data on elderly population divulge that Kerala has maximum proportion of elderly people in its population (12.6 per cent) followed by Goa (11.2 per cent) and Tamil Nadu (10.4 per cent) as per Population Census 2011. he least proportion is in Dadra & Nagar Haveli (4.0 per cent) followed by Arunachal Pradesh (4.6 per cent) and Daman & Diu and Meghalaya (both 4.7 per cent).

III YEAR – V SEMESTER

COURSE CODE: 7BHFE1A

ELECTIVE COURSE - I (A) – HUMAN DEVELOPMENT AND FAMILY RELATIONSHIPS

UNIT -V

MARRIAGE AND FAMILY

Introduction:

Marriage and family sociologically signifies the stage of greater social advancement. It is indicative of man's entry into the world of emotion and feeling, harmony and culture. Long before the institution of marriage developed, man and woman may have lived together, procreated children and died unwept and unsung. Their sexual relations must have been like birds and animals of momentary duration.

Marriage as an institution developed over the time. It may have been accepted as a measure of social discipline and as an expedient to eliminate social stress due to the sex rivalry. The growing sense and sensibility may have necessitated the acceptance of norms for formalising the union between man and woman.

Meaning of Marriage:

Marriage is the most important institution of human society. It is a universal phenomenon. It has been the backbone of human civilisation. Human beings have certain urges like hungers, thirst and sex. Society works out certain rules and regulation for satisfaction of these urges.

The rules and regulations, which deal with regulation of sex life of human beings, are dealt in the marriage institution. We can say that the Marriage is as old as the institution of family. Both these institutions are vital for the society. Family depends upon the Marriage. Marriage regulates sex life of human beings.

Marriage creates new social relationships and reciprocal rights between the spouses. It establishes the rights and the status of the children when they are born. Each society recognises certain procedures for creating such relationship and rights. The society prescribes rules for prohibitions, preferences and prescriptions in deciding marriage. It is this institution through which a man sustains the continuity of his race and attains satisfaction in a socially recognised manner.

Sociologists and anthropologists have given definitions of marriage. Some of the important definitions are given below. Edward Westermark. "Marriage is a relation of one or more men to one or more women which is recognised by custom or law and involves certain rights and duties both in the case of the parties entering the union and in the case of the children born of it.

As B. Malinowski defines, "Marriage is a contract for the production and maintenance of children".

According H.M. Johnson, “Marriage is a stable relationship in which a man and a woman are socially permitted without loss of standing in community, to have children”.

Functions of Marriage:
Marriage is an institutionalized relationship within the family system. It fulfills many functions attributed to the family in general. Family functions include basic personality formation, status ascriptions, socialization, tension management, and replacement of members, economic cooperation, reproduction, stabilization of adults, and the like.

Many of these functions, while not requiring marriage for their fulfillment, are enhanced by the marital system”. In fact, evidence suggests marriage to be of great significance for the well-being of the individual. Researchers have shown that compared to the unmarried, married persons are generally happier, healthier, less depressed and disturbed and less prone to premature deaths. Marriage, rather than becoming less important or unimportant, may be increasingly indispensable.

The functions of marriage differ as the structure of marriage differs. ‘For example, where marriage is specially an extension of the kin and extended family system, then procreation, passing on the family name and continuation of property become a basic function. Thus, to not have a child or more specifically, to not have a male child, is sufficient reason to replace the present wife or add a new wife.

Where marriage is based on “free choice,” i.e. parents and kinsmen play no role in selecting the partner, individualistic forces are accorded greater significance. Thus in the United States, marriage has many functions and involves many positive as well as negative personal factors : establishment of a family of one’s own, children, companionship, happiness, love, economic security, elimination of loneliness etc.

The greater the extent to which the perceived needs of marriage are met, and the fewer the alternatives in the replacement of the unmet needs, the greater the likelihood of marriage and the continuation of that marriage. At a personal level, any perceived reason may explain marriage, but at a social level, all societies sanction certain reasons and renounce others.

Forms of Marriage:
Societies evolved mannerism and method for selection of the spouses, according to their peculiar socio-economic and political conditions, and in accordance with their levels of cultural advancement. This explains on the one hand the origin of the various forms, of marriage and on the other the differences in the attitude of societies towards the institution of marriage.

Some have accepted it as purely a contractual arrangement between weds, while others hold it as the sacred union between man, and woman. Forms of marriage vary from society to society. Marriage can be broadly divided into two types, (1) monogamy and (2) polygamy.

1. Monogamy:
Monogamy is that form of marriage in which at a given period of time one man has marital relations with one woman. On the death of the spouse or one of the partners seek divorce then

they can establish such relationship with other persons but at a given period of time, one cannot have two or more wives or two or more husbands.

This one to one relationship is the most modern civilized way of living. In most of the societies it is this form, which is found and recognized. It should be noted that on a societal basis, only about 20 per cent of the societies are designated as strictly monogamous, that is, monogamy is the required form.

When monogamy does not achieve stability, certain married persons end their relationship and remarry. Thus, the second spouse, although not existing simultaneously with the first, is sometimes referred to as fitting into a pattern of sequential monogamy, serial monogamy or remarriage.

Advantages:

Keeping in view the advantages of monogamy the world has granted recognition to monogamous form of marriage. The following are its advantages:

1. Better Adjustment:

In this form of marriage men and women have to adjust with one partner only. In this way there is better adjustment between them.

2. Greater Intimacy:

If the number of people in the family will be limited there will be more love and affection in the family. Because of which they will have friendly and deep relations.

3. Better Socialization of Children:

In the monogamy the children are looked after with earnest attention of parents. The development of modes of children will be done nicely. There will be no jealously between the parents for looking after their children.

4. Happy Family:

Family happiness is maintained under monogamy which is completely destroyed in other forms of marriage because of jealousy and other reasons. Thus, in this form of marriage, family is defined as happy family.

5. Equal Status to Woman:

In this form of marriage the status of woman in family is equal. If husband works she looks after the house or both of them work for strengthening the economic condition of the family.

6. Equalitarian way of Living:

It is only under monogamous way of living that husband and wife can have equalitarian way of life. Under this system husband and wife not only share the familial role and obligations but also have joint decisions. The decision making process becomes a joint venture.

7. Population Control:

Some sociologists have the view that monogamy controls the population. Because of one wife children in the family will be limited.

8. Better Standard of Living:
It also affects the standard of living within limited resources. One can manage easily to live a better life. It helps in the development of independent personality without much constraint and pressure.

9. Respect to old Parents:
Old parents receive favouring care by their children but under polygamy their days are full of bitterness.

10. Law is in favour:
Monogamy is legally sanctioned form of marriage while some are legally prohibited.

11. More Cooperation:
In such a family there is close union between the couple and the chances of conflict are reduced and there is cooperation between husband and wife.

12. Stability:
It is more stable form of marriage. There is better division of property after the death of parents.

PREMARITAL COUNSELING

Premarital counseling is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that you and your partner have a strong, healthy relationship — giving you a better chance for a stable and satisfying marriage. This kind of counseling can also help you identify weaknesses that could become problems during marriage.

Premarital counseling is often provided by licensed therapists known as marriage and family therapists. These therapists have graduate or postgraduate degrees — and many choose to become credentialed by the American Association for Marriage and Family Therapy (AAMFT). Counseling might be offered through religious institutions as well. In fact, some spiritual leaders require premarital counseling before conducting a marriage ceremony.

Why it's done

Premarital counseling can help couples improve their relationships before marriage. You'll be encouraged to discuss topics related to marriage, such as:

- Finances
- Communication
- Beliefs and values
- Roles in marriage
- Affection and sex

- Desire to have children
- Family relationships
- Decision-making
- Dealing with anger
- Time spent together

Premarital counseling helps partners improve their ability to communicate, set realistic expectations for marriage and develop conflict-resolution skills. In addition, premarital counseling can help couples establish a positive attitude about seeking help down the road.

Keep in mind that you bring your own values, opinions and history into a relationship, and they might not always match your partner's. For example, family systems and religious beliefs vary greatly. Many couples have experienced very different upbringings with different role models for relationship and marriage. Many people go into marriage believing it will fulfill their social, financial, sexual and emotional needs — and that's not always the case. By discussing differences and expectations before marriage, you and your partner can better understand and support each other during marriage.

Early Marriage Adjustments

Do you consider your wife or husband a friend? If not, is it possible that the two of you haven't adjusted to each other's differences? Are you letting the "nit-picky" issues in life rub away the good feelings in your relationship?

Making adjustments is usually not easy. But the rewards are worth the effort. What changes could you make today that will communicate clearly that your spouse is a dear friend, not an enemy?

Barbara and I were no exception. Perhaps the biggest adjustment we faced early in marriage resulted from our differing backgrounds. Barbara grew up in a nice suburban setting near Chicago and later in a suburb of Houston. I grew up in Ozark, Missouri, a tiny town in the sticks. Barbara came into our marriage a refined young lady. I was a genuine hillbilly.

Some issues, triggering the need for adjustments in marriage, are major: like being raised in a dual or single-parent family. It could involve being an only child or growing up with several siblings. Or perhaps it's coming from an economically —challenged family. Or you could come from a family that had it all, or you grew up with parents who didn't embrace religious faith. The list goes on and on: opposite personalities, differing cultural backgrounds.

Minimally, a couple will have to adjust to differing traditions, and values. There are adjustments to habits, and rules learned in unique backgrounds. As time passes, other adjustments to sexual performance, financial pressures, and job demands may be required. And let's not forget a big adjustment in a small package— spelled B-A-B-Y! That's right: the first child.

Common Stages of Adjustment for Family Members

It is distressing to learn that someone close to you is experiencing psychosis. You may experience a variety of emotions, including shock, confusion, bewilderment, and guilt. There is no right or wrong way to feel, and you should not feel disloyal or uncaring for any of the thoughts or feelings you are having. It is common for families and friends to go through the following stages:

- As you realize something serious is happening to your loved one, you may feel worried or frightened.
- As the problem worsens, you may realize you can't manage it yourself and seek help.
- You'll probably have lots of questions, all of which are normal: What caused this? How do you treat it? What can I do to help? What should we tell people? Should we have sought help sooner? Could it happen again?
- As the person begins to recover, you will be relieved. You may understand the illness more and start to feel hopeful about the future.

Meeting your loved one's needs for independence and care is a balancing act. As he or she starts to reintegrate back into daily life, you may find yourself nervously watching for signs of relapse, and you may be try to shield your loved one from anything that might cause a relapse.

With a return to normalcy, you may speak with your loved one about psychosis, how it affected everyone involved, and how to help each other in the future.

Families, partners and friends need time to understand and accept what has happened. Don't keep things bottled up. Talking with family members, friends, or professionals is very helpful.

Family Counseling

Family counseling is a type of **psychotherapy** that may have one or more objectives. It may help to promote better relationships and understanding within a family. It may be incident specific, as for example during a divorce, or the approaching death of a family member. Alternately, it may address the needs of the family when one family member suffers from a mental or physical illness that alters his or her behavior or habits in negative ways.

Counseling for families often occurs with all members of the family unit present. This may not always be the case. A family member who suffers from **alcoholism** or **drug addiction** might not attend sessions, and might actually be the reason why other family members seek out counseling.

Reasons for Seeking Family Counseling

When families seek counseling, it is often because they have come to an impasse in their ability not only to resolve problems but also to recognize the origins and triggers of issues. Conflict arises in all families. Many families are not equipped to deal with these conflicts, and issues that are left unresolved can lead to a crisis. When a family reaches a crisis state, one or more family members may seek drastic measures to alleviate pain or stress. [5]

During times of crisis, individuals and families often find themselves in a fight or flight situation. Unfortunately, many individuals feel that fighting is the same as fighting for. When someone is fighting for their family, that means they are actively looking for ways to resolve issues, that they are working at mediating issues between other family members. The alternative to fighting for the family unit is to take flight and abandon the family unit. [7]

Ways that adults escape include:

- working extra hours
- spending extra time at the gym
- developing new hobbies or interests or spending more time on old ones
- going out after work
- substance abuse
- cheating
- separation and/or divorce

Ways that teens escape include:

- video games
- friends and social activities
- phone and social media
- school activities or sports
- sleeping
- drugs
- running away

When a family member reaches a crisis, they may feel the need for a permanent escape and contempate suicide. It is critical that families seek help before any member arrives at this point.

If life just feels too overwhelming right now, you are not alone. By reaching out to a therapist who is experienced in helping people with personal and family crises, you can be saving your life, or the life of someone close to you. All families experience conflict, but with family therapy, members can learn how to address issues productively. Benefits of Family Counseling

When a family is in crisis, counseling provides a safe environment where members can feel free to express feelings, ask questions, and generate ideas. There may also be times when families just need a quiet, neutral zone where there are no reminders of conflict [4]. Once a family commits to working with a counselor, they can begin exploring strategies for improving communication and building or rebuilding healthy relationships [5]. In counseling, families can learn:

- listening skills
- how to avoid connotative language
- to avoid triggers
- to think before reacting

- to respect boundaries
- conversation skills
- communication skills
- how to express empathy
- how to have unconditional positive regard for other family members
- to clearly define a role and identify within the family and as an individual
- how to help and not hurt loved ones
- that anger is not hatred
- how to dislike actions and still love the actor
- how to use "I" vs. "you" statements while still communicating needs and desires
- how parents can demonstrate respect toward children, and recognize children's need for space and individuality without giving up a position of authority
- how body language speaks louder than words
- how to ask for help
- how to receive help

Meaning of sex education

Sex education is a comprehensive set of knowledge and process of learning the emotional, physical and social aspects of sexuality. Sex education should include information about puberty, menstruation, contraceptives, condoms, sexual violence prevention, sexual orientation, gender identity and body image. Sex education will provide the importance of own well being and health and others, it gives better understanding and the protection of the rights throughout their lives. People have so many different conceptions about sex education. Many people think teaching children sex education is equivalent to permitting them to engage in sexual intercourse, which is not true.

Engaging in sexual intercourse is their choice and if they are, they should be aware of the consequences and how to prevent diseases and unintended pregnancy. Having knowledge, skills, values will empower them to realize their health and well being and their dignity and have respectful social and sexual relationships. Sex education should treat sexual development as a normal human development. Young people have the right to live a healthy life and the society has the responsibility to create an environment for them and yield them with comprehensive Sex education which will help them to make healthy decisions. But this is not enough, Children are perplexed and demand honest answers. Comprehensive sex education should provide honest, age-appropriate informations.

Need for sex education and reasons to support sex education in schools

Every child should know that they can decide who can touch them. Puberty brings out dramatic physical and mental change to an unprepared child. Sex education should be mandatory in school. Parents should not be allowed to opt-in or opt-out of something they are going to need in their life. Sex education doesn’t increase the engagement of a child to sex but actually does the opposite. Here are some reasons to support sex education in school: