B.A. Home Science – III Semester
HUMAN DEVELOPMENT

Duration of Examination = 3 Hours	**M. Marks** **: 100**
Course Code: HS 308 (T)	**Internal Ass.** **: 20**
	External Ass. **: 80**

THEORY

OBJECTIVES

The course aims to help students to:

1) Develop awareness of important aspects of development during the life span of an individual.

2) Become acquainted with developmental stages from birth to old age.

3) Perceive the importance of family and the community in the development of the children with special needs.

4) Understand the role of women as partners in development.

Unit – I Introduction

➢ Human development and child development - Definition, Need and Scope.

➢ Methods of child study: Interview, observation, care studies, psychological test and Intelligence (in brief)).

➢ Growth and Development –Definition, principles, related factors, stages of development, need to study development through the life cycle.

➢ Theories of Human Development: Freud's Psychological theory, Erikson's Psychosexual theory, Piaget's cognitive development theory (in brief).

Unit – II Infancy and Childhood

➢ Pre-natal period: Courses of prenatal development, overview of birth process and complications, conditions affecting pre-natal development, Hazards during pre-natal development.

➢ Infancy: Physical changes, language development, Social-emotional development and cognitive/intellectual development.

➢ Early childhood – overview of early childhood years – Highlights, development tasks, milestones.

➢ Pre-school orientation to pre-school education & significance.

➢ Middle childhood – Development task, milestones of development, school significance and functions and influence of peer – groups.

Unit – III: Adolescence and Adulthood

➢ Adolescence (13-18 Yrs): Definition, Characteristics.

➢ Problems in adolescence – drugs and alcohol abuse, psychological breakdown, STD's AIDS teenage pregnancies.

➢ Adulthood (19-60 Yrs): Biological and social changes (Menopause & Health issues).

➢ Adjustments in adulthood – vocational, Marital, Parenthood Adjustment.

Unit – IV: Old Age

➢ Definition and characteristics of old age.

➢ Adjustments in men a woman during old age.

➢ Problems of old age, intergenerational conflict in India.

➢ Death – preparation & coping strategies.

Unit – V Study of Special Groups

➢ Children with special needs-physical, intellectual, emotional, sensory impairment& Developmental needs of special children.

➢ Women's studies – meaning need and significance& Statuses of women – social political, education, health and nutrition.

➢ Impact of developmental programmes on the status of women.

➢ Organizations working for women - governmental and non-governmental organizations.

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HUMAN DEVELOPMENT

TABLE OF CONTENTS

HUMAN DEVELOPMENT AND CHILD DEVELOPMENT – DEFINITION, NEED AND SCOPE

STRUCTURE

1.1   OBJECTIVES

This lesson aims to enable the students to understand:

1.   Meaning and Definition of Human Development and Child Development.

2.   To study the need of Child Study.

1.2   HUMAN DEVELOPMENT

Human Development is a scientific study about human beings growth and development both quantitatively and qualitatively and the forces that influence growth and development. Human development an interdisciplinary field of study devoted to understand all changes that human being experience throughout the life span. It is interdisciplinary because it has grown through the combined efforts of people from many fields of study, psychology, sociology, anthropology, biology and applied fields like education, home economics, medicine and social service. Human Development focuses on describing, explaining, predicting and modifying development.

1.3   CHILD DEVELOPMENT

Child development a field of study devoted to understanding all aspects of human growth from conception through adolescence. In fact, scientific curiosity about the vast changes that take place between infancy and adulthood is one factor that has led child development to become the exciting field of study. Because of the need for solutions to everyday problems concerning children, academic scientists from psychology, sociology, anthropology and biology have joined forces in research with professionals from a variety of applied fields and social service. Today, the field of child development is a melting pot of contributions. Its body of knowledge is not lust scientifically- important, but relevant and useful.

1.4   NEED OF CHILD DEVELOPMENT

The study of the child is very important to parents, homemakers, teachers and adults who are responsible for the welfare of children and adults. Through child study, they can contribute more to the welfare of children and thus to the building of a better nation. Knowledge of children and their development contributes to human betterment. Achievement of sound mental health stems from proper physical development. An understanding of children has practical implications for a theory of human behavior.

Study of child development is of vital concern to the nation. If one is to understand human beings at any stage of their growth, it is important to study

their beginnings. Such study can lead to greater understanding of the individual child   and to recognition of the factors and influences that make each child unique. Much of what children do is a direct result of the growth process, but some behavior is caused by the interaction of the child with his environment.

Studying of child development offers an opportunity to discover what they are like and why they behave in a certain way. With the help of child study, one becomes aware of children as growing individuals with their own special needs-cultural, physical, emotional, social and intellectual. With the knowledge of factors that affect the child's behavior, it is easier to guide children constructively.

The study of Child development provides a background for a better understanding of adult behavior. It increases one's ability to understand oneself and others and gain insight into his own behavior and find new meaning in the behavior of adults. The child also needs trained guidance for developing his mental, emotional and social potentialities. It has been found that insufficient care during childhood results in abnormal or subnormal development, accompanied by the development of undesirable attitudes. Inadequate care and understanding from parents result in personal and social maladjustments.

Various educationists like Rousseau, Pestalozzi, Froebel and Tagore urged that teaching young children must be based on the nature of the child. The teacher needs to find out first what type of child he will have to deal with and accommodate his methods accordingly. Thus study of children and their ways becomes his primary task. All children need love and security. For developing their full personality, parents and teachers must satisfy adequately those needs at home and school in a favorable social and emotional environment.

Study of children also means study of their parents and their relationship with the children, knowledge of social and cultural values which children learn from their home environment and their relationships with their siblings. Parents must also understand that the child's learning is most affected by parent-child relationship as well as the values held in the home. Children need guidance and understanding to grow. Ways and means of improving their behavior must be explored.

For parents, study of Child-Development at various ages and stages is a guide and aid to understanding. To learn that children generally behave in certain ways at certain ages may reassume them about the behavior of their own child. It may reveal to them with sudden clarity what is going on in their own child that makes him do and say certain things and thus give them sympathy and patience to bear with him and to help him by their understanding.

1.5 SCOPE OF HUMAN DEVELOPMENT AND CHILD DEVELOPMENT

Parents have always been interested in their children. The community has been extending its care and concern for children. Poets have glorified childhood and literature has immortalized the innocence of children and the need for a formal study of the child has been recognized. The earlier trend of thought that the child is a miniature adult underwent considerable modification, with the discovery that a child has certain basic psychological needs and desires the fulfillment of which leads to his development.

The earlier concept of child development started with the birth of the child. Today it is recognized that many events of great significance to the post-natal development, take place before birth. In order to understand patterns of child development fully, one must know what happens to the child before he is born. Consequently, the scope of child development encompasses the entire span of time beginning with conception and extending to the period of adolescence.

One of the definitions of child development is that it is the science of development and behavior of children. Behavior pattern in childhood have the way to behavior patterns in adulthood. During the early period, scholars confined the study of child development to the developmental pattern only. Their followers made in roads into the fellowship of allied sciences such as nutrition, health, education, social work and home science. These entities which permit objective and quantitative measurements strengthen the subject. Today one of the major tasks of child development is the integration of the findings of various fields into a harmonious unity of knowledge based on disciplines such as physiology nutrition, psychology, sociology and anthropology.

BIOLOGY

The biologists have shown man's position in relation to other species in the animal kingdom. They have uncovered the facts of reproductive processes. The specialized field of genetics has shed light on the inheritance of certain characteristics of the succeeding generation from the preceding. Physiologists have made available factual and technical information on the growth and functioning of the body tissues and organs.

PSYCHOLOGY

Psychology deals primarily with man's behavior and his adjustment to his environment. It impinges every area of human life. As a science, psychology has its roots in the laboratory of real life. Developmental psychology is concerned with the chronological and progressive changes in man's Capacity to deal with environment. These areas have significance to the study of child development.

SOCIOLOGY

Sociology is scientific knowledge about the behavior of human beings in relation to other human beings. It is concerned directly with man's behavior in relation to the various woman groups in which he holds membership, especially those with which he is closely identified, and more or less participates directly in structuring his personality and behavior patterns. The family is the basic unit of all such groups. Since the growth and development of the child take place first in his family setting, sociology has great bearing on child development. Sociologists help to interpret the nature of the family and other social groups which play a vital role in the development of the child. Sociology explains the powerful role played by the different socializing agencies such as the home, school and community, in the personality development of the child.

ANTHROPOLOGY

Anthropology which is the study of the human species and its origins, varieties and cultures, has two aspects, cultural and physical. Cultural anthropology seeks to throw light on man's nature and social behavior in relation

to his inventions. Physical anthropology is concerned with man as a physical being. It deals with man's physical status and characteristics and his origin and evaluation.

Anthropology plays an important role in child development by careful measurement of the human body and its parts at different periods and stages of development and by assessing the nature of the growth process.

Thus, study of the subject of Child Development helps towards getting an understanding and insight into the intricacies and glories of human nature which is a common heritage, and the amazing depth and endless possibilities of the human mind.

1.6   CHAPTER SUMMARY

Human development is a field of study devoted to understand all changes that human being experience throughout the life span whereas child-development is a part of a longer discipline Human Development. Great diversity characterizes the interests and concerns of the thousands of investigators who study child development, the desire to describe and identify those factors that influence the dramatic changes in young people during the first two decades of life. Child development is both a descriptive and normative science. Through the study of children it enables one to know himself". Everyone needs to know how his mind works and how various aspects in the environment influence him. Study of child development has stimulated and strengthened parents, enriched family living and brought significant new values to the art of child rearing.

1.7   SELF-ASSESSMENT EXERCISE

Q.1.   Define the terms: Human Development and Child Development.

Q.2.   Write in detail about the need of child development..

Q.3.   Mention the scope of child development.

1.8   GLOSSARY

Human Development:- An interdisciplinary field of study devoted to

understanding all changes that human being experience throughout the life span.

Child Development: - A field of study devoted to understanding all aspects of human growth from conception through adolescence.

Stage: - A qualitative change in thinking feeling and behaving that characterizes a particular time period of development.

Growth: - Quantitative changes in the size, shape and proportions of body. Refers to the physical aspect can be easily measured and assessed.

1.9   SUGGESTED FURTHER READINGS

1.   Berk L.E. (1993) Infants, Children and Adolescents USA: Allyn and Bacon.

2.   Papalia, D.E. (1992) Human Development 5th ed. New York: McGraw-Hill Inc.

3.   Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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HOME SCIENCE	UNIT - I
	LESSON NO. 2

METHODS OF CHILD STUDY : INTERVIEW, OBSERVATION, CASE STUDIES, PSYCHOLOGICAL TEST AND INTELLIGENCE

STRUCTURE

2.1   OBJECTIVES

This lesson aims to help the student understand:

1.   Common methods of Child Study.

2.2   INTRODUCTION

To study child development a great deal of information, facts and data on the different facts of child development need to be collected and studied. For every aspect of the study, certain instruments or tools are required to facilitate exploring and fact finding. Common methods that researcher choose to gather information about children include observation, interviews, case study, experimentation, social measures and psychological tests.

2.3   OBSERVATION METHOD

Observation is powerful tool for studying infants and young children. Observation technique is used as a part of daily instructions to evaluate the cognitive, affective and motor-development of the children. It is the most direct method of becoming familiar with development of the young children.

Purpose of the Observation

1. **To understand children's behavior:** Children have not yet mastered language and they cannot express them-selves sufficiently. Evidence of why they behave as they do is obtained by on-the-spot recording of their actions. Children communicate through their actions, their bodies and this reveals as much about them as the thing they say.

2. **To evaluate children's development:** When studying development, observation is more specific. Rather than considering behavior in general, the observer's purpose is to determine the child's progress in physical, cognitive, social or emotional development. Observation of development not only makes it easier to understand sequences of development but also helps educators, psychologists and parents of young children to be aware of individual growth. Children who have developed a delay in specific areas of development can be identified and helped.

3. To make an initial assessment of the child's abilities and to determine the areas of strength and weakness.

4. To make individual plans based on observed needs and to conduct an ongoing check on the child's progress.

Types of Observation Method

Observations procedures can be classified in terms of the role played by the investigator in conducting the observation. There are two major types. These are:

1. Participant observation

2. Non-Participant observation.

   Participant observation: In this procedure, the investigator is a part of the natural setting in which the observation is being made. The investigator may already be a member of a particular group or organization and decide to observe it, or an investigator may join a group for the purpose of observing it in some way. If the observer is careful that the members are unaware of being observed, their behavior is least likely to be affected. Thus, we may be able to study the natural behavior of the group or individual. At times the observer may become instrumental in evoking certain responses of the subject.

Advantages of Participant Observation

1. The natural social setting can be observed and preserved.

2. The observer obtains a greater depth of experience.

3. Range of information collected will be much wider and richer then that gained from a series of observation.

Disadvantages of Participant Observation

1. It is expensive in terms of times.

2. There may be problems in entering the group to be observed.

3. The observer may participate emotionally and therefore may lose objectivity.

Non-Participant Observation

This is a procedure in which the investigator observes the behavior of others in a natural setting, but is not an actual participant in the behavior being examined. This method demands the skill to blend with the environment and surroundings and record observations in an unnoticed manner.

Advantages of Non-Participant Observation

1. Planning can take place with respect to the choice of settings.

2. Specific details associated with recording data can be carefully outlined.

3. Observations recorded are objective.

Disadvantages of Non-participant Observation

1. The observer's presence may alter the natural behavior of the group.

2. Data collection lacks richness.

Steps Involved in Conducting Observation

Observation is not simply looking at something; it is a disciplined, scientific process of searching for a behavior in a particular way. The observer must know what to look for, how to record the desired information and hour to explain the behavior.

The steps involved in Conducting on Observation

1. Locate the subject in the specified age group.

2. Obtain permission from the child's parents/teachers, if required.

3. Arrange the time so that the subject can be observed in his/her natural environment.

4. They should not be responsible for the subject during observation. The mother/caretaker should be present.

5. Write down everything that the subject does. Every word, action, gesture and expression should be noted. Conversation should also be a part of

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the observation. Do not personally evaluate any one of them.

Methods of Recording Observation

There are different methods of recording observational child study. These are:

1. **Dairy description** which detailed narration of events recorded in a sequential manner.

2. **Specimen descriptions** or records are detailed and precise records of temporary, more limited contents of life settings.

3. **Time sampling** records frequently occurring overt behavior within precisely limited time spans which are uniform and short.

4. **Event sampling** is the method in which the observer anticipates an event waits for it to occur and then records it.

5. **Anecdotal records** are objective accounts of events which are more often written after the incident has occurred by someone who witnessed it informally.

6. **Checklists** are lists of sequential behavior arranged on the basis of learning objectives or developmental norms.

7. **Rating scales** a means to determine the degree to which the child exhibits a behavior.

Advantages and Disadvantages of Observation Method Advantages

1. It is a direct method of collecting information.

2. It is a simple, easy and valuable evaluation tool.

3. As the recording is done simultaneously, the observer gets first hand information.

4. These records are permanent and can be referred back to as and when required.

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Disadvantages

1. The observer may miss out recording some important events in the observation.

2. The observer may perceive the situation in a faulty manner and hence make a faulty recording.

2.4 INTERVIEW METHOD

Interview is the oral version of the questionnaire in which the subject supplies the needed information through a face to face relationship. Interview is thus a process of communication or interaction between the interviewer and the interviewee or respondent. The success of an interview depends on proper motivation. Interview is relatively more flexible than a written inquiry form. It permits explanation, adjustment and variation according to the situation.

Characteristics of Interview

The interview when used by skillful interviewer is superior to other data-gathering tools, because of the characteristics like:

(i) People are usually more willing to talk than to write, especially with regard to intimate and confidential topics.

(ii) The purpose and meaning of questions can be explained and valid responses obtained.

(iii) The sincerity and insight of the interviewee can be judged through cross questioning.

(iv) In depth in responses can be achieved. The interview is especially appropriate, when dealing with young children, illiterates and those with limited intelligence. The interview is also used for some other practical purposes such as student counseling, occupational adjustments, and selection of candidates for higher education or employment, psychiatric work and for commercial or social surveys.

Types of Interviews

There are three main types of interviews distinguished according to (i) Functions, (ii) The number of person participating (iii) The roles assumed by the interviewer and interviewee.

Function wise, the interviews are classified as: (a) diagnostic interview, (b) clinic interview and (c) research interview.

Diagnostic interview: used frequently in clinics and social work, the diagnostic interview helps to locate the possible causes of an individual's problems through probing into his past history, family relations and personal adjustment problems.

Clinical interview: The clinical interview takes place as a means of introducing the patient to therapy. Friends and relative may also be guided in their dealings with patients.

Research interview: As a tool in research the interview is used for gathering data on problems of historical experimental surveyor clinical types.

Participant wise, interviews are of two types :

(a) individual and group interviews

(b) single interviewer or and panel of interviewers.

Individual and Group interviews

In individual interview, a single specialist or a skilled person interviews one at a time. A group interview requires a group of not more than 10 or 12 persons with some social, intellectual and educational homogeneity which can ensure the effective participation of all the members.

Single Interviewer and Panel of interviewers

Both individual and group interviews may be conducted by a single interviewer or by a panel of interviewers according to the design and purpose of the interview. Usually interviews for selection and therapeutic purposes are

held by a panel of interviewers composed of experts in different but related fields, pertinent to the purpose of the interview. Interviews for research purposes are usually conducted by single investigator. The number of interviewers in a panel should not be more than 3-4 numbers may tend to scare and confuse the respondents.

Role wise, interviews are classified as :

(a) Non-directive

(b) Focused and

(c) In-depth.

Non-directive interview: The 'non-directive interview include questions of the open-end form and permits freedom to the interviewer to talk freely about the problems under study.

Focused Interview: The 'focused' interview concentrate on some particular events or experiences, rather than on general inquiry. It aims at determining the responses of individual to specific situations.

In-depth interview: The 'in-depth' interview is an intensive and searching type of interview with emphasis on such psychological and social factors as attitudes, emotions or convictions.

Advantages and Disadvantages of Interview Method

Advantages of interview method:

1. It is an informal method of collecting information in a related and friendly manner.

2. Questions can be rephrased, restructured and repeated.

3. Useful information can be collected through gestures, expressions and modulation of voice.

4. It permits study of aspirations, wishes, fear, anxiety, attitude etc. which cannot be studied through direct observation.

5. It is a method more suitable for collecting information from adolescents and adults.

Disadvantages of the observation method:

1. There may be subjective bias in the interpretation due to faulty perception, lack of insight or partiality on the interviewer's part.

2. At times interview is rigid and he approaches the problem with set expectations.

3. When the information is collected in retrospect with a large time gap, the respondent may give incomplete or distorted information e.g. when reporting childhood experiences individuals tend to remember and report only the happy and positive aspects.

2.5 QUESTIONNAIRE METHOD

Questionnaire method is a method of social scientific research developed by G. Stavley Hall. Questionnaire refers to a device for security answers to questions by using a form which the respondent fills in himself. A Questionnaire can be administered only on a literate population. It consists of a series of questions put down systematically, related to a main theme. Questionnaire assists in the measurement of individual and or group variables, such as sex, age, education and the like. It also helps in knowing about particular attitudes, values, likes and dislikes, impact of services programmes etc. Data from a large sample can be collected, hence assisting the researcher to gather plausible explanations for certain group behavior, accurate description of elements in social settings etc.

Types of Questionnaires

There are two ways of categorizing the Questionnaire:

(A) (i) Open-ended

(ii) Close ended/fixed

(iii) Combination of type

This is based on the type of responses required.

(B)   (i) Mailed Questionnaire

(ii) Face to Face Questionnaire

This is based on the administration procedure.

Open ended Questionnaire

Rather than anticipate responses from the target sample, the investigator, simply provides several pages of open-ended Questions requesting respondents to elaborate on their opinions and attitudes in varying detail. Open-ended questions are most frequently employed when the researcher does not anticipate probable replies from respondents. A general lack of familiarity with the population under study will tend to favour a greater use of open end response category.

Close-ended/Fixed Questionnaire

A close-ended or fixed questionnaire consists of items, statements or questions with a fixed number of choices. The respondent is asked to check the response that best fit his opinion. It is very essential in a close ended questionnaire that the categories provided by the investigator are logical and exhaustive.

Combination of Open-ended and Close-ended Questionnaire

Many Questions are made up of items with both fixed and open-end responses. The investigator will include various sets of statements with open responses in his questionnaire as well as items with fixed alternatives.

(B) (i)   Mailed Questionnaire:- This method consists simply of mailing a questionnaire of variable length to previously designated subjects. Instructions for completing the questionnaire are usually enclosed and return envelops provided. Although estimates of non-response to a Mailed Questionnaire vary, it appears to be a normal expectation that nearly 70 percent of the questionnaires mailed will not be returned.

(ii) **Face to Face Questionnaire:-** Face to face method of Questionnaire administration requires that predetermined subjects be given the questionnaire. The responses are filled up by the respondent himself in the presence of the researcher.

Advantages of Questionnaire Method

1. Since Questionnaire are designed to obtain information for specific areas, it becomes a direct method to obtain information.

2. Data can be obtained from a large group in a short time.

3. Questionnaires are less time consuming.

4. There may be no face to face contact hence, anonymity of the respondent is maintained. This makes it possible to explore sensitive social and personal issues about which people may not otherwise talk.

Disadvantages of Questionnaire Method

1. It cannot be conducted on illiterate persons.

2. The respondent may not reply to the schedule and may not return it, therefore wasting the effort of the investigator.

3. Honesty of the responses cannot be established.

4. Expressions, gestures, tonal intonations of the respondent are not available which otherwise could be a source of additional information.

5. If the questions are not properly understood they cannot be rephrased or explained.

2.6 THE CASE STUDY METHOD

Case study method is an in-depth study of various aspects of an individual, an institution or a subculture. The case study approach views any social unit as a whole. The unit may be a person, a family, a social group, a social institution, a community, a set of relationships or processes such as

family crisis, adjustment to disease, friendship formation or even an entire culture. The case study is a way of organizing social data so as to preserve the unitary character of the social object being studied.

Purpose of Case Study:

1. Viewing social reality.

2. Understanding the life cycle or an important part of the life cycle of the unit.

3. Studying the development of that unit over a period of time.

4. Studying holistically the given units.

The case study probes deeply and analyses interactions between the factors that explain present status or that influence change or growth.

Methods of Gathering Data for a Case Study

Case study makes use of almost all other techniques of data collection :

1. Observation by the researcher or his or her informants of physical characteristics, .social qualities or behavior etc.

2. Interviews with subjects, relatives, friends, teachers, counselors and others.

3. Questionnaires and Surveys.

4. Psychological tests and Inventories.

5. Recorded data from newspapers, schools, clinics, government agencies or other sources.

6. Personal documents such as diaries, letters, autobiographies etc.Case studies have been conducted for the purpose or understanding individuals, culture and development of variable relationship. They are conducted on

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1. All types of individuals and their behavioral characteristic such as inputs, preschools, adolescents, drug addicts, juvenile delinquent etc.

2. Communities such as slum communities, rural communities, tribal groups, or other social or ethnic groups.

3. Institutions such as colleges, churches, corrective institutions welfare agencies and business groups.

Advantages of Case Study Method

1. For preliminary research in any field most investigators will make use of some form of case study.

2. The researcher gets a wider range of personal experience.

3. It is particularly useful because of its attempt to find the meaning of the recorded data within the life of an individual and only later, in terms of classes of individuals.

4. Such material may become raw material for further reflection and research.

5. The absorption in the detailed material of social relationship and interaction gives the researcher a wider range and a greater depth of experience which may be of great use in interpreting data and in further research.

6. It is highly fruitful approach for the purpose of groups or process analysis.

Problems of Case Study Method

1. Subjective bias is a constant threat to objective data gathering and analysis.

2. Danger of selecting variable relation-ships based upon preconceived convictions.

3. Because of the close contact with individuals or groups, it is likely that the observer will have a strong effect on the data. The data may be influenced by associated factors which may not actually have any relationships.

4. This approach is costly in time and money because each case becomes a research in itself. Data are not usually standardized. Thus it involves elaborate systems of keeping records and of developing techniques for standardizing the observations.

2.8   PSYCHOLOGICAL TESTS

Psychological tests are instruments designed to describe and measure a sample in relation to certain aspects of human behavior or inner qualities. They are used frequently as tools in school surveys, school appraisal programmes experimental investigations. Psychological tests are of various types depending on the phenomena or traits they are devised to describe and measure. Chief among those are:

1. Achievement tests

2. Intelligence tests

3. Aptitude tests

4. Interest inventories

5. Personality measures.

Intelligence Tests

The tools which are used for measuring intelligence are intelligence tests. These tests are classified as performance tests and verbal tests, oral tests and paper pencil tests and group tests and individual tests. Whatever the type, an intelligence test is marked out by the following characteristics:

1. It measures the quality termed "intelligence" only indirectly through testing the person's present performance in situations where intelligence operates.

2. The items in any intelligence test are numerous and varied. They test many different abilities which are supposed to constitute intelligence.

3. The items are culture free.

2.9 CHAPTER SUMMARY

To study children, a great deal of information, facts and data on the different facts of child development need to be studied.

In this chapter, we studied 6 basic methods of child study i.e. Observation method, Interview method, Questionnaire method, Case study method and Psychological tests. We have also studied advantages and limitations of their methods.

2.10 SELF ASSESSMENT EXERCISE

Q.1. What are the major characteristics of observation?

Q.2. Mention in brief types of observation method and its advantages and disadvantages.

Q.3. What are the major types of interview method?

Q.4. What are the different types of questionnaire?

Q.5. What is the purpose of conducting case studies?

Q.6. List out the advantages and problems of case study method.

Q.7. Define Sociometry method of child study.

Q.8. What are the various kinds of psychological tests?

2.11 GLOSSARY

Observation: It is a powerful tool for studying infants and young children.

Diary Description: It is a detailed narration of events recorded in a sequential manner.

Interview: Interview is an interactional process. It is a face to face conversation with a purpose.

Probing: It is a natural tool available to the interviewer to go deeper into the thought processes of the interview.

Case Study: It is an in-depth study of various aspects of an individual, an institution or a subculture.

Sociometry: It is a technique used to study social relationships in informal groups such as class-rooms, prisons, factory, office workers, institutions etc.

Sociogram: It is a graphical representation of data.

Socimatrix: It is a tabular representation of data.

Psychological Tests: Psychological tests are designed to measure abilities, achievements, aptitudes, interests, attitudes, values and personality characteristics.

2.12 SUGGESTED FURTHER READINGS

1.   Berk, L.E. (1993): Infants, *Children and Adolescents,* U.S.A. Allyn and Bacon.

2.   Devdas R.P. and Jaya, N (1984). *A text book on Child Development,* New Delhi

3.   Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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GROWTH AND DEVELOPMENT- DEFINITION, PRINCIPLES, RELATED FACTORS, STAGES OF DEVELOPMENT, NEED TO STUDY DEVELOPMENT THROUGH THE LIFE CYCLE

STRUCTURE

3.1   OBJECTIVES

This lesson aim to help the student to understand:

1.   Definition of growth and development.

2.   Differentiate between growth and development.

3.   The principles of development.

4.   Various internal and external factors affecting the process of growth and development.

5.   To study the major characteristics of development at each of the stages of human life cycle.

6.   Need to study development through the life cycle.

3.2   DEFINITION OF GROWTH AND DEVELOPMENT

Introduction

The terms growth and development have different meanings but are often used synonymously to mean increased amount of complexity or both.

Growth

Growth generally refers to the physical aspect. It is quantitative, indicating changes in size, shape and proportions of the parts the body such as the internal organs of the body. Growth is also an integrated, unitary process. The head grows rapidly internal and infant life and at a diminishing rate during the next ten years. Furthermore the speed at which the growth occurs is not same as in all the stages of life. In the first six months, it is rapid, so that a six months old baby is twice his birth weight. By the end of the first year, birth weight is up by three times and a child of two years weighs four times his birth weight. In the following years until puberty, growth is at a slower pace. Growth can easily be observed and measured

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Development

Development is a 'progressive series orderly, coherent changes leading towards the goals of maturity' (Hurlock, 1964). 'Progressive 'signifies that the changes are directional and that they lead forward rather than backward. 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. Development can also be defined as the emergence and expansion of child's capacities to provide greater facility in functioning. This development is achieved through the process of growth, maturation and learning which has two aspects of change; those of quantity and quality. The general pattern of growth and development varies from person to person. The rate and extent of development among the various phases of the development also differ. The tide of development deepens with age. In a relative sense, it slows down also. As age increases, it takes a longer before of time to attain a proportionate degree of maturity.

3.3   DIFFERENCE BETWEEN GROWTH AND DEVELOPMENT

1.   Whereas growth refers to change in particular aspect of the body and behavior, development may imply the organization of various aspects of the body and behavior as a whole.

2.   Growth can be measured, whereas development can be observed by noting changes in the shape as they occur and in the mode of behavior as their maturation is completed.

3.   Growth stops when maturity has been attained but development does not end. It continues throughout life.

4.   Growth and development are closely related. Generally they go hand in hand. When a body grows in structure it also develops in function. But this is not always true, sometimes development is possible without significant growth of intellectual and social development may continue even after the growth in general is stopped.

5.   Development is a wider and comprehensive term. It includes growth. Growth is one of the parts of the development. Development can be physical/ motor as well as intellectual/mental, emotional or social. Development in quantitative aspect is termed as growth.

3.4 PRINCIPLES OF GROWTH AND DEVELOPMENT

Basically, development may be most clearly understood as a series of sequential changes in an organism leading to its maturity. Development is a broad term that refers to all the processes of change by which an individual's potentialities unfold and appear as new qualities, abilities, traits and related characteristics. It includes the long term and relatively irreversible gains from growth, maturity, learning and achievement. There are ten fundamental facts about development usually called "Principles of growth and development". By Principle we mean the rules that a process follows.

These principles are listed below:

(i) **Development is a product of interaction of heredity and environment :** Development is a process resultant from a constant flux or interchange of energy within an organism and his environment. Heredity forces inherent in the genetic constitution of the individual and environmental forces influence the development of the organism. It is very difficult to distinguish the contribution of either of the two forces. Individual is the byproduct of the constant interaction of the heredity and environment.

(ii) **Development follows an orderly sequence:** Every species whether animal or human follows a pattern of development. In case of human beings, the process of development follows two patterns:

    (a) It follows **cephalocaudal sequence:** Development starts from head and proceeds towards heels. As an illustration, a fetus head is well developed before his legs assume. Their final form and even after birth, head develops in advance of the lower parts of the body.

    (b) Development follows **proximodistal sequence** i.e., the spinal cord of the individual develops first and then outward development taken place.

(iii) **Development is a continuous process:** Development is a continuous process which begins from the time of conception in the womb of the mother and continues till death. But it should be kept into consideration that is not

always smooth and gradual. There here are spurts in physical growth and psychological functioning asincrease in height and weight; sharp rise in vocabulary during pre-school years and sudden improvement problem solving abilities during adolescence.

(iv) Development proceeds from general to specific: The child first learns things and it is only afterwards that he learns specific or particular things. For example in building a vocabulary the child first learns general words and it is only afterwards that he learns specific words.

(v) Development is an individual process: All individuals develop in their own way. Each child has his own rate of physical, mental, emotional and social development. If we observe six years old children we find great differences in their height, weight, social, emotional and learning qualities. Even at different ages children have different rates of development.

(vi) Development occurs at different rates for different parts of the body: Different aspects of physical and mental traits develop at their own rates and reach maturity at different times. In some are as bodily growth may be rapid in others it may be slow.

(vii) Development Occurs as a whole: The most important characteristics of growth and development is that individual grows and develops as a whole. His physical, intellectual, emotional, social and other types of development are interrelated and interdependent.

(viii) Development progresses more rapidly in early years of life: Period of infancy is marked by period of very rapid growth and Development. In early years of life physical, Intellectual, emotional and social development takes place at a very rapid speed.

(ix) Development is predictable: As the rate of development for each child tends to be fairly constant. We can surely predict the physical and mental development of the child. It is possible to predict the aptitude or intelligence of a person on the basis of aptitude or intelligence tests given in earlier years.

(x) Development is cumulative: Cumulative means "to add up". In development a single experience matters and it does not go waste. Our behavior is the result of previous experiences. Certain changes impress the observer with their dramatic suddenness but actually these changes do not emerge all of a sudden. The child's first word, first step, are the result of cumulative progress, for the child has continuously been preparing for these functions. Each change is the culmination of his prior growth and experience.

3.5 RELATED FACTORS AFFECTING GROWTH AND DEVELOPMENT

Organism is a complete system and any change in one part of the system is bound to produce changes in other parts as well. Growth and development are also influenced by many factors.

We will classify them as internal and external factors and study the role of each of these on development.

(A) Internal Factors

1. **Hereditary and biological factors:** Heredity plays an important role in the growth and development of the individual. Genes are considered to be the real carriers of hereditary. Hereditary factors are those that reside in the child from moment of conception. Heredity certainly determines various aspects of development. Heredity lies at the root of all the possibility of development, environment being a means to the actualization of these possibilities. Some of the hereditary factors which influence various aspects of development are:

   (i) Physique: The height, weight, complexion, colour of eyes, characteristics of hair, physical structure affecting development in a unique way. e.g., if a person is overweight, his playmates, class-fellows and friends tease him and he may develop inferiority complex. Deformities of the body, sensory handicaps, and blindness may have adverse effect on development. Biologically, physically weaker internally disturbed children suffer from illness and diseases. They have to face adjustment problems in social environment and their

intellectual, emotional and social development is affected. On the other hand a child who has good health, strength, energy and vigor generally develops emotionally balanced attitude towards life and take part in various types of competitions.

(ii) **Intelligence:** Intelligence is the ability to learn, to adjust, to carry out abstract thinking and ability to make right decision at a right time. Intelligent persons are likely to have reasonable control over their emotions and they can make better adjustment in home, school and society than those persons who are less intelligent. Moreover intelligent children are likely to be inventive, imaginative and creative. All aspects of development of the person namely physical, emotional social, language, aesthetic and moral are significantly influenced and controlled by the level of intelligence.

(iii) **Gender:** Development is affected by the gender of the person. Boys are generally more assertive, tough minded and vigorous. They generally show interest in machinery and outdoor activities and prefer adventures. But girls are interested in less rigorous games. They have better sense of tolerance, sympathy, kindness, sense of honour, sacrifice, cheerfulness and various other social qualities. Girls attain maturity earlier them boys.

(iv) **Nervous system:** Nervous system plays a vital role in the various aspects of development of the person's intellectual ability, physical strength, insight into social situations and ability to adjust depend upon the structure and functioning of nervous system. Any injury to nervous system will have negative effect in the development of the person. Nervous system limits one's learning capacity.

(v) **Chemique (Endocrine Glands)** Chemique means the possible effects of endocrine or ductless glands on growth and development. Endocrine glands play an important role in influencing physical, intellectual, emotional, social and moral development of the person. The normal functioning of endocrine glands is essential for a balanced growth and

development. The malfunctioning of these glands has an adverse effect on various aspects of growth and development.

(a) **Adrenal glands:** The malfunctioning of adrenal glands causes Addison's disease which causes the impairing of judgment, loss of sleep, sex interest and weakness. The over activity of this gland make the individual energetic, persistent and vigorous. If this gland is underactive the individual becomes indecisive, irritable.

(b) **Thyroid gland:** Thyroid gland has a very important function in' the development of physical structure as well as mental development. Thyroid gland is directly related to the metabolism of the body i.e., the constructive and destructive changes in the body tissues. If it is over active the body tissues are over stimulated and the person becomes restless, irritable, worried and excitable. If it is underactive, oxidations lessened, blood pressure falls and the body becomes depressed. The under activity of this gland make the individual slow, sluggish and lethargic.

(c) **Pituitary glands:** Pituitary glands which are sometimes called master glands have their effect on physical, intellectual and emotional development. The under activity leads to dwarfism: lack of aggression and submission. The over activity of this gland leads to the unusual increase in body, height and the size of hand, feet and some internal organs. It causes thick skin and aggressiveness.

(d) **Sexglandsorgonads:** Sex glands exert significant influence on the sex life of the individual. If they are overactive they will make the individual over sexed. If they are underactive, the sex urge becomes weak.

2. **Emotionality**:- Emotional maturity positively influences physical, intellectual, emotional, and social development and various types of adjustments. Lack of

emotional maturity has adverse effect on physical, intellectual, emotional, social and moral development.

(B)   External Factors (Environmental Factors)

External factors influencing growth and development are those factors which are present in the environment. External or environmental factors can be studied under two headings:

1.   **Pre-natal Environment (Environment before birth) :** Many things have to, do with the baby's growth and development between conception and birth are referred to as prenatal or before birth. The baby's pre-natal environment is the womb of the mother or mother's body. If the mother is in good physical condition and eats a well balanced diet, chances are that the baby will grow and develop normally. Some of these factors influencing growth and development associated with pre-natal environment are:

   (i)   Physical and mental health of the mother.

   (ii)   Single child or multiple children getting nourishment in the womb.

   (iii)   Diet taken by the mother.

   (iv)   Normal or abnormal delivery.

   Unfavorable conditions or factors in the pre-natal environment are:

   (i)   Malnutrition of the mother.

   (ii)   Vitamin and glandular deficiencies.

   (iii)   Excessive use of alcohol.

   (iv)   Excessive smoking

   (v)   Use of drugs especially narcotics and tranquilizers

   (vi)   Constant diseases such as diabetes, tuberculosis or cancer.

   (vii)   Certain venereal diseases.

(viii) Severe and constant stress on the mother.

(ix) Subjection of the embryo to harmful, radiation or rays.

(x) Any damage or accident to the baby in the womb.

2. **Postnatal Environment (Environment after birth):-** Factors influencing growth and development associated with post-natal environment are as under:

1. **Food:** Food is one of the most important considerations for the normal development of the child. Defective teeth, skin diseases, and other health disturbances can be traced directly to poor diet during infancy, and childhood and adolescence period. Balanced diet is required for proper physical development. Balanced diet is one in which the main essential elements carbohydrates, proteins, fats, vitamins and minerals are present in required proportions.

2. **Fresh air and Sunlight:** Fresh air and sunlight which they get during the early years of life influence general health condition, size and maturity age of the child.

3. **Physical Exercises and Activities :** Physical exercises are very essential for child's physical development Physical exercise and activities like sports, drills, games, hiking, gymnastics, wrestling, football, kabbadi etc. influence growth and development.

4. **Incidents and accidents:** Good and bad incidents and accidents in life influence growth and development. Growth and development may be retarded by head injuries toxic and bacterial poisons. Proper medical care influences growth and development.

5. **Geographical environment:** Physical or geographical environment influences growth and development of individual. People belonging to hilly areas are generally physically healthy and strong. They are industrious.

6. **Family Environment:** Congenial family environment is essential for healthy

growth and development of the child. In well adjusted families there are better chances of growth and development. If there is love and understanding between husband and wife, the family structure contributes towards healthy growth and development. Disruptive family environment may produce disruptive, delinquent, backward and maladjusted personalities. The number of family members in the family, the birth order of the child, outlook of parents, education of parents, and character of parents, cultural and economic conditions of the family significantly influence growth and development. Poverty of parents and lack of money to fulfill the legitimate needs of the children leads to frustration.

7. **Family life Pattern:** Family life, aims, aspirations and attitudes of parents, their emotional stability and instability, their protection or under protection to children influence growth and development. Over protection by parents may lead to withdraw behavior and under-production by parents to aggressive behavior. A lot of experimental evidence is available which shows that parent child relationship is very important in growth and development. Freud pointed out that parents' behavior may bring about love, anxiety or hate in a child. Excessive parental tenderness spoils the child and often tends to neurosis. Children accepted and loved by parents are generally emotionally stable, well socialized and calm. The children rejected by the parents generally show emotional instability restlessness, aggressiveness, indifference and antagonism.

8. **Childhood experiences :** Childhood experiences play important role in various aspects of development. Tensions and emotional upsetting in early life, methods of breast feeding and toilet training influence development of the child.

9. **Neighbourhood:** Neighbourhood does not exert some influence on certain aspects of development. Educated neighbours influence development in a positive manner. Habits, interests, attitudes, way of thinking and behavioral patterns of neighbours significantly influence development of the child.

10. **School:** School plays an important role in various aspects of development:

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(i) Teacher's personality i.e. his attitudes, beliefs, ideas, habits, ambitions, aspirations, sentiments, and emotional maturity.

(ii) Curriculum of school.

(iii) Methods of teaching and co-curricular activities.

(iv) Congenial or uncongenial environment of the school significantly influence development.

11. **Socialization:** Socialization is a process in which the person learns to behave according to social standards and make social adjustments. Socialization significantly influences various aspects of growth and development. Socialization is the process by which the child learns the customs, values, beliefs and ideals of his/her social group so as to become an acceptable member of the society. The family is the most important agent for child's socialization which is carried on further by school, peer group, relatives, neighbours and other institutions. An individual's development in various aspects i.e., physical, mental, social, emotional and language is shaped by the way he is socialized.

3.6 MEANING OF THE TERM DEVELOPMENT

Development is the pattern of movement or change that begins at conception and continues through the life span. This development is achieved through the process of growth, maturation and learning which has two aspects of change; those of quantity and quality. Development is a progressive series of orderly, coherent changes leading towards the goal of maturity. Progressive signifies that the changes are directional and that they lead forward rather than backward. The term 'orderly' and 'coherent' suggest that there is definite relationship between a given stage and the stages which have preceded or followed it. The rate and extent of development among the various phases of personality also differs. The tide of the development deepens with age.

3.7 DEVELOPMENT PROCESS

Most development involves growth, although it includes decay (as in death & dying). The pattern of movement is complex because it is the product of several processes-biological, cognitive and socio-emotional.

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Biological processes involve changes in a individual's physical nature. Genes inherited from parents, the development of the brain, height and weight gains, motor skills and the hormonal changes of puberty all reflect the role of biological processes in development.

Cognitive Process involves changes in an individual's thought, intelligence and language. The tasks of watching a colorful mobile swinging above a crib, putting together a two word sentence, memorizing a poem, solving a math problem, and imagining what it would be like to be a movie star all reflect the role of cognitive processes in children's development.

Socio-emotional Process involves changes in an individual's relationships with other people, changes in emotions and changes in personality. An infant's smile in response to her mother's touch, a young boy's aggressive attack on a playmate, a girl's development of assertiveness and an adolescent's joy at the senior process all reflect the role of social processes in children's development.

3.8   STAGES OF DEVELOPMENT

For the purpose of organization and understanding development is commonly described in stages. The most widely used classification of developmental stages involves the following sequence: the prenatal period, infancy, early childhood, middle and late childhood, adolescence, adulthood and old age. Approximate age bands are placed on the stages to provide a general idea of when a period first appears and when it ends.

The Prenatal Period is the time from conception to birth. It is a time of tremendous growth-from a single cell to an organism complete with a brain and behavioral capabilities, produced in approximately a 9 month period. This prenatal period is divided into three stages, details of which are given: -

(i)   The Period of Zygote

(ii)   The Period of Embryo

(iii)   The Period of Fetus

The Period of Zygote: (Fertilization to end of 2nd week). The size of the

Zygote, 'that of a pin head', remains unchanged because it has no outside source of nourishment, it is kept alive by yolk in the ovum. As the Zygote passes down the fallopian tube to the uterus, it divides many times and separates into an outer and an inner layer. The outer layer later develops into the placenta, the umbical cord and the amniotic sac, and the inner layer develops into a new human being. About ten days after fertilization, the Zygote becomes implanted in the uterine wall.

The Period of Embryo: The embryo develops into a miniature human being. Major development occurs in the head region first and in the extremities last. All the essential features of the body, both external and internal are established. The placenta, the umbical cord and the amniotic sac develops; these protect and nourish the embryo. At the end of the second prenatal month, the embryo weighs on the average, 1¼ ounces and measure in length 1½ inches.

The Period of Fetus changes occur in the actual or relative size of the parts already formed and in their functioning. No new features appear at this time. By the end of 3rd lunar month, some internal organs are well enough developed to begin to function. Fetal heart beat can be detected by about the week. Fetal movements usually appear first between eighteen and twenty two weeks and increase rapidly up to the end of ninth month. By the end of eighth month the fetal body is completely formed, though smaller than that of a normal full term input.

Infancy and Toddlerhood (0-2 years) Infancy is the development stage that extends from birth to 24 months. Infancy is a time of extreme dependence on adults. Many psychological activities are just beginning e.g. language, symbolic thought, sensorimotor coordination and social learning.

(i) **Neonatal Stage:** From the time of delivery to a short period of 30 days (one month) the new born is termed as neonate. This is a transitional stage from fetal to the post natal functioning. During this brief interval, great changes and adaptations take place, in the new human beings. The new born makes tremendous adjustments to a new way of life which requires performance of bodily functions like breathing, digestion of food, excretion of waste. The average length of a new born child is 19 inches, but it varies from 17 to 21 inches. The average weight of new

born Indian baby is 2 Kgs but it is observed that it varies from 2 to 3.5 kgs. This variability in growth depends upon heredity, diet, socio-economic status, order of birth in the family and certain other environmental factors.

Reflex may be defined as an automatic response to a particular form of stimulation. Most of the important reflexes of the body such as pupillary reflex, reflexes of the lips and tongue, sucking, flexion, knee, jerk, sneezing and others are present at birth. The first reflexes to appear have distinct survival values; with practice the reflexes become stronger.

(ii) **After the Neonatal Stage**: - By the time the baby's physiological processes become operative and fairly well adjusted, he is referred to as an input. Age of infancy is marked by an increase of independence on the part of the baby as he is able to sit, standard walk at his own will. During infancy, which is roughly from the age of one month to the beginning of the third year, the child undergoes physical growth at a rate greater than he will ever experience subsequently. By the time the child is about 2 years of age, his weight becomes round about 25 pound and an overall length about 33 inches. There is a rapid growth of nervous system during this period. There is rapid improvement in the functions and structure of sensory organs. By the end of this period, the child is able to perform all the functions of seeing, hearing, testing, smelling. Emotions play a tremendous role in the physical, mental and social development of the child. Anger is the most common emotion at this stage. It is aroused when adults force is used to restrict the freedom of the child. Emotion of joy is also shown by children at this stage. They express it, when they see familiar faces. In this period social relationships of the child are strictly restricted to his home. Hence in this period family plays an important role in developing social attitudes and behavior.

Early Childhood

Early childhood is the developmental stage that extends from the end of infancy to about 6 years; sometimes the period is called the preschool years. These years

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represents a remarkable period of physical and psychological development. A 5 years of age, the child is five times his weight than at birth. From the physical point of view, childhood is a period of consolidation because the gains during infancy and babyhood are consolidated during childhood. The development of girls is faster than boys at this stage. The child tries to copy elders in every way he can. At this stage the need for self-assertion and confused sense perception and judgments produce the negativism or temper tantrums that characterizes this period. The muscles are more evenly distributed and muscular coordination is increased. The control of elimination moves towards perfection in these years. The nervous system becomes more nature. There is rapid increase in vocabulary and the child can express his thoughts and emotions in simple sentences. The child learns to make social adjustments, he develops emotional attachment with his parents and other family members and learns primary social manners. The child learns to control temper, this is the most important accomplishment of this period since it represents on real beginning in self-control and cooperation with others. Reasoning and problem-solving improves in direct proportion to the opportunity the child has to reason and to solve the simple problems of his daily living.

Middle Childhood Stage

Middle childhood is the developmental period that extends from about 6 to 12 years of age, approximately corresponding to the elementary school years. The child gradually moves towards mastery of aspects of formal thought, which means that by the end of this stage he is likely to be able to deal with hypothetical propositions. Girls grow at faster rate from 9 years onwards. The, child becomes curious to accumulate a large amount of knowledge and information from his surroundings. This stage is also known as the "gang age". During this stage the child consolidates his previous learning and carries forward earlier growth accomplishments. Maturity in the behavior occurs and girls mature faster than boys. At this stage, children move from egocentric (self-assertion) to socialized speech and thought. Moral development also takes place. The child's conscience (super ego) begins to develop in identification with parents. Affection, sympathy and cooperation among the group members emerge during this period. Achievement becomes a more central theme of the child's world, and self-control increases.

Adolescence Stage

Adolescence is the developmental period of transition from childhood to early adulthood, entered at approximately 10 to 12 years of age and ending at 18 to 22 years of age. Adolescence begins with rapid physical changes - dramatic gains in height and weight; changes in body contour; and the development of sexual characteristics such as enlargement of the breasts, development of pubic and facial hair, and deepening of the voice. The voice of the boy deepens and becomes harsher. The girls voice acquires shrillness and becomes sweet. There is appearance of beard and moustaches in case of boys. The beginning of adolescence is marked by puberty, a flood of biological events, leading to an adult-sized body and sexual maturity. Adolescence is the age of emotional upheavals. There is no serenity of mind for him. Period of adolescence is marked as period of stress and storm. It is a period of maximum growth and intellectual development. Intelligence reaches its climax during this period; Intellectual power like logical thinking, abstract reasoning and concentration are almost developed up to the end of this time. During adolescence period the span of attention increases, memory is also developed. Adolescents become markedly interested in all forms of group activities as well as in one or more intimate friends. They become more social and take interests in social gathering.

Period of Adulthood

An individual assumes adulthood at the age of 21. By this time the physical changes accompanying adolescence are fairly complete for majority of persons. However psychological adjustment continue throughout the entire stage, but are perhaps more crucial in the 20's as the individual chooses career, life partner, establish his/her family and becomes a productive and useful members of his economic and social world. His personality and achievements are determined to a considerable extent by the kinds of experiences he had during early formative years.

The period of adulthood has been divided into three sub-stages as :

(i)   Early Adulthood

(ii)   Middle Adulthood

(iii)   Late Adulthood

Early Adulthood

It is the setting down and reproductive age, a problem age and one of the emotional tension, a time of social isolation; a time of commitments and often a time of dependency of value changes, of creativity and of adjustments to a new life partner. Personal interests in early adulthood include interest in appearance, in clothes and personal adornment; in symbols of maturity and status symbols. During this period social participation is often limited and changes in friendships, in social groupings and in values placed on popularity and leadership state are inevitable.

Middle Adulthood

Middle age is generally considered to extend from age forty to fifty. The onset is marked by physical and mental changes. Changes in interests in middle age are for less pronounced than those occurring during the earlier years, for the most part, the result of role changes. Middle aged man, as a group have a greater interest in clothing and appearance than middle aged women social interests and activities in middle age are greatly influenced by social class status and marital success.

Late Adulthood

Late Adulthood has been called the "Striking Circle" stage of family life because the most important change at this time is the reduction of the family members living under the same roof. Also called the 'empty nest period', a time of radical role changes for both men and women, it requires for greater adjustment in life patterns. The physical and psychological disturbances that accompany the menopause and male climacteric often intensify the other adjustment problems of late adulthood which, in twin, heighten these physical and psychological disturbances. Interest in religion in late adulthood is usually greater than in middle adulthood and often based on personal and social needs. Among the common hazards that affect social adjustment in later adulthood age are acceptance of the "rocking chair" philosophy about this age, an unattractive appearance, lack of social skills, preference for family contacts, financial problems, family pressures and obligations, a desire for popularity as expressed in immature patterns of behaviour and social mobility.

Old Age

Of all the stages of development, the old age is the one for which it is difficult to set a beginning age. Generally, it is assumed to begin after 55 years of age but the age varies from society to society.

Characteristics of Old Age

The characteristics of old age are as follows:

(1) Loss of general attractiveness and status because of loss of productivity in the matter of work and money. Feeling 'useless' may be the source of frustration.

(2) Deterioration of sense faculties.

(3) Loneliness.

(4) Ill health.

(5) Financial worries

(6) Decline in mental functioning

(7) Decline in Companionship.

(8) Feeling of Insecurity.

(9) Cautious, Conservative and Religious.

(10) Feeling of inadequacy, rejection.

Old age is the period of physical decline. The physical condition depends partly upon the hereditary constitution, temperament, the manner of Living and environmental factors. Face is the index of not only the mind but also of the age. Due to loss of teeth, the jaws become smaller and skin sags. The eyes seem dull and lusterless and they often have a watery loss due to poor functioning of the tear glands. The skin becomes rough and losses its elasticity, the hair becomes thin and grey, nails become thick and tough. Shoulders stoop and are either overweight or underweight. Bones harden as old age progresses. Changes in the nervous system have a marked influence on the brain. The ratio of the heart weight to body weight decreases gradually.

Due to the weakening regulatory mechanism, body temperature is affected. Therefore, the old persons feel the change in climate more profoundly than others. Eyes and ears are also greatly affected. Most old people suffer from far sightedness because of the diminishing capacity of the eyes. Loss of hearing is reater for males than for females. A decrease motor capacities in terms of strength skill, speed of reaction, time and ability to master new skills occurs with advancing age. The movements of the aged are less coordinated, they get fatigued easily. New skills are not learnt easily and there is lack of motivation.

The elderly must adjust themselves psychologically before they can make the needed adjustments in the patterns of their behavior. With ageing there is slowing down of memory and other mental abilities. There is a slipping of memory in old age loss of spouse is an oppressing psychological problem common among old. Adjustment to death of a spouse is difficult for men and women in old age because at this time all adjustments are increasingly difficult to make. Older people increasingly suffer social loss with age. Their social life is narrowed by the loss of work, death of relatives, friends and spouse and poor health, which restricts their participation in social activities. The home becomes the centre of their social life, old age ends with the death of the individual.

Every individual passes through each of these stages and every stage is built upon the previous one. The ages for some of the stages vary depending upon the variety of genetic and environment influences but sequence remains unchanged.

3.9   NEED TO STUDY DEVELOPMENT THROUGH THE LIFE CYCLE

Developmental psychologists realize that an accurate picture of the developmental pattern is fundamental to an understanding of human being. They also recognize that knowledge of what causes variations in development is essential to an understanding of each individual.

Knowing what the developmental pattern is like has scientific as well as practical value. These values are:

First, Knowledge of the pattern of human development helps developmental psychologists to know what to expect of children, at approximately what ages to

expect different patterns of behavior to appear and when these pattern will normally be replaced by more nature patterns. This is important because if too much is expected at a given age, children are likely to develop feelings of inadequacy if they do not live up to the standards their parents and teachers set for them. If, on the other hand, too little is expected of them, they are deprived of incentives to develop their potentials. Equally serious, they often build up resentments toward those who under estimate their capacities.

Second knowing what to expect enables developmental psychologists to set up guidelines in the form of height-weight scales, age-weight scales, age-height scales, mental age scales, and social or emotional development scales. Since the pattern of development for all normal individual is approximately the same, it is then possible to evaluate each individual in terms of the norms for that individual age. If development is typical, it means that the person is making normal adjustments to social expectations. Should, on the other hand, there be deviations from the normal pattern, this may be regarded as a danger signal of poor personal, emotional or social adjustments. Steps can be taken to discover the cause of the deviation and to remedy it. Should the deviation be the result of lack of opportunities to learn for example, the child can then be given learning opportunities and encouragement to use these opportunities? Third, since successful development requires guidance, knowing the developmental pattern enables parents and teachers to guide the child's learning at approximate times. A baby who is ready to learn to walk must be given opportunities practice walking and encouragement to keep on trying until the walking skill has been mastered. Lack of opportunity and encouragement may delay normal development.

Fourth, knowing what the normal developmental pattern makes it possible for parents and teachers to prepare children ahead of time for the changes that will take place in their bodies, their interests, or their behavior. For example, children can be prepared for what will be expected of them when they enter school. While this psychological preparation will not eliminate all tensions that come from such a radical adjustment, it will go a long way toward minimizing them.

Practical Significance of Predicting Development

It is possible to predict at a fairly early age what the child's adult physique

will be.

Educational plans can be based on the child's early intellectual aptitudes.

At every stage of development, the individual can be prepared for the next stage.

Early physical, intellectual and personality development give clues as to what the child may be able to do vocationally in adulthood. These clues can be used by parents and teachers for planning the training for the child's future vocation.

3.10 CHAPTER SUMMARY

Development is the sum total of all qualitative and quantitative changes in the life of an individual leading to maturity. It follows certain rules which are known as principles.

In this chapter, we studied 10 basic rules that this process follows. Development is related to and dependent upon many factors. We classified these as external and internal factors and studies how each of these affect this process.

3.11 SELF-ASSESSMENT EXERCISE

Q.1. What do you mean by the terms growth and development?

Q.2. List the various principles of growth and development.

Q.3. List the internal factors affecting growth and development.

Q4. List the external factors affecting development.

3.12 GLOSSARY

Growth – Quantitative changes in size, shape and proportions of body Refers to the physical aspect. Can be easily measured and assessed.

Development – Refers to both quantitative and qualitative changes. Defines as a progressive series of orderly, coherent changes leading towards the goal of maturity.

Cephalocaudal – The pattern of development that proceeds from head to toes.

Proximodistal – The direction of development in this case is from centre (spinal cord) to the outer branches.

3.13   SUGGESTED FURTHER READINGS

1.   Berk. L.E. (1993): Infants, Children and Adolescents. USA: Allyn and Bacon.

2.   Pikunes, J. (1976): Human Development: An emergent science: McGraw Hill.

3.   Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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HOME SCIENCE	UNIT - I
	LESSON NO. 4

THEORIES OF HUMAN DEVELOPMENT : FREUDS PSYCHOSEXUAL THEORY

STRUCTURE

4.1 Objectives

4.2 Definition Purpose and Characteristics of a Good Theory.

4.3 A psychoanalytical Approach to Human Development Freudian Approach

4.4 Basic Freudian ideas: Level of Personality Defense Mechanisms

4.5 Freud's Psychosexual Stages

4.6 Evaluation of Freud's Theory

4.7 Summary

4.1 OBJECTIVES

After going through this lesson the student will be able to understand

- Meaning and nature of their

- Psychoanalysis and basic Freudian ideas.

- Freuds Psychosexual stages of human development

- Critical evaluation of the theory.

4.2 DEFINITION

A theory is essentially a description and explanation of observations. It is basically a systematic, organized collection of statements intended to explain important observations.

Purposes of a Theory

The purpose of theories is to explain explanations is important, if we can explain something, we might be able to make predictions about it and be able to control certain outcomes. Besides, theories have a practical aspect too, they are one of sciences primary guides for doing research. They tell the researcher where and how to look for personality and cognitive change in life-span and indicate why it might be important to look for that change.

Characteristic or criteria to judge a good theory according to Thomas (1996) are:

a) If it accurately reflects the facts

b) If it is expressed in a clearly understandable way

c) If it is useful for predicting future events as well as explaining part ones.

d) is applicable in practice sense

e) is constituent within itself rather than self-contradictory

f) is not based on consumptions (unbroken benefits)

4.3 PSYCHOANALYTICAL APPROACH TO HUMAN DEVELOPMENT (FREUDIAN PERSPECTIVE)

Psychoanalytical approach advanced by Sigmund Freud is one of the best known of all psychological theories. It is called psychoanalytical because of Freud's emphasis on analyzing deep-seated, internal forces and conflicts based on the assumption that the principal causes of human behavior and personality are unconscious forces within individual. Freud believed that these forces lead to conflict between desires and conscience root of mental disorders. Psychoanalytical

techniques like free association, dream analysis, hypnoses help patients understand unconscious desires describe and resultant conflicts. Although the principle usefulness of this theory has been the treatment of mental disorder, but much of the theory is developmental. Although the fundamental belief of this theory are no longer but they have had a profound influence on the thinking of later theories. Freudian theory since developed in the Victorian era which was area of extreme sexual repression & and are masculine domination, so there cultural factors greatly influenced the theory reflected in the significance attributed to sexual motives and behaviors.

4.4. BASIC FREUDIAN IDEAS

Among the most fundamental ideas is the notion that human behavior and development are motivated by two powerful tendencies.

a) Urge to survive and

b) Urge to procreate

Survival instinct is often of secondary importance because it is not endangered by the environment but because the urge to procreate is often discouraged and even prevented so sexuality is of tremendous important in Freud's description of human development. Sexuality is a very broad term in Freud's writings e.g. eating; thumb sucking, affection, love and sex as well. These ranges are so important that they are given a special term "libido It is a sources of energy or sexual urges which are themselves referred to as libidinal urges in Freud's theory. Satisfaction of sexual impulses need not al s involve the sexual regions of the body.

Levels of Personality

According to Freud the human development occurs in 3 broad stages reflected in different aspects (levels) of personality

i) ID

ii) EGO

iii) SUPERGO

ID: Freudian Infant is all instincts and reflexes (unlearned tendencies). A bundle of energy seeking almost desperately to satisfy urges that stem from the need to survive and to procreate. These urges, labeled as ID are a

(a) Life time source of psychic energy (the urges and desires that account for beh.). ID works on pleasure principle (immediate satisfaction of needs) with no sense of reality, no conscience and obeys no internal moral rules that control behavior. Hungry child does not bother for the time to eat. Immediately wants milk.

EGO: The child's instinctual needs constantly come into collision with the reality eg child increases that can't be fed whenever he feels hungry since the mother is busy elsewhere this constant conflict between ID and reality develops the second level of personality i.e. EGO. The EGO is rational, intellectual level of human personality. ID wants immediate gratification, EGO channels these desire into profitable direction for the individual, it is to be noted that both the levels of personality represented by the ID and the EGO are not in opposition, they work together forwards the same goal i.e. satisfying the needs & urges of the individual.

SUPEREGO: The level of personality, i.e. SUPEREGO, sets itself up in opposition to the ID and the EGO. Although it develops from contact with reality but is more similar with the social rather than physical reality and it relates to moral aspects of personality (conscience). It is not developed until early childhood and is resulted principally from identifying with their parents specially like sexed. In the process of identifying the children learn the religious and cultural rules that govern their parent's behavior and such rules than become part of child's super EGO. Mostly moral rules of SUPERGO comes in conflict with the urges of ID. This conflict between ID and SUPEREGO accounts for much deviant beh. (Acc to Freud)

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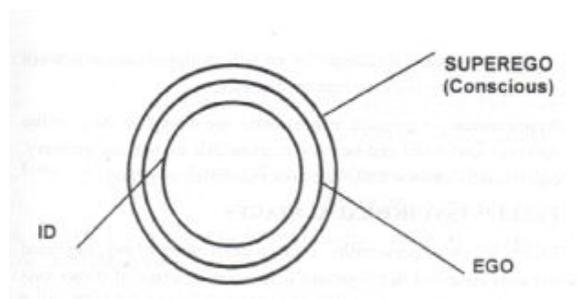
Defense Mechanism

These are mechanisms which are irrational and at times unhealthy method that many people use to compensate their inability to sates by demands of ID. These are convened by the EGO as it attempt to establish bear between ID & superego. Although these are used by everybody at one point of time or the other in once life, but the exclusively used defense mechanisms by disturbed personalities make them unhealthy undentanding of defense mechanism are important for understanding disturbed personalities commonly used defense mechanism are

1. **Displacement:** Undesirable emotions are directed towards a different object e.g. a man angry at his wife kicks his dog.

2. **Reaction Formation:** Behavior Opposite to ones feeling e.g. most aspired achievable target projected as a undesired aim not worth it

3. **Intellectualization:** Behavior stepped of its emotional meaning e.g. mercenary who fears that enjoyment of his work is unhealthy convinces oneself that he is moved by his duty and not by love of killing.

4. **Projection:** Attributing ones desirable feeling or inclinations to others. e.g. person jealous of a competitor attributes that competitor is Jealous of him.

5. **Denial:** Reality is distorted to make it conform to the individual 'swishes e.g. smoker deciding that no substantial evidence is there linking nicotine with the human diseases.

6. **Repression:** Unpleasant experiences: are stored up deep in the subconscious mind and become inaccessible to waking memory. e.g. sexually abused child does not remember anything.

4.5 FREUD'S PSYCHOSEXUAL STAGES

Freud's levels of personality is also a description of psychosexual development psychosexual development is defined in terms of stages that are distinguished by different objects and activities relating to satisfaction of during salving that stages.

The description about the stage its period and characteristics is given as bellows

Stage	Age	Characteristics
ORAL	0-18	— Source of pleasure includes smoking biting, swallowing/playing with lips
		— Immediate gratification of impulses
		— Id is dominant
ANAL	18 month	— source of sexual gratification includes expelling & retaining feces as well as urinating.
		— Both ID and Ego works
PHALIC	2 to 3-6years	— Concerned with the genitals source of pleasure involves manipulation of genitals
		— Oedipus & Electra-complex develops
		— All three levels of personality works viz ID, EGO & superego.
LATENCY	6 to 11years	— Loss of interest in sexual gratification
		— Identification with like sexed parent
		— ID, EGO & superego works
GENITAL	11 years and older	— concerned with Adult modes of semal pleasure, baring fixations and regressions

The level of each stage reflects changes in the areas of sexual satisfactions the child matures.

4.6 EVALUATION OF FREUD'S THEORY

Strengths of Freud's Theory: It is one of the most comprehensive and influential of all psychological theories (Hofer 1981). Realize the importance of

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childhood experiences and its impact on personality development. It has profound influence on development of other theories like Erikson though not accepted it.

Criticism of Freud's theory apine that it is weak from scientific point of view, based on observations and not subjected to analysis. It also paints a dark, picture of human nature, the behavior primarily controlled by unconscious forces not in control-explanation of Freud's stages of Psychosexual development.

1. **Oral period:** This stage lasts through infancy (till the age of 18th month). It is characterized with the infant's preoccupation with the mouth and sucking. Id is dominant during this stage. The child seeks constant gratification of impulses and is incapable of delaying gratification.

2. **Anal period:** Here the area of general gratification shifts from oral to anal region. Gradually develops control over bowel movements and derives pleasure by holding faces against mother's wishes. And there is a conflict between pleasure derivation and environmental demands. The development of ego is important this stage.

3. **Phallic Stage:** Here the zone of sexual gratification shifts from anal to genital region. Children drive pleasure by manipulating their genital. Another significant feature of this stage is development of Oedipus and Electra complex in males of females respectably. The awareness of the genital areas leads the male child to desire his mother and unconscious wish to replace his father and other way around for girls.

4. **Latency stage:** is marked by a loss in sexual interest and continued identification with the sex linked parent. In this way child begins to develop superego.

5. **Genital stage:** This age develops the normal hetrosome attachments leading to characterize normal adult sexual relationship. Superego (conscience) which was previously rigid and tyrannical becomes progressively more flexible with increasing maturity of human beings. Besides, he is also been criticized to use the simple and important concepts like unconsciousness, in confusing and ambiguous ways. Leading to contradictory predations

and placing excessive emphasis on sexual and aggressive impulses. Freud initially thought that development applied primarily to male child, females are after given lastingly and incomplete after thoughts.

In spite of these criticisms, the Freudian contribution in no ways can be underestimated. It has provided rich basis for understanding human personality and it remains the single most important guide for mental health practitioners in clinics and in hospitals.

4.7 LET US SUM UP

Present theory (Freudian) is based on the assumption among the most fundamental Freudian ideas is the notion that human behavior and development are motivated by two powerful tendencies. The urge to survive and urge to procreate. Survival instinct is secondary to sexual instinct which is after discouraged and even prevented which is of tremendous importance is Freud's description of human development.

4.8 SELF ASSESSMENT EXERCISE

Q1.   Critically analyze the contribution of Freud's theory.

Q2.   Describe briefly the various aspects of personality described in different stages of Human Development.

4.9 SUGGESTED READINGS

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THEORIES OF HUMAN DEVELOPMENT: ERIKSONS PSYCHO-SOCIAL THEORY

STRUCTURE

5.1 Objectives

5.2 Similarity and departure of this theory from the Freud's Psychosexual theory

5.3 Psycho-social stages of human development (Erikson) and principal developmental tasks, important influences and virtues developed.

5.4 Erikson's Psychological stages and corresponding Freudian Psychosexual stage.

5.5 Analysis of Erikson's theory

5.6 Summary

5.1 OBJECTIVES

After going through this lesson, the student will be able to understand:

a) points of similarity and difference with the Freud's theory and corresponding stages too

b) Erikson's stages of human development and developmental task involved during each stage.

c) Major influences at each stage and positive and negative virtues developed during each stage. The say it is handled.

d) Criticism and strengths of the theory.

5.2 ERIKSON'S AND FREUD'S THEORY OF LIFE-SPAN DEVELOPMENT

Inspired heavily by the Freud's Psychoanalytical views and drawn heavily from Freud's work departs from it in important ways.

1) Erikson downplays the importance of sexuality and importance of conflicts involving ID, Ego, and Super ego in determining personality and mental health instead. Emphasizes the Importance of child's social environment and hence his theory is known as psychosocial rather than psychosexual.

2) Erikson's theory in contract from Freud's theory emphasizes on the role of the Ego rather than superego. Hence this is more positively oriented with the development of healthy Ego (identity) in Erikson sterns rather than with the resolution of power internal conflict.

3) Eriksson concern with the healthy personality in contrast to the pathology or clinical picture of man portrayed by Freud is the third point of departure / difference between his and Freud's work.

5.3. ERIKSON'S PSYCHOSOCIAL STAGES OF HUMAN DEVELOPMENT

Erikson has described human development in eight stages. Each stage involves a basic conflict, brought about primarily by a need to adapt to the social environment. Resolution of this conflict leads to development of sense of competence for positive development at each stage there are different inspiring forces.

Brief outline of each stage is given as below:

Description of how management of environment at each stage leads to acquiring developmental tasks and developing positive attributes in personality.

Stage	Developmental Task	Influences
Eriksons Stages and conflict with environment Stage I Trust Vs. Mistrust 0-18 months	Principle developmental task -developing trust in the world to explore it	Influences+ve development Basically mother: her warm loving interaction
Stage II Autonomy Vs Shame and doubt (18 months to 2 to 3 years)	-developing feeling of control over behaviour and realizing that intensions can be acted out.	Supportive parents, imitation

Stage III (2 to 3-6 years) Initiative Vs guilt	-developing sense of self though identification with parents and responsibility for ones own actions.	Supportive parent's and identification
Stage IV Industry Vs inferiority (6-11 years)	-developing sense of self through interaction with peers .	School, friends, teachers, learning and education and encouragement
Stage V Identity Vs identity diffusion (11 Years and older)	-developing strong sense of identity of Ego (self), relating among potential selves.	Peers, role models and social pressure
Stage 6Intimacy Vs isolation (young adulthood)	Developing close relationship with others Achieving intimacy required for marriage.	Spouse, colleague, partners and society
Stage 7 Generatively Vs self-oborbtion (adulthood)	Assuming responsible adult roles in the community; contributing being worthwhile	Spouse, children friends, colleagues and community
Stage 8Integrity Vs despair (older adulthood)	Facing-death overcoming potential despair, coming to terms with meaningfulness of life.	Friends, relatives, children, spouse, community and religious support

Stage 1 : As an infant child is faced with a conflict between mistrust of the world about which little is known and inclination to develop trusting attitude towards the world hence trust Vs mistrust. The successful resolution of the conflict at this stage largely depends upon the relationship with the primary care giver i.e. mother. If needs of a child are met. Handled with care and affection it leads to the realization that the world is predictable safe and loving. If the world is unpredictable and care giver is rejecting. Infant may grow up to the mistrustful and amious.

Stage 2 : During infancy child primarily reacts to the environments. But during stage 2 child begins to realize that child is the author of one's own actions and can carry out behaviors they intend and develop a sense of autonomy but this virtue is threatened (conflict) by child's inclination to avoid responsibility of one's own-actions and go back to comfort and security characterised in the 1st stage hence Autonomy Vs Shame. Parents should encourage attempts to explore and provide opportunities for independence over protectiveness can lead to doubt and uncertainty. Although autonomy surmounts earlier doubts and fears, the conflict between the

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need to be autonomous and huge to remain dependent continues throughout the entire lifespan.

Stage 3: By stage two the child has discovered that they are somebody by next stage, they must discover who they are Erikson an child does so by attempting to be like their parents with their increased exploration with the environment by virtue of movement and language acquired during this stage. the child, needs to develop a sense of initiative with respect to their behavior they are autonomous as well as responsible for initiating behavior, parents and the family which are the central influences at this stage. It is important for them to encourage the young child's initiative and nurture sense of responsibility. Otherwise they may develop a feeling of guilt.

Stage 4: It is marked by the child's increasing need to interact with and be accepted by the peers. It is crucial for them to discover that they have identity and are competent. The successful resolution of the conflict arisen at this stage depends on the responses of the significant agencies like schools and teachers to child's efforts. Recognition and praise will develop positive self concept whereas child is demeaned, seldom praised or rewarded, can lead to developing sense of inferiority so, industry is inferiority.

Stage 5: At this stage of development that task is the development of a sense of identity Ego becomes more evident. A notion of not what one is but rather what one can be is developed and conflict resides in the various possibilities open to the child which are magnified by the variety of models in the environment conflict over the choice leads to diffusion of identity hence called identity Vs diffusion of Identity.

Stage 6/7 and 8 : Adulthood : During these stages if the person is able to develop intimacy with the partner, find purposeful activities and finds sense and purpose in life the conflict is resolved otherwise can lead to isolation, self absorption arid despair.

5.4. ERIKSON'S PSYCHOSOCIAL AND FREUD'S PSYCHOSEXUAL STAGES

Erikson's initial 5 stages of development are similar to Freud's 5 stages of development. Freud's theory ends at adolescent level whereas Erikson's theory

continues through the entire life span. Another point of departure between the two theories is that Freud emphasized trust on severalty in the development of a child whereas Erikson's emphasized on child's social environment, his theory is psychosocial rather than psychosexual.

5.5 CRITICAL ANALYSIS OF ERIKSONS THEORY OF PSYCHOSOCIAL DEVELOPMENT

Erikson describes the development in terms of conflicts between abilities and inclinations that oppose them. Resolution leads to development of particular competency. But actually resolution is never complete / perfect it continues throughout the succeeding stage. Also, the age is been assigned to each stage but ages do little more than indicating general development sequence specially during adulthood when important social, physical and emotional events occur at widely varying ages illness, children leaving home, death. Although, some of the important social physical changes during childhood are more predictable, hence the age tied to the psychosocial crisis of childhood are more execute than adulthood.

5.6. LET US SUM UP

Erikson like Freud's theory does not end itself well to experimental validation. It provides general framework for describing and interpreting some of the major changes and its usefulness rests upon examining the lives of individuals within the context of the theory.

5.7. SELF ASSESSMENT EXCERCISE

1)   Discuss the psychosocial stages of human development

2)   Briefly discuss the psychosocial and psychosexual theory of development.

PIAGET'S COGNITIVE DEVELOPMENT THEORY

STRUCTURE

6.1 OBJECTIVES

After going through this lesson, the student should be able to

- Understand cognitive development

- Know the cognitive development stages as given by piaget.

- Know the cognitive developmental sub stages during the sensirometer period.

- Understand cognitive development during pre-operational stage.

- Understand development of decentring ability and concept of reversibility during concrete operational stage.

- Understand how adolescents develop the ability to think abstractly.

6.2. INTRODUCTION

No single person has had a greater impact on the study of cognitive development than Jean Piaget (1896-1980), a Swiss scholar who began to study children intellectual development during the 1920 Piaget proposed that all people passed in a fixed sequence through a series of universal stages of cognitive development. He suggested that in each stage, not only the quantity of information increases but the quality of knowledge and understanding also changes. This focus was on the change in cognition that occurred as children move from one stage to the next.

Piaget's lifelong interest in cognitive development (the development of intellectual processes) emerged when he started working on the standardized intelligence test in Paris at Alfred Binet Laboratories. He noticed that children of about same age were producing the same kind of wrong answers. Then, by questioning children to find out how they were thinking about the problems presented to them, he began to realize that younger children do not simply know less than older children do; their thought processes are completely different. Eventually, Piaget developed a theory to account for changes in thinking from infancy to adolescence.

6.3. PIAGET'S THEORY OF COGNITIVE DEVELOPMENT

Piaget suggested that human thinking is arranged into schemes. Organized patterns that represent behavior and actions. In infants, such schemes represent concrete behavior - a scheme for sucking. for reaching and for each separate behavior. In older children, the schemes become more sophisticated and abstract. Schemes are like intellectual computer software that directs and determines how

data from the world are looked at and dealt with. For example:when you pick up a ball, you use your picking up scheme. To throw it to someone, you use your looking scheme, your aiming scheme, and your throwing scheme. Piaget proposed that each of us begins life with a small repertoire of sensory and motor schemes. such as looking, tasting, touching, hearing and reaching. As we use each scheme, it becomes better adapted to the world i.e. it works better.

We possess mental schemes. as well, most of which develop in childhood and adolescence. Mental schemes allow us to use symbols and think logically.

6.4 COGNITIVE DEVELOPMENT

Piaget proposed three process to explain how children get from built-in schemes such as looking and touching to the complex mental schemes used in childhood, adolescence and adulthood. The process include:

(i)   Assimilation

(ii)   Accommodation

(iii)   Equilibration

(i) Assimilation is the process in which people understand an experience in terms of their current stage of cognitive development and way of thinking. Assimilation occurs, when a stimulus or event is acted on, perceived, and understood in accordance with existing patterns of thought. For example. an infant who tries to suck on any toy in the same way is assimilating the objects to his existing sucking scheme.

(ii) Accommodation refers to changes in existing ways of thinking that occurs in response to encounters with new stimuli or events. When existing ways of behaving, thinking, and understanding become altered to fit or match novel experiences. Accommodation takes place. For instance, around them. Yet they are still not capable of operations: organized, formal, logical mental process. It is only at the end of the preoperational stage that the ability to carry out operations comes into play. According to Piaget, a key of pre-operational thought is symbolic function, the ability to use a mental

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symbol, a word, or an object to stand for or represent something that is not physically present. e.g. during this stage, preschoolers can use a mental symbol for a car and they likewise understand that a small toy car is representative of the real thing.

During the preoperational stage, the cognitive development is marked by:

a) Centration

b) Egocentrism

c) Incomplete understanding of transformation

d) Emergency of Institute thought

e) Conservation

a) Centration is the process of concentrating on one limited aspect of a stimulus and ignoring other aspects e.g. when preschoolers are shown two rows of buttons one with 10 buttons that are closely spaced together and the other with 8 buttons spread out to form a longer row and are asked which row contains more buttons, children who are 4 to 5 usually choose the row that looks longer, rather than the one that actually contains more buttons. This is inspite of the fact that children at this age know quite well that 10 is more than eight.

b) Ego centrism is the inability to take others' perspective preschoolers do not understand that others have different perspectives from their own e.g. A 4 year old who is given an unwanted gift of socks when he was expecting something more desirable may frown and scowl as he opens the package, unware that his face can be seen by others and may reveal his true feeling about the gift.

c) Incomplete understanding of transformation : Transformation is the process in which one state is changed into another e.g. If a pencil that is held upright is allowed to fall down, it passes through a series of successive stages until it reaches it final, horizontal resting spot. In contrast children in preoperational period are unable to recall the successive transformations that the pencil

followed in moving from upright to horizontal position. They normally draw upright and horizontal positions and ignore the intermediate steps.

d) Emergence of intuitive thought: Intuitive thought refers to preschooler's use of primitive reasoning and their avid acquisition of knowledge about the world. From about age 4 through 7, seek out the answer to a wide variety of questions.

e) Conservations is the knowledge that quantity is unrelated to the arrangement and physical appearance of .objects. During the preoperational period, preschoolers are unable to understood that changes in one dimension (such as appearance) do not necessarily mean that other dimension (such as quality) are changed.

6.8 CONCRETE OPERATIONAL PERIOD

About the time children start elementary school, their minds undergo a transformation. The concrete operational shape occurs between 7 and 12 years of age and is characterized by the active and appropriate logical operations to concrete problems. e.g. when children in this shape are confronted with a conservation problem (such as determining whether the amount of liquid poured from one container to another container of a different shape stays the same), they use cognitive and logical processes to answer, no longer being influences solely by appearance. Consequently, they easily and correctly solve conservation problems. Because they are less egocentric, they can take multiple aspects of a situation into account an ability known as decentring.

During this period, the children attain the concept of reversibility, which is the notion that process that transforms a stimulus can be reversed, returning it to its original form. It helps them to understand that a ball of clay that has been squeezed into a long, snakelike rope can be returned to its original state. It also permits them to understand such concepts as the relationship between time and speed. The children are still unable to understand truly abstract or hypothetical questions or ones that involve formal logic.

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6.9 FORMAL OPERATIONAL PERIOD

Formal operations period is the stage at which people develop the ability to think abstractly. Most people reach it at the start of adolescence around the age of 12 years.

During this period the adolescents are able to consider problems in the abstract rather than in concrete terms. They are able to test their understanding by systematically carrying out rudimentary experiments on problems and situations, and observing what their experimental interventions" bring about.

Formal operations are mental actions on ideas and it involves more systematic and scientific approaches to problem solving. It involves being able to think systematically about hypothetical ideas and abstract concepts.

6.10 SUMMARY

Jean Piaget's cognitive developmental theory is a strict stage theory in which mind is described as undergoing a series of evolutionarily determined reorganizations. According to his theory, infants progress through six substances of sensorimotor stage by perceiving and acting on the world : from reflexes, to repeated actions (primary and secondary circular reactions) to experimentation (tertiary reactions) and, finally to the ability to engage in symbolic or representational thought. This symbolic capacity permits full mouthed of the concept that objects exist apart from our perceptions. Understanding depends on schemes (at first action patterns) with which the child as similals and accommodates new knowledge. The individual always adheres to the principle of equilibration, continually string for a balance between internal schemes and the outside world.

In Piaget's preoperational stage (ages 2-7) children make many uses of their symbolic capacity but are limited by their dependence on appearances, lack of logical mental operations and egocentrism. ' tail to grasp the concept of conservation because they engage in centration, irreversible thinking and static thought.

School aged children enter the shape of concrete operations (ages 7-11) and begin to master conservation tasks: they can think about relations, grasping seriation and transitivity.

Adolescents often show the first signs of formal operations at 11 or 12 years and Rater master the hypothetical-deductive reasoning skills required to solve scientific problems. Cognitive changes result in other developmental advances and may also contribute to confusion, rebellion, idealism and adolescent egocentrism.

6.11 SELF ASSESSMENT EXCERCISE

1. Write in brief the sub stages of sensorimotor period.

2. How does Piaget interpret cognitive development during preoperational stage?

3. How do children develop cognitively during the age of 7 to 12 years?

4. In what ways cognitive development proceed during adolescence?

5. Discuss Piaget's contribution to human development.

6.12. REFERENCE

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Sharma R.N.   -   Developmental Psychology

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HOME SCIENCE	UNIT - II
	LESSON NO. 7

COURSES OF PRENATAL DEVELOPMENT, OVERVIEW OF BIRTH PROCESS AND COMPLICATIONS, CONDITIONS AFFECTING PRENATAL DEVELOPMENT, HAZARDS DURING PRE-NATAL DEVELOPMENT

STRUCTURE

7.1 OBJECTIVES

This lesson aims to help the student to understand:

1. Different stages of prenatal development

2. Birth process and its complications.

3. To study the conditions affecting prenatal development.

4. To make students understand about hazards of prenatal period.

7.2   INTRODUCTION

Prenatal development is commonly divided into three main periods: germinal, embryonic and fetal.

The Germinal Period

The germinal period is the period of prenatal development that takes place in the first 2 weeks after conception. It includes the creation of the zygote, continued cell division, and the attachment of the zygote to the uterine wall. By approximately week after the conception, the zygote is composed of 100 to 150 cells. The differentiation of cells has already commenced as inner and outer layers of the organism are formed. The blastocyst is the inner layer of cell that develops during the germinal period. These cells later develop into the embryo. The trophoblast is the outer layer of cells that develops during the germinal period. It later provides nutrition and support for the embryo. Implantation, the attachment of the zygote to the uterine wall, takes place about 10 days after conception.

The Embryonic Period

The embryonic period is the period of prenatal development that occurs from 2 to 8 weeks after conception. During the embryonic period, the rate of cell differentiation intensifies support system for the cells form and organs appear. As the zygote attaches to the uterine wall, its cell form two layers. At this time, the home of the mass of cells changes from zygote to embryo. The embryo's endoderm is the inner layer of cells, which will develop into the digestive and respiratory systems. The outer layer of the cell is divided into two parts. The ectoderm is the outermost layer, which will become the nervous system, sensory receptors (ears, nose and eyes for example) and skin parts (hair and nails, for example). The mesoderm is the middle layer, which will become the circulatory system, and reproductive system. Every body part eventually develops from these three layers.

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The endoderm primarily produces internal body parts, the mesoderm primarily produces parts that surround the internal areas, and the ectoderm primarily produces surface parts.

As the embryo's three layers form, life-support systems for the embryo mature and develop rapidly. These life support systems include the placenta, the umbilical cord, and the amnion. The placenta is a life support system that consists of a disk shaped group of tissues in which small blood vessels from the mother and the offspring intertwine but do not join. The umbilical cord is a life-support system, containing two arteries and one vein, that connects the baby to the placenta. Very small molecules-oxygen, water, salt, food from the mother's blood, and carbon dioxide and digestive wastes from the embryo's blood-pass back and forth between the mother and infant. Large molecules cannot pass through the placental wall; these include red blood cells and harmful substances such as most bacteria, maternal wastes and hormones. The amnion, a bag or envelope that contains a clear fluid in which the developing embryo floats, is another important life-support system. Like the placenta and umbilical cord, the amnion develops from the fertilized egg, not from the mother's own body. At approximately 16 weeks, the kidneys of the fetus begin to produce urine. This fetal urine remains the main source of the amniotic fluid until the third trimester, when some of the fluid is excreted from the lungs of the growing fetus. Although the volume of the amniotic fluid increases tenfold from the 12th to the 40th week of pregnancy, it is also removed in various ways. Some is swallowed by the fetus and some is absorbed through the umbilical cord and the membranes covering the placenta. The amniotic fluid is important in providing an environment that is temperature and humidity controlled, as well as shock proof.

Some Important Embryonic Development

In the third week, the neural tube that eventually becomes the spinal cord forms. At about 21 days, eyes begin to appear and at 24 days the cells for the heart begin to differentiate. During the fourth week, the first appearance of the urogential system is apparent, and arm and leg buds emerge. Four chambers of the heart take shape, and blood vessels surface. From the fifth to the eighth week, arms and legs

differentiate further; at this time, the face starts to form but still is not very recognizable. The intestinal tract develops and the facial structures fuse. At 8 weeks, the developing organism weighs about one-thirtieth of an ounce and is less than 1 inch long. Organogenesis i.e. the process of organ formation that takes place during the first 2 months of prenatal development when organs are being formed, they are especially vulnerable to environmental changes.

The Fetal Period

The fetal period is the prenatal period of development that begins 2 months after conception. Growth and development continue their dramatic course during this time. Three months after conception, the fetus is about 3 inches long and weighs about 1 ounce. It has become active, moving its arms and legs, opening and closing its mouth, and moving its head. The face, forehead, eyelids, nose and chin are distinguishable, as are the upper arms, lower arms, hands and lower limbs, and the genitals can be identified as male or female. By the end of the fourth month, the fetus has grown to about 5½inches in length and weighs about 4 ounces. At this time, a growth spurt occurs in the body's lower parts. Prenatal reflexes are stronger; arm and leg movements can be felt for the first time by the mother. By the end of the fifth month, the fetus is about 12 inches long and weighs ½ to 1 pound. Structures of the skin-toenails and fingernails, for example have formed. The fetus is more active, showing a preference or a particular position in the womb. By the end of the sixth months, the fetus is 11 to 14 inches long and already has gained another half pound to a pound. The eyes and eyelids are completely formed, and a fine layer of hair covers the head. A grasping reflex is present and irregular breathing occurs. By the end of the seventh month, the fetus is 14 to 17 inches long and has gained another pound, weighing about 2½ to 3 pounds. During the eighth and ninth months, the fetus grows longer and gains substantial weight-about another 4 pounds. In these last 2 months, fatty tissues develop and the functioning of various organ systems-heart and kidneys, for example - steps up.

7.3 OVERVIEW OF BIRTH PROCESS

After a long journey of prenatal development, birth takes place. Birth is both a beginning and an end. The climax of all that has happened from the moment

of fertilization through 9 months of growth in the womb, the uterine contractions that expel the fetus begin as mild tightening of the uterus, each lasting 15 to 25 seconds. A woman may have felt similar contractions from time to time during the final months of pregnancy, but she can often recognize birth contractions as the "real thing" because of their greater regularity and intensity.

Child birth, takes place in three overlapping stages. The first stage, which is the longest, lasts an average of 12 to 24 hours for a woman having her first child. During this stage uterine contractions cause the cervix to widen until it becomes large enough for the baby's head to pass through, a process called dilation. At the beginning of this, stage, the contractions occur about every 8 to 10 minutes and lost 30 seconds. Toward the end of labor they may come every 2 minutes and last 60 to 70 seconds. Women who have prepared for child birth through special classes learn certain breathing techniques to make labor more comfortable.

The second stage, which typically lasts about 1½ hours, begins when the baby's head begins to move through the cervix into the vaginal canal and it ends when the baby emerges completely from the mother's body. During the second stage, the 'prepared' mother bears down hard with her abdominal muscles during each contraction helping the baby in its efforts to leave her body. At the end of this stage, the baby is born. The umbilical cord, which is still attached to the placenta, is cut and clamped.

During the third stage, which lasts only a few minutes, what is left of the umbilical cord and the placenta are expelled.

7.4 TYPES OF BIRTH

1. **Natural or Spontaneous birth:** Spontaneous birth is usually referred to as "natural" childbirth because it occurs without aid and with a minimum of or no medication of the mother. In this type of birth, the position of the fetus in the mother's uterus and the size of the fetus make it possible for the fetus to emerge head first. After the head, one shoulder and then the other appear as the fetal body rotates slowly in the birth canal. Next the

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arm emerges, one at a time and finally the legs.

2. **Instrumental Birth:** If the fetus is too large to emerge from the mother's body spontaneously or if its position in the uterus is such that it makes normal birth impossible. Surgical instruments must be used to aid in delivery.

3. **Breech Birth:** The fetal buttocks appear first, followed by the legs, the arms and finally the head. If the position of the fetus cannot be changed before the birth process begins, instruments must be used to aid the delivery.

4. **Transverse- Presentation birth:** The fetus lies crosswise in the mother's uterus. If this position cannot be changed before the birth process begins, instruments must be used.

5. **Caesarean-section birth:** When the fetal body becomes too large to pass through the birth canal without a prolonged and difficult labor, even when instruments are used the fetus is delivered surgically by making a slit in the material abdominal wall.

7.5 DELIVERY COMPLICATION

Complications can accompany the baby's delivery. Precipitate delivery is a form of delivery that takes place too rapidly. A precipitate delivery is one in which the baby takes less than 10 minutes to be squeezed through the birth canal. This deviation in delivery can disturb the inputs normal flow of blood and the pressure on the infant's head can cause hemorrhaging. On the other hand, anoxia, the insufficient supply of oxygen to the infant, can develop if the delivery takes too long. Anoxia can cause brain damage.

The breech position is the baby's position in the uterus that causes the buttocks to be the first part to emerge from the vagina. Normally, the crown of the baby's head comes through the vagina first, but in I of every 25 babies, the head does not come through first. Breech babies heads are still in the uterus when the rest of their bodies are out, which can cause respiratory problems. Some breech babies cannot be passed through the cervix and must be, delivered by cesarean section.

A cesarean section is the surgical removal of the baby from the uterus. A cesarean section is usually performed of the baby is in a breech position, if it is lying crosswise in the uterus, if the baby's head is too large to pass through the mother's pelvis, if the baby develops complications, or if the mother is bleeding vaginally. The benefits and risks of cesarean section delivery are debated. Cesarean section deliveries are safer than breech deliveries, but a higher infection rate, a longer hospital stay, greater expense and the stress that accompanies are surgery characterize cesarean section deliveries.

7.6 CONDITIONS AFFECTING PRENATAL DEVELOPMENT HAZARDS DURING PRENATAL

Development

The environment in which the child lives before birth the mother's uterus determines whether the fetus will follow nature's timetable. Normally, conditions within the uterus are ideal for the development of a healthy child. Marked variations may spell trouble. Any injurious agent introduced through the placental bloodstreams can disturb the uterine environment.

Various influences in the prenatal environment affect different features differently. Some environmental factors that are teratogenic, or birth-defect producing, in some cases have little or no effect in others. Research suggests that the timing of an environmental event, its intensity and its interactions with other factors are all relevant.

Following are the Conditions Affecting Prenatal Environment:

Maternal Nutrition

The unborn child's nourishment comes from the maternal bloodstream through the placenta. The mother's diet must contain sufficient proteins, Fats and carbohydrates to keep the child healthy. A well balanced daily diet for pregnant women includes food from each of the seven basic groups: protein (meat & meat alternatives), dairy products, bread and cereals, fruits and vegetables rich in vitamin C, dark green vegetables, other fruits & vegetables including yellow ones rich in vitamin A) and fats and oils. Women need to eat more than usual when pregnant,

typically, 300 to 500 more calories a day including extra proteins.

Vitamins Deficiency:

Deficiency of vitamins, C, B-6, B-12, D, E and K is especially likely to interfere with the normal pattern of prenatal development.

Maternal Health:

Maternal health conditions that are known or believed to have the greatest affect on the unborn child include endocrine disorders, infectious diseases (especially rubella and the venereal diseases), and prolonged diseases and prolonged under or overweight.

RH factor

In compatibility between the maternal and paternal blood types causes damage to the cells of the fetal. This leads to physical or mental complications often serious enough to result in death or permanent injury to the child.

X-Ray and Radium

There is medical evidence, though not conclusive at this time that the use of X-ray and radium for therapeutic purposes in pregnant women tends to be damaging to the unborn child. This damage may take the form of birth defects, miscarriages, or still births. The use of X-ray for diagnostic purposes to determine the size and position of the fetus in the uterus toward the end of pregnancy does not affect the use.

Drugs:

Too little is known, to date, about which drugs are safe for a pregnant woman to use and which may be damaging to her unborn child. Pregnant women are strongly advised to take no drugs without their doctor's knowledge or consent. Some pregnant women take drugs, smoke tobacco and drink alcohol without tthinking about the possible effects on the fetus. Occasionally, a rash of deformed babies is born, bringing to light the damage drugs can have on a developing fetus.

Heavy drinking by pregnant women can be devastating to offspring Fetal alcohol syndrome (FAS) is a cluster of abnormalities that appears in the offspring of mothers who drink alcohol heavily during pregnancy. The abnormalities include facial deformities and defective limbs, face and heart. Most of their children are below average in intelligence and some are mentally retreated.

Cigarette smoking by pregnant women can also adversely influence prenatal development, birth and postnatal development. Fetal and neonatal death are higher among smoking mothers also prevalent are a higher incidence of preterm births & lower birth weights. Respiratory problems and sudden infant death syndrome are also common. Marijuana use by pregnant women also has detrimental effects on a developing child. Marijuana use by pregnant mothers is associated with increased tremors and startles among newborns and poorer verbal and memory development at 4 years of age.

Infants whose mothers are addicted to neuron show several behavioral difficulties. The young infants of these mothers are addicted and show withdrawal symptoms characteristic of opiate abstinence, such as tremors, irritability, abnormal crying, disturbed sleep and impaired mother control. Behavioral problems are still often present at the first birthday.

The Mother's Age :

When the mother's age is considered in terms of possible harmful effects on the fetus and infant, two time periods are of special interest adolescence and the thirties and beyond. Infants born to adolescents are often premature. The mortality rate of infants born to adolescent mothers is double that of infants born to mothers in their twenties. Before 21 years of age, the female reproductive apparatus is not fully mature and the harmonies needed for reproduction have not reached their optimum levels.

Delay in child bearing until thirties leads to Down Syndrome, a form of mental retardation. A baby with Down syndrome rarely is born to a mother under the age of 30, but the risk increased after the mother reaches 30. By age 40, the probability is slightly over 1 in 100 and by age 50 it is almost 1 in 10.

Maternal Emotions

When a pregnant women experiences intense fears, anxieties and other emotions, physiological changes occur-among them, respiration and glandular secretions. e.g. producing adrenaline in response to fear restricts blood flow to the uterine area and may deprive the fetus of adequate oxygen. The mothers emotional state during pregnancy can influence the birth process too. An emotionally distraught mother might have irregular contractions and a more difficult labour, which can cause irregularities in the baby's oxygen supply or tend to produce irregularities after birth. Babies born after extended labour also may adjust more slowly to their world and be mere irritable.

Uterine crowding :

In multiple births, crowding may limit fetal activity, which is important for normal development.

Among the environmental hazards that can endanger the fetal are radiation in occupations, environmental pollutants, toxic wastes, and prolonged exposure to heat in saunas and hot tubs.

Hazards during Prenatal Environment :

During the prenatal period, there are many hazards, often more serious and far-reaching in their effects than most people realize. These hazards are both physical and psychological.

Because the physical hazards are easier to recognize and study than the psychological, they have received more research attention. However, this does not mean that psychological hazards are less important physical hazards. In fact, they are sometimes more important than the physical hazards first because they intensify they intensify the physical hazards and second, because their effect postnatal as well as prenatal development.

7.7 PHYSICAL HAZARDS

Scientific studies have revealed that there are a number of physical hazards, some more serious, more persistent and more far-reaching in their effects than

others. These studies have also revealed that each period during prenatal development has certain potential hazards associated with it. These potential hazards are as follows:

Potential Physical Hazards of Different Prenatal Periods:

Period of the Ovum

1. The possibility that the fertilized ovum will die of starvation before it becomes implanted in the uterine wall due to the time needed to pass down the fallopian tube.

2. Lack of preparation of the uterine wall to receive the fertilized ovum due to an imbalance between the mother's pituitary gland and ovaries.

3. Attachment of the fertilized ovum to a small area of fibroid tissue in the uterine wall which would prevent it from receiving nourishment.

Period of the Embryo

1. Miscarriages or "spontaneous abortions" due to unfavorable conditions in the maternal environment such as malnutrition, glandular disorders, emotional stress, etc. which may cause the embryo to be dislodged from its place in the uterine wall.

2. Developmental irregularities which are more likely to occur now than during the period of the fetus.

Period of the Fetus

1. Possibility of miscarriage up to the fifth lunar month, especially at times when the women's menstrual period would normally occur.

2. Premature birth with its complications and possibility of death.

3. Premature birth with its complications and possibility of death.

4. Complications of delivery resulting from post maturity of the fetus, unfavorable position of the fetus in the uterus, and glandular imbalance due to maternal stress.

5. Developmental irregularities caused by conditions similar to those of the period of the embryo may retard the development of the fetus or affect the development of fetal features, especially the brain.

Developmental Irregularities

Developmental irregularities are distortions of the normal pattern of development of different physical features. Scientific studies of the causes of developmental irregularities justify two important conclusions, first, the irregularities may be due to defective games, but they are far more likely to be due to environmental disturbances in the uterus; and second, the irregularities may result from environmental disturbances which occur at the same time as the formation of a particular organ.

Some of the most common and most serious environmental disturbances in the uterus are pronounced and prolonged maternal, malnutrition which may lead to mental deficiency or some physical abnormality such as rickets, epilepsy, or cerebral palsy; endocrine disorders (sometimes caused by an hereditary condition but more often by advanced maternal age when glandular balance is upset by the menopausal changes of the later thirties or early forties) which may lead to "cretinism" a deformed body accompanied by subnormal intelligence "micrography" mental deficiency accompanied by a small, pointed skull or 'mongolism' mental deficiency accompanied by slanting eyes, a broad, short skull, and other characteristics; chronic alcoholism, excessive maternal smoking; excessive use of drugs; Severe, prolonged and wasting diseases; such diabetes and tuberculosis.

Whether or not unfavorable environmental conditions will result in developmental irregularities depends on when they occur. If they occur at the same time as the formation of an organ, developmental irregularities are far more likely to result than if these unfavorable conditions occur after the organ has been formed. Unfavourable prenatal conditions rarely produce developmental irregularities when they occur before a certain part of the body has started to develop or after it has formed. The critical time is when it is being formed. Rubella, or Germane measles, for example, is a wild childhood disease, but if contracted by the mother during the first 3 or 4 months of pregnancy, it can produce such defects as cataracts,

deafness, anomalies in the structure of the heart, defective teeth, and mental deficiency in the child. If contracted after the fifth month of pregnancy, it has little or no effect on the unborn child because the parts of the body affected by this disease are already formed.

Multiple Births: Normally, the prenatal environment is more hazardous for children of multiple birth than for single tools. During the prenatal period, they must share a space in the uterus designed for a single tone. As a result of this crowding; they are prevented from making the movements of the different parts of the body that are essential for normal fetal development. Consequently, they are usually smaller and weaker than, singletons. The larger the number of multiple births, the greater the crowding and the greater the obstacles to normal growth and development. Equally serious is the possibility of premature births. When the combined size of multiple births reaches that of a singleton, toward the end of the period of the fetus, the uterine walls are usually unable to expand further and the fetuses are then expelled from their prenatal environment before they are ready to live independently in the world outside the mother's body. The physical hazards of multiple births are intensified by the psychological hazard of unfavorable attitudes on the part of significant, especially parents and siblings.

Psychological Hazards

As it is true of physical hazards, psychological hazards are serious because their effects tend to be persistent and, as a result, influence development after birth as well as before birth. Because of the relatively recent scientific interest in psychological hazards, less is known about them than about physical hazards. What is known to date is presented here in the form of three hazards: traditional beliefs about prenatal influences, maternal stress and unfavourable attitude on the part of significant people.

Traditional Beliefs about Prenatal Influences:

Traditional beliefs about prenatal influences may be regarded as hazardous not because of their effects on the developing child during the prenatal period but because of their effects on the attitudes and treatment children receive during the early, formative years of their lives, from significant people who hold these beliefs.

If for example, parents accept the traditional belief that the mother-to-be can mark her unborn child by her thoughts, emotions and actions, it may lead to resentments towards the mother on the part of the father if the child does not come up to his expectations.

Maternal Stress :

Stress - a persistent form of heightened emotionality involving such unpleasant emotions as fear, anger, or grief may come from many causes. In maternal stress, it may be the result of not wanting the child-to-be, feelings of inadequacy about performing the maternal role successfully, or dreams and fantasies about having a defective child or, it may come from conditions only indirectly related to the child, such as poor material health, concern about family finances, overwork in the home and the care of the older children or a strained husband-wife relationship.

The reason that maternal stress is hazardous to prenatal development is that it upsets the normal functioning of the maternal endocrine system. This results in a hyperactive state of the thyroid and adrenal glands – the glands of the endocrine system that prepare the body for increased activity during an emotional state. These endocrine secretions are then transmitted to the prenatal environment in the uterus and result in a condition in that environment that affects the developing child. Because the conditions that give rise to maternal stress are more likely to persist than to change, stress that develops during the prenatal period tends to persist after child birth. The infant who was made hyperactive by maternal stress during the prenatal period or who suffers from some developmental irregularity must make the adjustments to postnatal life which even new born infants who have been spread the effects of maternal stress find difficult in adjustment. In addition, their adjustments to postnatal life are intensified by the effect of maternal stress which is communicated to them by the way the mother takes care of them. Under such conditions, adjustments to postnatal life tend to be poor. Babies who make poor adjustments to postnatal life not only affect the mother-child relationship but they also affect relationships with other family members: As "difficult" babies, they will be less warmly received in the family than they would be if they were calmer

and made quicker and better adjustments. As they grow older, they will sense the unfavorable feelings of parents and other family members toward them. As a result of feeling unloved and rejected, they may show below average physical development, hyperactivity, difficulties in mastering motor skills and speech, learning problems and poor personal and social adjustments.

Unfavourable Attitudes on the part of Significant People :

Like maternal stress, unfavorable attitudes toward children on the part of people who play important roles in their lives can and do affect postnatal development as well as development during the prenatal period. Some of these unfavorable attitudes are held by relatives, siblings, neighbors, and friends of the family, but for the most part y are parental attitudes. The most common of these unfavorable parental attitudes are:

Not Wanting the Child :

Some family members may not want the child for reasons they regard as valid. When parents intend to have a child, the child is always wanted. If, on the other hand, they did not intend to have a child, the child is sometimes wanted and sometimes unwanted, especially if the desired family size has been reached.

Not wanting a child at that time :

If the child is conceived at a time that the parents regard as "inconvenient" because the child will interfere with their educational, vocational or social plans, because it is shortly after marriage or the birth of another child or because of economic problems in the family.

Not wanting Children of Multiple Birth :

When the parents or relatives accept the traditional belief that children of multiple birth will never be like 'normal' people, family members may develop unfavorable attitude.

Strong desire for a child of a given sex :

Many family members and relatives have a strong preference for the sex of

the child-to-be. If the child is not of the sex they wanted, their disappointment often leads to a rejectant attitude.

Strong desire for a particular type of child :

Parents and other family members may have definite concepts of what the child-to-be should be like their "dream child". Very few children match this dream child in looks, abilities, or personality.

Wanting to have a miscarriage or abortion :

When a child is unwanted, parents may secretly hope for a miscarriage or they may contemplate an abortion. If the child-to-be's life is ended by a miscarriage or an abortion, they may feel guilty and carry over an unhealthy attitude towards subsequent children.

Scorn for the Child :

Relatives, neighbours or friends of the family may develop attitudes of scorn if the child is illegitimate, the product of an interracial or inter birth marriage or if there is some stigma associated with the mother's or father's side of the family such as insanity, chronic alcoholism, drug addiction etc.

The unfavorable attitudes toward unborn children on the part of significant people are hazardous to prenatal development is that they usually lead to maternal stress with its unfavourable effects on the prenatal environment.

The unfavourable attitudes toward unborn children on the part of significant people are hazardous to prenatal development is that they usually lead to maternal stress with its unfavourable effects on the prenatal environment.

7.8 SUMMARY

Prenatal development is divided into three stages, germinal stage, embryonic stage and fetal stage. Germinal period takes place in the first 2 weeks after conception, embryonic period occurs from 2 to 8 weeks after conception and fetal period begins 2 months after conception and lasts for 9 months on the average. There are mainly five types of birth to natural birth, instrumental birth, breech birth, transverse presentation birth and caesarean birth.

7.9 SELF ASSESSMENT EXERCISE

Q.1.   What are the stages of prenatal development?

Q.2.   Mention different type of birth process.

Q.3.   List the types of birth process and mention their complications.

7.10 GLOSSARY

Blastocyst   :   The inner layer of cells that develops during the germinal period. These cells later develop into the embryo.

Trophoblast   :   The outer layer of cells that develops during the germinal period. These cells provide nutrition and support for the embryo.

Placenta   :   A life-support system that consists of a diskshaped group of tissues in which small blood vessels from the mother and offspring intertwine but do not join.

Umbilical Cord :   A life support system, containing two arteries and one vein, that connects the baby to the placenta.

Breech position :   The baby's position in the uterus that causes the buttocks to be the first part to emerge from the vagina.

Cesarean section :   The surgical removal of the baby from the uterus.

7.11 SUGGESTED FURTHER READINGS

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INFANCY: PHYSICAL AND LANGUAGE DEVELOPMENT IN INFANCY

INTRODUCTION

STRUCTURAL

8.1 INTRODUCTION

Infancy or the period of the newborn is the shortest of all the developmental stages. It begins at birth and ends when the infant is approximately two weeks old. This is the time when the new born adjusts to life outside the uterine walls of the mother, where he has lived for approximately nine months. During the first two months of life, he merely responds to intense stimuli in his environment. Sleeping eating and exercising are the major business of infants, because, not only does he now grow rapidly in length and weight, his internal organs also develop. He is not supposed to carry any responsibility to care for himself in any capacity except to exert the effort of eating when food is presented to him.

The period of infancy is generally subdivided into two parts : (1) The period of the partunate and (2) The period of neonate. The period of partunate lasts for the first 15 to 30 minutes of postnatal life from the time the infant emerges from the mother into the world until the umbilical cord is cut. The cutting of umbilical cord marks the beginning of the second period of infancy, that is, the period of the neonate. All this time, the infant is no longer dependent on the uterine protection but has become a separate distinct individual. This period is characterized by several adjustments to a new environment in the world outside.

8.2 PHYSICAL DEVELOPMENT:

Physical Development influences children's behavior both directly and indirectly. Directly, physical development determines what children can do. If, for example, children are well developed for their ages, they will be able to complete on equal terms with their peers in games and sports.

Indirectly, physical development influences attitudes towards self and others. These, in turn, are reflected in the kind of adjustments children make.

Body Size :

Body size is measured in terms of height and weight.

Height :

The neonate measures between 17 and 21 inches. For 2 years, height increases rapidly. At 4 months, the baby measures 23 to 24 inches; at 8 months 26 to 28 inches; and at 1 year, 28 to 30 inches. At 2 years, the child is 32 to 34 inches tall. Then there is a slow gain of approximately 3 inches annually until the onset of the puberty growth spirit.

Weight :

While the average newborn weighs between 6 and 8 pounds, some weigh only 3 or 4 pounds, and some few nearly 16. The pattern of increase, however, is much the same for all. By the end of the first month, the average baby not only has regained the weight lost after birth but has begun to show a weight increase. At 4 months, the baby has doubled its birth weight and at the end of the first year,

trebled it. During the second and third year, the child gains from 3 to 5 pounds annually.

Teeth :

The growth of teeth is a continuous process from the third prenatal month, when the teeth begin to form in the jaw, until 21 to 25 years of age, when the last of the permanent teeth, the wisdom teeth, reach their full size. During the period of infancy, the child develops baby or temporary teeth. Ordinarily, the first temporary teeth cuts through the baby's gum between and sixth and eighth months but the time of eruption depends upon health, heredity, nutrition before and after birth, race, sex and other factors. By 9 months, the average baby has three teeth. Between 2 and *2½* years of age, most young children have all 20 of their baby teeth.

Physiological Features :

The special physiological features of infants are :

1. The muscles of the newborn infant are, soft small and uncontrolled.

2. At birth less development has taken place in the muscles of neck and legs than in hands and arms..

3. The bones, like the muscles are soft and flexible being composed chiefly of cartilage or gristle. They can be easily misshaped because of their flexibility.

4. The skin is soft, deep pink in color and often blotchy.

5. The flesh is firm and elastic.

6. Soft hair is found on the head and back.

7. The tear glands are inactive at first. However, in full terms babies; tears appear within the first day of life.

8. Natal teeth occur approximately once in every 2000 births. They are 'baby' type and are usually central incisors.

Physical Proportions :

As far the physical proportions of the infant, the following are the salient features :

1. The infant's head is approximately one fourth of his body length. The adult head, by comparison is approximately one seventh often total body length.

2. The craneal region, the area over the eyes is proportionately much larger than the rest of the head; which the chin is proportionally too small.

3. The eyes are almost malice in size, but because of the weakness of the eye muscles, they move in an uncontrolled way in the sockets.

4. The nose is very small, while the tiny mouth looks like a slit, because of the narrow lips.

5. The neck is short and almost invisible. The skin covering the neck lies in thick folds or creases.

6. The shoulders are narrow, while the abdomen is large and bulging.

7. Proportionally, the arms and; legs of the infant are much too short for his head and truck.

Development of the Nervous System :

The growth of the nervous system is very rapid before birth and in the first 3 to 4 years after birth. Growth during prenatal period consists primarily of an increase in the number and size of nerve cells. At birth brain weight is one-eighth of total weight. The cerebellum which play an important role in body balance and postural control triples its weight during the first year of postnatal life.

Reflexes :

Reflexes are definite responses to specific sensory stimuli and which remain unchanged with repetition of the same stimuli.

Some Newborn Reflexes

Reflex	Stimulation	Response	Age of Disappearance	Adaptive Function
1. Rooting	Stroke check near corner of mouth	Head turns towards source of stimulation.	3 weeks (becomes head voluntary of turning at this time)	Helps infant find the nipple.
2. Sucking	Place finger in infants mouth	Infant sucks finger rhythmically	Permanent,	Permits feeding.
3..Swimming	Place infant face down in pool of water	Baby paddles and kicks in swimming motion	4-6 months	Helps infant survive if dropped into body.
4. Eye-blink	Shine bright light at infants eyes or clap hand near head.	Infant closes eye lids quickly.	Permanent	Protects infants from strong stimulation of water.
5. Withdrawal	Prick sole of foot with pin.	Foot withdraws with flexion of knee and hip.	Weakens after 10 days	Protects infant from unpleasant tactil stimulation
6. Babinski	Stroke sole of foot from toe toward heel.	Toes fan out and curl as foot twists in.	8-12 months	Unknown
7. Moro	Hold infant horizontally on back and let head drop slightly, or produce a sudden loud sound against surface supporting infant.	Inputs makes an "embracing" motion by arching back, extending ags, throwing larms outwards and then bringing them in toward body.	6 months	In human evolutionary part, may have helped infant cling to mother.
8. Palmar grasp	Place finger infant hand, and press against plan	Input grasps adults fingers.	3-4 months	Prepares infant for voluntary grasping.
9. Tonic neck turn, head	While baby lies on back, to one side	Infant assumes "fencing position" one arm is extended in front of eyes on side to which head is turned, other arm is Flexed.	4 months	May prepare infant for voluntary reaching
10. Body righting	Rotate shoulder or hips	The body turns in same direction.	12 months	Supports postural control
11.Stepping	Hold infant under arms and permit bate feet to touch a flat surface	Infant lifts one foot after another, in steeping response	2 months	Prepare infant for voluntary walking

8.3   LANGUAGE DEVELOPMENT:

Language encompasses every means symbolized so as to convey meaning to others. It includes such widely differing forms of communication as writing, speaking, sign language, facial expression, gesture, pan to mine and art. During the first year and half to two years of postnatal life, until they have learned enough words to use as a form a communication, babies use four pre-speech forms of communication crying; explosive sounds which soon develop into babbling and cooing; gestures; and emotional expressions. Of these four, the second babbling and cooing is most important in language development because it becomes the basis of real language.

Crying: Crying begins at birth or shortly afterwards. The cry of the newborn is uttered with force and loaches and is characterized by regularity of beathing. The purpose of the birth cry is to inflate the lungs, which makes breathing possible and supplies the blood with sufficient oxygen. As Ostward and Peltzman have explained, "crying is one of the first ways in which the infant is able to communicate with the world at large." Though cries, babies make known their need for someone to relieve their hunger, pain, fatigue and other unpleasant bodily states and satisfy their desire for attention. Crying is thus a form of language.

Cooing and Babbling:

The second pre-speech form of communication is called "cooing" or babbling. In addition to crises babies make many simple sounds during the early months of life, such as grunts of pains of disgust, squeals of delight, yawns, sneezes, signs, belching, coughing, guttural barking sounds, grows and cries that sound like the whine of a young pig or the bleat of a goat. These are known as cooing. As the baby's neuromuscular mechanisms develop, explains sounds change into babbling.

Cooing: Early explosive sounds are caused by chance movements of the vocal mechanism. The sounds themselves depend largely on the shape of the oral cavity and the way it modifies the stream of air explained from the lungs and passing over the vocal cords. They are unlearned and are universally found even amongst the deaf. Because they have no significance for the baby and are not used as a form of communication, they may be regarded as a playful activity which

gives the baby enjoyment. Many of these early cooing sounds will disappear, but some will develop, into babbling and, still later, in towards.

Babbling: Gradually the number of sounds the baby can produce increases. There is, as well, an increasing definiteness of utterance of various sounds. At first vowels are combined with consonants, for example. "da" , "ma", "ugn", or "na", later, with practice vocal control makes it possible for the baby to repeat these sounds by stringing them together, as in "mama", "da-da", or "ugh-ugh-ugh" this is real babbling.

Gestures: The third form of communication consists of gestures movements of the limbs or the body which serve as substitutes for, or supplements to language.

As a substitute for language, gestures take the place of words; an idea is conveyed to others by meaningful movements of "the limbs or some part of the body. As a supplement to language, gestures emphasize the meaning of spoken words, unlike babbling which is fundamentally a form of play, gestures have the serious purpose of communication.

Emotional expression:

The last form of communication is the expression of emotions through facial and bodily changes. The pleasant emotions are accompanied by pleasant vocalizations in the form of cooing, checking sounds, and laughs, while the unpleasant emotions are accompanied by whimpering and crying.

When babies are puppy, for example they relax their bodies, wave their arms and legs and smiles appear not heir faces. This is accompanied by pleasant vocal sounds. By contrast, anger is expressed by teasing their bodies, by slashing movements of the arms and legs, by tense expressions on their faces, and by cries of anger

8.4 SELF ASSESSMENT EXERCISE:

1. Write in detail about physical development during Infancy.

2. Describe briefly the language development during infancy period.

8.5   GLOSSARY:

Reflexes : Reflexes are definite responses to specific sensory stimuli.

Gestures : A movement of the hand and body to show the emotions and intention.

Body size : It is measured in terms of height and weight.

8.6   SUGGESTED FURTHER READINGS

1. Hurlock, E.B. (1978). "Child Development." McGraw Hill, Singapore

2. Devadas, R.P. (1984) "A Textbook on Child Development." MacMillian, Madras.

3. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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HOME SCIENCE UNIT - II

LESSON NO. 9

INFANCY : SOCIAL - EMOTIONAL DEVELOPMENT AND COGNITIVE/INTELLECTUAL DEVELOPMENT

STRUCTURAL

9.1 SOCIAL DEVELOPMENT

Social development means acquisition of the ability to behave in accordance with social expectations. Becoming socialized involves three processes which, although they are separate and distinct, are so closely interrelated that failure in anyone of them will lower the individuals level of socialization.

Beginnings of Social Behaviour: At birth, babies are non gregarious. So long as their bodily needs are taken care of, they have no interest in people. During

the first month or two of life, they merely respond to stimuli in their environment, regardless, of whether these stimuli come from people or objects. They do not, for example, distinguish clearly between people's voices and other noises.

Socialization in the form of *gregarious* behaviour begins around the third month, when babies can distinguish between people and objects in their environment and when they respond differently to them. By that time, their eye muscles are string enough and sufficiently coordinated to enable them to took at people and objects and follow their movements, and to see them clearly. Their hearing is also sufficiently developed by then to enable them to distinguish sounds. As a result of this development, they are maturationally ready to learn to be social.

Reactions to Adults: Babies first social responses are to adults because, normally, adults are babied' first social contacts. By the time babies are 3 months old, they turn their heads when they hear human voices and smile in response to a smile or clucking sound. They express pleasure in the presence of others by smiling, kicking, and waving their arms. *Social smiles,* or smiles in response to people as contrasted with reflex smiles elicited by touching the baby's cheek or lips, are regarded as the beginning of social development.

During the third month, babies cry when left alone but they stop crying when they are talked to or diverted by a rattle or some other mechanical device. They recognize their mothers and other familiar people and show fear of strangers by crying and turning their heads.

In the fourth month, babies make anticipatory adjustments to being lifted, they show selective attention to faces, they look in the direction of the person who leaves them, they smile at a person who speaks to them, they show delight in personal attention, and they laugh when being played with. From the fifth to the sixth months, babies react differently to smiling and scolding, and they can distinguish between friendly and angry voices. They recognize familiar people with smiles and show definite expressions of fear in the presence of strangers. During the sixth month, social advances become more aggressive. Babies, for example, pull the hair of the person who is holding them, they grab the person's nose or eyeglasses, and they explore the person's facial features.

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By 7 or 9 months of age, babies attempt to imitate speech sounds as well as simple acts and gestures. At 12 months, they can refrain from doing things in response to "no-no" They show their fear and dislike of strangers by drawing away and crying when a stranger approaches them. From the age of 15 months, babies show an increasing interest in adults and a strong desire to be with them and imitate them. At 2 years, they can cooperate with adults in a number of simple activities, such as helping with their baths or with their dressing. Thus, it is apparent that in a relatively short period of time babies change from passive members of the family group who receive much attention and give little in return, to active members who initiate social contacts and participate in family activities. They have passed from non gregarious to gregarious and to socials in the developmental pattern.

Reactions to Other Babies

The first real indication that babies notice and baby occurs between the ages of 4 and 5 months they smile at another baby or show an interest baby's cries. Friendly contacts between babies usually between 6 and 8 months and consist of ring, reaching out and touching another baby, friendly contacts consist of attempting to grab something from another baby-attempts which often reach in fights. Between 9 and 13 months, babies other babies by pulling their hair or clothes, imitate behavior and vocalizations of other babies, and for the first time cooperative use of toys. When a taken away by another baby, it is usual for babies to become angry, fight and cry.

Social reactions toward babies and children developed rapidly during the second year. From the thirteenth to the eighteenth months, babies smile and laugh imitation of other babies or children. Their interest shift from play materials to other babies or children, and there is less fighting and more cooperative. During the last half of the second year, babies regard play materials as a means of establishing social relationships'. They cooperate with their playmates, their behavior to adjust to the playmate's activity, engage in simple games, with young or older child.

9.2 BEHAVIOR IN SOCIAL SITUATIONS

As a result of contacts with others, both adults and babies, certain social

responses begin to be established. These early responses are the foundations upon which later social behavior develops.

The influence of early social behavior on later development has been emphasized by scientific studies Babies, for example, who depend on their mothers take care of their needs and wants, even when they are maturationally ready to learn to do these things themselves, develop a generalized dependency on adults and even on other children. This makes an achievement of independence difficult for them. Similarly, babies who are permitted to do as they play later find it very difficult to conform to the rules of playground or school.

9.3   REACTIONS, OF SOCIAL BEHAVIOR AID IN BABYHOOD

Babies become a part of the social group meeting others. They first imitate facial expression then gestures and movements, then speech and finally, total patterns of behavior.

By the third or fourth months, babies can distinguish between familiar people and strangers people in the first year, they react to strangers by hearing, crying, hiding their heads, and clinging person who is holding them.

> When babies are able to establish, loving relationships with their mothers or substitutes, the pleasure they derive from this action motivates them to try to establish friendly relationships with other people.

> The more babies are cared for by one the more dependent they become on that. They show their dependency by clinging to the crying when left with someone else, and to be waited on even when they are capable of fings for themselves.

> Whether babies will learn to the requests of those in authority will depend on how insistent those in authority are. Permissive attitudes encourage babies to reject authority.

> Rivalry develops in associations with other babies or children. 'It   is shown by attempts to snatch toys or other objects, from them, not because the babies want them but because it gives them pleasure to

asset their superiority.

During the second year, babies try to get the attention of adults by vocalizations, especially crying, by grabbing at their clothes, by hitting them and by doing forbidden things. If they are successful, they show their satisfaction by smiling or laughing.

Babies cooperative play with adults is usually successful because adults are willing to do most of the sharing. With peers, social cooperation is usually unsuccessful because their peers are unwilling to share.

During the middle of the second year of life, resistant behavior begins. It is expressed by tensing the body, crying, and refusal to body. Unless babies are given opportunities, to be independent, resistant behavior usually leads to negativism.

9.4 EMOTIONAL DEVELOPMENT

Babies, emotions, like everything else about them, are products of a dynamic process of development. Newborns plainly show their emotions when they are unhappy. The ability to respond emotionally is present in the newborn infant. The first sign of emotional behavior is general excitement due to strong stimulation.

At birth, however, the infant shows no clear-cut responses that can be identified as specific emotional states. During first month of his her life, they become quiet at the sound of a human voice or when they are picked up, and they smile when their hands are moved together to play pat-a-cake. With every passing day, infants respond more to people-smiling, cooing, reaching out, and eventually moving toward them. These signals, if we become adept at reading them, are fairly reliable clues to a baby's emotional state.

Often before the period of the neonate is over, the general excitement of the newborn becomes differentiated into simple reactions that suggest pleasure and displeasure.

Unpleasant responses can be elicited by abruptly changing the baby's position, making sudden loud noises, hampering the baby's movements, allowing

the baby to wear wet diapers, and applying cold objects to the skin. Such stimuli cause crying and mass activity. **Pleasant responses** on the other hand, are apparent when the baby sucks. They can also be elicited by rocking, patting, providing warmth, and holding the baby snugly. The baby shows pleasure by a general relaxation of the entire body, and by pleasant sounds in the form of coos and gurgles.

The meaning of this emotional language changes as babies develop. At first, crying signals physical discomfort (at 2 months, to an injection, at 4months, to arm restraint); later it more often expresses psychological distress. The early smile is a spontaneous expression internal well-being, later smiles show pleasure in other people as early as 3 to 4 weeks of age in response to a high-pitched human voice, and at 4 to 6 weeks in response to a nodding face.

9.5   COMMON EMOTIONAL REACTIONS OF INFANTS:

Three main emotional reactions of infants are discussed below :

Crying: Crying is the most powerful way and sometimes the only way by which infants can communicate their vital needs. Babies have four patterns of crying (Wolff, 1969) : the basic *hunger cry* (a rhythmic cry, not always associated with hunger), *the angry cry* (a variation in which excess air is forced through the vocal cords), *the pain cry* (a sudden onset of loud crying without preliminary moaning, sometimes followed by breath-holding), and the frustration cry (two or three drawn-out cries, with no prolonged breath-holding) : Babies in distress cry louder, longer, and more irregularly than hungry babies and are more apt to gag and to interrupt their crying.

Smiling: A baby's smile is irresistible. Parents usually greet a baby's first smile with great excitement, and adults who see a smiling baby will almost always smile back.

The early faint smile that appears soon after birth occurs spontaneously as a result of central nervous system activity. It generally appears without outside stimulation, often when the infant is falling asleep. In their second week, babies often smile after a feeding, when they are drowsy and may be responding to the

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caregiver's sounds. After this, smiles come more often when babies are alert but inactive. At about 1 month, smiles become more frequent and more social, directed toward people. Babies smile now when their hands are clapped together or when they hear a familiar voice.

During the second month, as visual recognition develops, babies respond more selectively, smiling more at people, they know than at those they do not know.

Laughing: At about the fourth month of life, infants start to laugh out loud. They chortle at being kissed on the stomach, hearing various sounds, and seeing their parents do unusual things. Some of their laughter may be related to fear.

As babies grow older, they laugh more often and at more things. A 4 to 6 month old may respond to sounds and touch; a 7 to 9 monthold may delight on any game. Laughter, then, is a response to the environment, it helps babies to discharge tension in situations that otherwise might be up setting and is "an important tie between cognitive development and emotional growth and expression."

Time Table of Emotional Development

Emotion	Approximate Age	of Emergence
Interest		Present at birth
Distress (in response to pain) Disgust (in response to unpleasant taste or smell)		
Anger, surprise, joy, fear, sadness		First 6 months
Empathy, jealousy, shyness, embarrassment, surprise		18-24 months
Shame, guilt, pride		30-36 months

Cognitive development means "changes in thought process that result in a growing ability to acquire and use knowledge.

It is clear that infants do have memory, If they do not possess at least a short

term ability to remember, they would not be able to learn. Moreover, even very young infants have shown a surprising ability to remember. For example, newborns who heard a certain speech sound one day after birth remembered that sound 24 hours later.

Cognitive/Intellectual, Development

Sample Tasks in the Bayley Scales of Infant Development

Age (in months)	Tasks Most Children This Age Can Do
5.8	Grasp edge of piece of paper held out by examiner. Vocalize pleasure and displeasure
5.9	Reach persistently for cube placed just out of reach
6.0	Turn head to watch spoon dropped to floor by child's side
6.1	Say several syllables
6.2	Stop doing something (like putting an object into the mouth), when adult says "no, no"
11.5	Try to imitate world like *mama, dada and baby*
11.7	Limitate rattling of sppon in cup with stirring motion to make noise
12.1	Put round block into round hole of form board
12.6	

Source: Kessen, Haith & Salapatek, 1970

Babies less than 2 months old can remember past events, especially if the events gave them pleasure. According to Piaget, cognitive ability, which makes understanding possible, develops in two major periods involving four stages - the sensorimotor stage, the preoperational stage, the stage of concrete operations, and the stage of formal operation. These stages are not separate and distinct but rather are subdivisions of a continuous pattern of cognitive development.

The first major period of cognitive development is known as the "period of Sensorimotor Intelligence" (Birth to About 2 years) covering the infancy i.e. the first stage of the cognitive development.

During the **sensorimotor stage** of cognitive development, children begin to develop an understanding of themselves as separate and distinct from the environment, causality, time and space. This understanding comes from sensorimotor exploration. The sensorimotor stage extends from birth to the time when children are 2 years of age. In this stage, infants learn about themselves and their world through their own developing sensory and motor activity.

The sensorimotor stage consists six sub stages, which flow from one to another as a baby's scheme, or organized patterns for behaviour, become more elaborate.

Age	Description

Infants exercise their inform reflexes and gain some control over them. They do not coordinate information from their senses. They do not grasp an object they are looking at. They have not developed object permanence.

Infants repeat pleasurable behaviors that this occur by chance (such as sucking). Activities focus on infant's body rather than the effects of the behaviour on the environment. Infants make first acquired adaptations; that is, they suck different objects differently. They begin to coordinate sensory information. They have still not developed object permanence.

Infants become more interested in the environment and repeat that bring interesting results and prolong interesting experiences. Actions are intentional but not initially goal-directed. Infants show partial object permanence. They will search for a partially hidden object.

Behaviour is more deliberate and purposeful as infants co-ordinate previously learned schemes (such as looking at and grasping a

rattle) and use previously learned behaviours to attain their goals (such as crawling across the room to get a desired toy). They can anticipate events. Object permanence is developing, although infants will search for an object in its first hiding place, even if they saw it being moved.

Infants show curiosity as they purposefully vary their actions to see results. They activity explore their world to determine how an object, event, or situation is novel. They tryout new activities and use trial and error in solving problems. Concerning object permanence, infants will follow a series of object displacements, but since they cannot imagine movement they do not see, they will not search for an object where they have not observed ti being hidden.

Since toddlers have developed a primitive symbol system (such as language) to represent events, they are no longer confined to trial and error to solve problems. Their symbol system allows toddlers to begin to think about events and anticipate their consequences without always resorting to action. Toddlers begin to demonstrate insight. Object permanence is fully developed.

Infants show enormous cognitive growth during Piaget's sensorimotor state, as they learn about the world through their senses and their motor activities. Note their progress in problem solving, object permanence, and the coordination of sensory information.

9.7 SELF ASSESSMENT EXERCISE :

1. Describe briefly the social and emotional development during infancy period?

2. Write in detail about cognitive/intellectual development during infancy period.

9.8 GLOSSARY :

Emotions : Subjective feelings such as sadness, joy and fear, which arise

in response to situations and experiences and are expressed through some kind of uttered behaviour.

Cognitive development : Changes in thought processes that result in a growing ability to acquire and use knowledge.

Schemes : In Piaget's terminology, basic cognitive structures that an infant uses to interact with the environment; organized patterns of thought and behaviour.

Sensorimotor stage : First of Piaget's stage of cognitive development, when infants (from birth to 2 years) learn through their developing senses and motor activities.

Short-term memory : Working memory, the active repository of information currently being used ; its capacity is limited but increases rapidly during middle childhood and its relatively unaffected by aging. Material in short-term memory disappears after about 20 seconds unless transferred to long-term memory.

Theory : Set of related statements about data that helps scientists to explain, interpret and product behaviour.

9.9 SUGGESTED FURTHER READINGS

1. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and Adolescent

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HOME SCIENCE	UNIT - II
	LESSON NO. 10

EARLY CHILDHOOD: OVERVIEW OF EARLY CHILDHOOD YEARS HIGHLIGHTS DEVELOPMENTAL TASKS AND MILESTONES OF EARLY CHILDHOOD YEARS

STRUCTURE

10.1 INTRODUCTION TO EARLY CHILD YEARS

The early childhood years, approximately takes 3 to 6 years of age, represents a remarkable period of physical and psychological development. At 5 years of age, the child is five times his weight than at birth. From the physical point of view, childhood is a period of consolidation because the gains during infancy and babyhood are consolidated during childhood. The development of girls is faster than boys at this stage. The child tries to copy elders in every way he can.

At this stage the need for self –assertion and confused sense perception and judgment produce the negativism or tempertautrums that characterizes this period. The muscles are more evenly distributed and muscular coordination is increased. The control of elimination moves towards perfection in these years. The nervous system becomes more mature. There is rapid increase in vocabulary and the child can express his thoughts and emotions in simple sentences. The child learns to make social adjustments, he develops emotional attachment i.e. with his parents and other family members and learns primary social manner. The child learns to control temper, this is the most important accomplishment of this period since it represents a real beginning in self-control and cooperation with others. Reasoning and problem-solving improves in direct proportion to the opportunity the child has to reason and to solve the simple problems of his daily living.

10.2 DEVELOPMENTAL CHANGES IN EARLY CHILDHOOD YEARS PHYSICAL DEVELOPMENT

Physical changes may be less obvious during early childhood than during the first 3 years of life : but they are nonetheless important and they make possible dramatic advances in motor skills and intellectual development.

Height, Weight and Appearance

At about age 3, boys and girls begin to lose their Chubbiness and begin to take on the slender, athletic appearance of childhood. As children's abdominal muscles develop, their pot bellies slim down. The trunk, arms, and legs all grow longer. The head is still relatively large, but the other parts of the body continue to catch up as body proportions steadily become more adult.

Within that overall pattern, children show a wide range of individual and sex-related differences. Boys tend to have more muscle per pound of body weight than girls, while girls have more fatty tissue.

Structural and Systematic Changes

The changes in children's appearance reflect important internal developments. Muscular and skeletal growth progresses, making children stronger. Cartilage turns to bone at a faster rate than before, and bones become harder, giving the child a

firmer shape and protecting the internal organs. These changes, coordinated by the maturing brain and nervous system, allow a proliferation of both large muscle and small muscle motor skills.

By the age of 3, all the primary, or deciduous, teeth are in place and so children can chew anything they want to. The permanent teeth which will begin to appear at about age 6, are developing ; therefore; if thumb sucking persists past the age of 5 it can now evenly the teeth come in.

Motor Skills: Between the ages of 3 and 6, children continue to make important advances in motor developments.

Large – Muscle Motor Skills in Early Childhood :

3 Years old	4 Years old	5 Years old
* Cannot turn or stop	* Have more effective control of slopping	* Start turns suddenly or quickly.
* Jump a distance of	* Starting and turning 15 to 24 inches	* Running jump of 28 to 36 inches.
* Ascend a stairway	* Jump distance of 24 to 33 inches unaided	* Descend a long stairway unaided
* Can hop	* Hop 4 to 6 steps on one foot	* Easily hop a distance of 16 feet.

Small – Muscle and Eye Hand Coordination

With their small muscles under control, children are able to tend to more of their own personal needs and so have a sense of competence and independence. By age 2 or 3 they use one hand more than the other.

Intellectual Development: Studies of memory development indicate that recognition ability is better than recall ability in early childhood, but both increase

during this period. Recall is required for the processing and use of information. Children's memory if influenced by mastery motivation, study strategies a general knowledge, unusual activities and social interactions.

Children between ages 3 and 6 are in Piaget**'s** second major stage of cognitive development, the **pre-operational stage**. In the pre-operational stage, children can think about objects, people or events that are absent, by using mental representations. They cannot yet manipulate those representations through logic however, as they will be able to do in the stage of concrete operations, which they reach in middle childhood. The preoperational stage is significant step behind the sensorimotor period because preoperational children can learn not only by sensing and doing but also by thinking symbolically and not only by acting but also by reflecting on their action.

The symbolic Function: The major important development of the pre-operational stage is the **symbolic Function:-** The ability to learn by using symbols. A **symbol** is a mental representation to which consciously or unconsciously, a person has attached at about $1^{1/2}$ to 6 years but really comes into its own between ages 2 and 6.

Three ways in which children show the **symbolic function are deferred imitation, symbolic play and** language. **Deferred imitation** is imitation of an observed action after time has passed. **In symbolic play**, children make an object stand for something else. The symbolic function is most impressive in **language**. Preoperational children used language to stand for absent things and for events that are not taking place at the time.

Preoperational children can understand basic functional relationships and the concept of identity. However, they confused reality and fantasy, their unable to decenter, they reason transductively and they do not understand reversibility and the implications of transformation. They are unable to conserve.

Research shows that in some ways, Piaget may have underestimated abilities of the children he described as 'pre – operational' they seem better able to understand casual relationship and classifications than he thought and they appear to be less animist and ego centric. Researchers have been able to teach conservation when

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children are mature enough to grasp it.

Development of language: linguistic skills progress rapidly through Early Childhood Children can deal with prepositions like over, under, in, on and behind. They can use longer and complex sentences.

Development to social speech becomes better:

AGE	CHARACTERISTIC OF SPEECH
2½ yrs.	**Beginning of Conversation** * Speech clarity is being recognized
3 yrs	**Break through in attention to communication** * Child seeks ways to clarify and correct understandings. * Pronunciation and Grammar improve markedly. * Speech with children the same age expands dramatically
4-5 yrs.	**Knowledge of fundamentals of conversation** * Child shifts according to Listener's knowledge * Good Central of Conversation

Social Development :

Many children between 3 and 6 yrs of age attend day care centers, pre school and kindergarten. Some of these programmes are changing to meet the needs of working parents as well as children's intellectual and other developmental needs.

Preschool and kindergarten prepare children for formal schooling. Some programmes focus more on structured cognitive tasks, other on activities imitated by the children. Evaluation of compensatory preschool programmes demonstrates that they can have long term positive outcomes. However, it is important not to put much academic pressure on children 3 and 4 yrs old.

The period from 3 – 6 yrs is the most crucial age in the child's

socialization in terms of the quality and quantity of social behaviour develops. The child's dominance, leadership, dependence, submissive and conformity or compliance with the wishes of others, would largely depend on his environment and the child's relationship to its. In the process of socialization some important forms of social behaviour appears to be social anti – social. However, each such forms is important to the socialization of the child. They are:

a)   Negativism

b)   Blind imitation

c)   Rivalry

d)   Aggression

e)   Quarreling

f)   Non cooperativeness

g)   Ascendant behaviour

h)   Selfishness

i)   Sympathy

j)   Social approval

k)   Sex cleavages

l)   Companions early childhood

m)   Stability of play – mates

n)   Social acceptability

o)   Substitute companions

p)   Leadership in early childhood

Common Interests in Early Childhood

The interests of the young child broaden and intensify as his environment expands and as he comes into contact with more and more people outside his home. At this age, his interests centre chiefly on himself and all that pertains to his

own possessions. Some other usually universal interests among young children are in

1) Religion   2) Human body   3) Sex   4) Appearance.

Emotional development: The emotions of early childhood are more common and more intense. It is a time of imbalance when the child is out of focus in the sense that she is easily aroused to emotional outbursts. As a result he is difficult to live with. This is true of the major part of early childhood ; especially true of the ages $2^{1/2}$ to $3^{1/2}$ and $5^{1/2}$ to $6^{1/2}$ years (Ames, 1952).

Although any emotion may be heightened in the sense that it occurs more frequently and more intensely than is normal for that particular individual heightened emotionally in early childhood is characterized by temper tantrums, intense fears and unreasonable outbursts of jealousy. Part of the intense emotionally of children at this age may be traced to fatigue from strenuous and prolonged play from rebellion against the enforced habits taking naps and from eating too little for their needs. A study on the impact of nutritional status on the emotional expression and mental abilities of pre school children shows that the emotions will occur with more frequency in better nourished children.

Difference in child's health and his environment influence the patterns of emotional behaviour established during babyhood. The child who, as a baby, was kept in a quiet environment and whose needs were not promptly and consistently is less likely to suffer from intense emotional outbursts as he grows older than the child who, as a baby, lived in a noisy environment, with his needs in attended

The arrival of a new baby also sparks of intense emotions. The young child who has been accustomed to his mother's undivided attention may bitterly resent her preoccupation with a new baby and show it by frequent and intense out bursts of anger and jealousy. His changes from being a happy, claim child to a tense one, come mainly from the changes in his environment.

The child's sex and his position with in the family will have a marked influence on his emotionally. The first – born child has more status defend than has the second but is handicapped in his struggle with his sibling by parental restrictions.

Second children encouraged by their parents to defend themselves, are less hesitant to express their anger and so attack directly.

The emotional stress is greater for the child if his siblings is of the other sex or if there is a large age difference. The child, whose parents expect him to measure up to the standards they set will experience more emotional tension than will the child whose parents are more permissive (Frank 1955).

During babyhood, it is possible to control the environment so that the baby will experience a maximum of unpleasant emotions and a maximum of the pleasant. During early childhood, this can no longer be possible. The more independent the child, the more situations to frighten, anger annoy or frustrate him. If he experiences too many of unpleasant emotions and too few of the pleasant, his outlook on life will become distorted and the development of an unpleasant disposition will result. In addition he soon acquires a facial expression that makes him look sullen or generally disagreeable – an expression that contributes to the decline in his appeal. Since unpleasant emotions can become habitual steps should be taken to reduce these emotions to a minimum by preventing fears, anger jealousy and anxiety whenever possible and by trying to counter – balance them with stimuli that will give rise to pleasant emotions of happiness, joy and affections.

This does not mean that a young child should be protected from all unpleasant situations. It only means that prevention of all unreasonable fear, jealousy and anger should be attempted. When that is not possible attempts should be made to explain to the child why he cannot do certain things and why he cannot have as much attention as he may want. If he learns to tolerate frustrations when he us young he will avoid aggressive attacks on all frustrations.

Young children experience most of all emotions normally experienced by adults. However, the stimuli that causes them and ways in which children express their emotions are markedly different. The emotions are :

1) Anger   2) Fear   3) Jealousy   4) Curiosity

5) Joy   6) Affection   7) Socialization

10.3 DEVELOPMENTAL TASKS OF EARLY CHILDHOOD PERIOD

Developmental Task

Introduction :

Development proceeds according to definite and predictable stages, each stage focusing on parts of the body of special interest to the child at that period. Social expectations are known as developmental tasks. Havighurst has defined a developmental task as a task which arises at or about a certain period in the life of an individual, successful achievement of which leads to his happiness and success with later tasks, while failure leads to unhappiness in the individual, disapproval by society and difficulty with later tasks. Developmental tasks are certain problems which arise during a particular in life. Successful handling of these problems leads to satisfaction whom as failure leads to dissatisfaction.

Major Developmental Task during Early Childhood Period

1. Physical development continues at a slower rate because of which his appetite may decrease temporarily. The bones develop in size and shape.

2. The nervous system becomes more mature.

3. There is rapid increase in vocabulary and the child can express his thoughts and emotions in simple sentences.

4. The power of imitation is very active.

5. The child seeks to gain control over his environment. His instincts such as curiosity, self-display and acquisition become active.

6. The child learns to make social adjustments. He develops emotional attachment to his parents and other family members.

7. The child is almost self-dependent and learns to do many routines of home life.

8. The child in this stage learns 'I', 'me' and 'you'.

9. In mental growth, the spectacular achievements of this period are in the

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acquisition of the rapidly increasing control over general body skills and hand control.

Thus, the developmental tasks of early childhood period can be enumerated in the terms of the following broad units:

Learning to control eliminations of body wastes.

Learning sex differences and sexual modesty.

Achieving physiological stability.

Forming simple concepts of social and physical reality.

Learning to relate one emotionally to parent's siblings and other people.

Learning to distinguish right and wrong and developing a conscience.

Learning to adjustment to school, to read, to write etc.

9.4 FACTORS INFLUENCING MASTERY OF DEVELOPMENTAL TASKS

A number of factors influence the mastery of developmental tasks, some act as obstacles to this mastery and some aid it.

Aids to Mastery of Developmental Tasks

Accelerated physical development.

Strength and energy above average for age.

Above average intelligence.

An environment that offers opportunities for learning.

Guidance from parents and teachers in learning.

A strong motivation to learn.

Creativity accompanied by a willingness to be different.

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Obstacles to Mastery of Developmental Tasks :

Retardation in developmental levels, whether physical or mental.

Poor health resulting in low energy and strength level.

A handicapping physical defects.

Lack of guidance in learning.

Lack of motivation to learn.

Lack of opportunity to learn what the social group expects.

10.5 MILESTONES OF EARLY CHILDHOOD YEARS :

Early childhood is an age of exploration.

Foundations of social behaviour laid down.

Child develops a distinctive personality and demands an independence.

Child gets control over environment.

Child wants to know what his environment is, how it works and how he can be a part of it.

Early childhood is a time of relatively even growth.

Physiological habits whose foundations were laid in babyhood become well established.

Emotions are more common and more intense.

Anger is the most commonly expressed emotions in early childhood years.

The important forms of social behaviour, necessary for successful social adjustment, begin to develop during early childhood.

The most common and important of concepts developed in early childhood are the life and death, space, weight, number, time, self, social, aesthetic and music.

The major taks in learning to speak are increasing comprehension, Building a vocabulary, mastering pronunciation and combining words into sentences.

10.6 CHAPTER SUMMARY

The period of early childhood ranges from 3.6 years, period known for physical and psychological development. During this period child acquire the ability to communicate with others and to be communicated with through the use of words, which are symbols to represent ideas. his period is also known as preschool age, pre – gang age, the problem age and the age of exploration. Child who is accelerated in physical maturity, owing to favorable prenated and postnatal care, is stronger and more energetic than the norm for his age. Children whose environment offers opportunities for learning, combined with encouragement to take advantage of these opportunities will be precocious in mastering the developmental tasks.

10.7 SELF ASSESSMENT EXERCISE

1. Define early childhood period and mention various developmental needs during this period?

2. List the developmental tasks of Early Childhood years.

10.8 SUGGESTED FURTHER READING:

1. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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HOME SCIENCE   **UNIT - II**

LESSON NO. 11

PRE–SCHOOL–ORIENTATION TO PRE–SCHOOL EDUCATION AND SIGNIFICANCE

STRUCTURE

11.1   Pre – school Education: An introduction

11.2   Orientation to Pre – school Education

11.3   Significance of Pre – school Education

11.4   Infrastructure and working of a Pre – school

11.5   Self Assessment Exercise

11.6   Suggested Further readings

11.1   PRE-SCHOOL EDUCATION : AN INTRODUCTION

Social contexts differ at the pre – school, elementary and secondary levels. The pre – school setting is a protected environment, whose boundary is the classroom. In this limited social setting, pre- school children interact with one or two teachers, usually females who are powerful figures in the young child's life. The pre – school child also interacts with peers in a dyadic relationship or in small groups. Pre – school children have little concepts of the classroom as an organized social system, although they are learning how to make and maintain social contacts and communicate their needs. The pre – school serves to modify some patterns of behaviour development through family experiences.

Pre – school programs very great deal. Some approaches place more emphasis on young children's social development, others on their cognitive development. Some experts on early childhood education believe that the curriculum of many of today's pre – school programmes places too much emphasis on achievement and success, putting pressure on young children too early in their development. (Bredekamp and Shepard, 1989, Charles worth, 1989)

In the child- centered pre – school, education involves the whole child and includes concern for the child's physical cognitive and social development. Instruction is organized around the child's needs, interests, and learning styles. The process of learning rather than what is learned is emphasized. Each child follows a unique developmental pattern and young children learn best through first hand experiences with people and materials. Play is extremely important in the child's total development. Experimenting, exploring, discovering, trying out, restructuring, speaking and listening are all words that describe the excellent pre– school programmes.

11.2   ORIENTATION TO PRE- SCHOOL EDUCATION :

The education of the child begins with conception- Mahatma Gandhi. Ultimately it is the human beings that count and if the human being counts, well he counts much more as a child than as a grown up- Nehru spoke.

The children of today should be prepared for the vastly complex and rapidly changing world of tomorrow. This calls for an integrated, meaningful educational system. The current systems will have to undergo drastic changes. Their impressionable age enables the children to change their behaviour without any resistance along the desirable directions through education. The changing patterns of society, due to rapid industrialization demand that the children are given greater than ever before. Pre- school educating needs to be recognized as a pre- requisite for the healthy mental and emotional development of children.

1. During the pre- school years children have a rapid physical, mental and social growth. They gather information and form their into patterns of knowledge that become integrated with their life so these are flowering

of the self years.

2. Children begin to work and play co- operational with other children.

3. Crucial years in terms of child's development of interests, attitudes and values.

4. Pre-school education prepares children to adjust in the school.

5. Pre-school education is required to prepare child to adjust in the formal school.

6. Pre-school education prepares children to learn to share, wait for their turn and helpful in acquiring several other social skills.

11.3   SIGNIFICANCE OF PRE – SCHOOL EDUCATION :

The basic objectives of Pre-school Education are the overall development of the child-physical, social, emotional and intellectual.

1. **Providing for the child's physical well being**: A good pre-school also provides for the child's physical well- being, by protecting his health and safety; and adequate exercise in the fresh air; by setting aside time for sleep and elimination and by giving him time for rests and relaxation. It offers space for free movement. It provides chances for activities such as climbing, jumping, sliding, swinging, and pedaling for racticing bodily control and mastering the basic motor skills involving the large muscles.   The preschool also offers numerous activities for coordination and concentration for fine muscular coordination such as threading leads, painting, drawing, cutting and pasting.

2. **Developing good health habits:** In a well planned pre-school, children are taken to the toilet at regular intervals and trained for washing hands before and after meals, as the first step towards habit formation. Children learn through talks, songs, stories and dramatization, the need for developing proper health habits of regular elimination, brushing their teeth, taking a bath, combing their hair and being neat and tidy always.

3. **Satisfying the educational needs:** A good preschool aims at satisfying the educational needs of the young child by providing the atmosphere, teaching equipment and material which are challenging and stimulating, by allowing each child to understand the worked in which he lives and by fostering new interests through opportunities to explore, investigate and experiment. A young child is very curious. His questions must be answered directly to satisfy his curiosity. A child can take in many things if they are properly explained to him. At the same time, the child should be encouraged to investigate experiment and learn to be desirable intellectually. The educational programmes in the nursery school provides opportunity for

- Wider understand of concepts such as color, texture, number, elasticity, size and shape, magnetism, days and time.

- Extension of vocabulary through the functional use of new words.

- More effective use of language because of more careful pronunciation.

- Developing an interest to read through the use of books; experiences such as listening to and telling stories, learning and participating in the recitals of rhymes and songs.

4. **Promoting Emotional Growth :** Every child needs affection, approval, acceptance and emotional maturity can be developed by guiding the child express, understand, accept and control his feelings and emotions. Development of emotions has two aspects:-

a) Providing opportunities for the development of 'Positive emotions' such as love, security and sense of accomplishment.

b) Channelizing the negative emotions such as ear and anger.

5. **Cultivation of Positive Emotions:** A preschool can help to develop positive emotions such as trust, love a sense of belongingness, achievement, tolerance, equality and dignity of labor through providing a variety of activities such as painting.

6. **Catering for social development:** The nursery school encourages healthy group participation by providing material which enables the children to enjoy sharing and playing together. It teaches children their rights and privileges in being a member of a social group and encourage them to take care of the property belonging to others.

7. **Stimulating Aesthetic Appreciation:** Children's attention should be drawn to natural beauty around them. The experiences should provide an opportunity to express ideas and to experiment with colures, balance, symmetry etc. Secondly, the opportunity for imagination through the shared movements and lastly, opportunity for finding beauty in nature through excursions, nature walks and appreciation for the right things at the right time.

11.4 INFRASTRUCTURE AND WORKING OF A PRE – SCHOOL

The preschool is the living place for an organic community of growing children, primarily interested in educating them the "gracious art of living' and not a place of formal learning where the main purpose is to communicate a certain prescribed quantum of knowledge. The preschool environment thus helps or hinders the realization of these goals. The building or the physical plant which houses the preschool nay be stimulating or stifling and may be conducive or inhibiting to the development of children.

Surroundings: The surroundings greatly influence a child's health, attitudes and development of personality. The aim of preschool is to bring about mental, moral and physical development of children. The school building must be located amidst desirable surroundings.

On the other hand unclean surroundings are detrimental to the mind and body. Ugly surroundings act directly on the sub-conscious mind and bring about adverse effect on character formation.

2. Site :-

a) **Vicinity : -** The vicinity of a preschool must constitute a refreshing environment, avoiding stagnant pools, or other setting which are source of

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disagreeable odour or mosquitoes, flies and harmful micro organisms which are source of disagreeable odour or mosquitoes, flies and harmful micro organisms.

    1.   The preschool may be located at a short distance.

    2. The "must be near road but well back from the road".

    3. Away from noise pollution.

    4. Avoid physical danger of factories, rail roads.

b) Soil: - The following points need to be considered in selecting the soil conditions. It should be

    1. a raised area

    2. dry and have natural drainage free from water logging.

c) Aspect and Elevation: - The following features are important to obtain ideal aspect conditions for the preschool.

    1. The site should allow the construction of the school building to face south.

    2. Verandh should be plained on only one side.

    3. Planting of trees in the other side will help to serve as sun breakers.

3. Building Plan : The following suggestions would facilitate evolvinga desirable blue print.

    a) The building should be planned to conform strictly to the laws of sanitation hygiene, ventilation and lighting to allow the lie giving sun rays to reach all the rooms without filtering through house-tops and without being obstructed by high building around.

    b) The building should fulfill the minimum requirements of play rooms, lavatories and wash rooms.

Planning Programmes for Children

    The individual child is the basis for planning the programmes for the

group. Their individual needs and interests, their past experiences and the age levels of the children are to be considered while planning the activities. The plan should include a variety of experiences allowing time for interpersonal relationships, sensory experiences; exploration of natural and physical surroundings, intellectual stimulation, development of large and small muscles and opportunities to hear and use language. Pensions should be made also for period's active play and quiet play.

How to plan the Programmes for Children :

The following points help towards effective planning and implementation of programmes for children.

1. What do I want to teach?

2. Why do I want to it?

3. What do I need in order to teach it?

4. What do the children already know about the subject?

5. Are the materials obtained, the best for the purpose?

6. How will I teach? What methods will I use?

7. What are the new terms to be introduced and defined?

8. Are the concepts geared to the developmental level of the children?

The plans must be simple for the new entrants. They must be given plenty of time to become familiar and assimilate new ideas. The teachers need to go over the previously taught concepts at frequent intervals to refresh the child's memory.

The teacher needs to know the growth norms of children at specific ages. Planning above the detail level of a child will frustrate him. Planning below this level will bore him.

The readiness of the children must be determined and the plans built upon it. Children should have sufficient time in which to plan out facts which

are important to them.

The plans for each day should include free play, creature time for children to explore materials and express their feelings, sessions of music and story and eating time. Intellectual stimulation, social relationships, muscle development and opportunities for long development needs to be interwoven into these activities.

The teachers need to be specific in planning. The objectives and concept which are to be achieved should be clearly defined for all staff members.

Planning should facilitate smooth transition from one activity to another. The teachers should be one step ahead o the children.

The teachers should plan to bring real objects to the attention the children. Pictures and other aids are good.

The Preschool Programme :

A good pre-school curriculum should offer many learning opportunities correlated with children's readiness and interests. Good teaching does not just happen - it is the result of careful planning and foresight. Creative and thorough planning is required to carry out wholesome and appropriate learning programmes for preschool children. The goals for a preschool programmes are short term and long - term goals

Some realistic goals to be achieved through a good programme in a preschool are to help children develop.

1. A good self image.

2. A thirst for knowledge.

3. A good start toward reaching their potentials.

4. Their whole bodies through (a) first hand experiences in the social relationship; (b) finding acceptable outlets for their emotions (c) physical development of large and small muscles, and (d) stimulating

experiences which encourage them to think, analyze problems and arrive at different possible solution.

5. Ability to express themselves through materials, movements and language by providing ample time and adequate opportunities.

6. Language facility through hearing and using language?

7. An Awareness of the five senses.

8. Independences.

9. Their knowledge by asking questions and exploring their environment and curiosity through providing ample first hand experiences.

10. Foundation or future learning.

11. Ability to mingle with other children of the same age and

12 Positive attitude towards the preschool and learning.

Principles of a Preschool Programmes

The following principles should guide programme planning in a nursery school.

1. **Meet the objectives by pre-school education:-** Pre-school education aims at the all round development of the child- physical, social, emotional and intellectual. The programmes should stimulate the total development of the child.

2. **Cater to the developmental level and needs of children:** If an activity is introduced to the child before he is ready for it, becomes difficult for him to master it and require much trial and error At times it may even make him avoid the activity. On the other hand, if its I introduced at the proper time, when the child is ready for it, then the child masters it with ease and it gives him pleasure to do the activity

3. **Be flexible to serve the needs of the children:** the nature and duration of the activities in the pre-school should depend on the interests of he

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children e.g. on a rainy day children may like to float boats and observe water running from the higher to lower levels. In that case, the teacher should be ready to change her scheduled plan and give the children an opportunity to continue playing with the rain for a longer period of time.

4. **Be balanced between individual and group activities:** Many different types of activities are provided during the free play period. Children must be free to choose any activity they like. If a teacher finds that a child only indulges in solitary play, she can gradually bring him to a group activity. Similarly if she finds that few children are always together in a group she can divert them to individual work.

5. **Alternate between active and quiet play:** If the children are involved in too many physical activities they may become exhausted. Therefore, provision of some restful activity after a spell of active work is essential. Similarly sedentary work should be followed by active play; it will be difficult for children to remain quiet for a long period of time.

6. **Be functional and meaningful:** The teacher must have an objective for each activity, otherwise it may become meaningless. If the teacher requires the children to sit in rows for listening to a story, she should let them know why she wants to sit so.

7. **Satisfy the needs of each individual child and the group:** A child need more attention in health habits while another may need help in language skills. The preschool programme should cater to both and many more.

8. **Provide concrete first-hand experiences:** At the preschool stage, the child's understanding is at a sensory-perceptual level. Verbal explanation and descriptions may not make much sense to him. But he will understand what he sees hears and feels. He understands the world round him through the medium of play.

Long-term Planning: Long-term planning is chalking out a programme

for the whole year in advance, with regard to learning experiences, teaching aids, budget material and play equipment. In planning the learning experiences, the teacher should have a clear idea of the final goal and plan the different steps through which the goal will be reached.

Short-time Planning: For the effective functioning of preschool programme should be divided into smaller units. Certain experiences like drawing and painting are provided to children right from the beginning of the year. The experiences provided differ also according to the age of the children.

Weekly Planning: It includes chalking out the activities to be undertaken during the week. It included details of the arrangements needed, collecting the aids and materials and contacts and approaches to be made with the parents.

Daily Planning: Daily planning implies trimming of the activities or modification or refinement are to the needs to the individual children , sudden exigencies and sudden alterations at times.

The Daily Programme for a Pre-school

Taking into account the age, interested and abilities of the children enrolled, a flexible schedule can be planned.

In the schedule suggested, the activities are so planned as to allow for :

1. Healthy alternation of vigorous and quiet play.

2. The individual child to follow his own intense.

3. Plenty of opportunities for practicing social relationship.

4. Freedom to be alone, if a child so chooses.

5. Variety through organizing special activities like paining, pasting and natural experiences.

A good nursery school programme offers many learning experiences.

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The Preschool Teacher :

Teachers are the architects of new India. They have a unique role in developing the character and vision of the citizens of the future. The future of education depends upon dedicated teachers; just any one cannot teach and care for the preschool child.

Teaching is both a science and an art. It is a science because it involves careful planning of objectives, and methods, and evaluation of contents and experiences. It is at, because the teacher would possess five qualities such as sensitivity to the needs, interests and progress of the pupils, sympathetic personal relationship and skills with children and adults.

Responsibilities of a preschool Teacher

A preschool teacher has responsibilities to herself, the children, parents, other teacher in the school and the community.

1.   To Herself: - The responsibilities of the preschool teacher to herself are to:-

1.   remain in good physical and emotional health all time.

2.   be progressive

3.   be enthusiastic always

4.   grow professionally.

2.   To The Children:- The preschool teacher needs to fulfill the responsibilities to the children in her group. She should

a)   meet their needs.

b)   Enjoy working and being with them.

c)   respect them as individual.

d)   build desirable relationship with them.

e)   help them build a good self image.

3. **To the Parents**

    a)   provide good counseling.

    b)   value them and their ideas.

    c)   plan with them for the well-being of the child.

    d)   bridge the gap between the home and the school.

4. **To other Staff Members**

    a)   support them.

    b)   share ideas and knowledge.

    c)   value them and their ideas.

    d)   involve them in the programmes.

5. **To the Community**

    a) Be aware of the problems of the community and try to solve them.

    b) Participate in local professional organization pertaining to the welfare of children.

Regardless of the type of curriculum or method used the basic qualities of the teachers exert greater influence on the learning of the child.

The guidance given to the child at the early impressionable years will determine the type of person he would be in adult life. The effectiveness of the guidance depends upon the understanding of the young child, his environment, goals and aspirations of the parents, teachers and other adults with whom he comes in contact. A teacher can follow the suggestions given below.

1. Be dressed appropriately.

2. Be on time.

3. Take advantage of available literature and professional periodicals that furnish timely information on being an effective teacher.

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4. Make sure the preschool setting is a child-centered one.

5. Allow time for children to help themselves.

6. Build a good relationship with each other.

7. Plan ahead.

8. When another teacher or adult is handling a situation do not interfere unless help is requested.

9. Be consistent in what is expected of the children.

10. Make sure the words and actions indicate the same thing.

11. Share ideas and experiences with other staff members.

12. Support the person who is planning the daily activities.

13. Be enthusiastic and enjoy being with the children.

Records and Reports for a Pre-school :

Records are of great value in guiding the behaviour and planning the education of the individual child, for evaluating programmes, methods and outcomes in relation to the objectives of the nursery school in order to improve techniques used by the staff.

Another important value of carefully kept words is from research purpose. Every preschool teacher should keep in view that records are not maintained for purpose of storage.

Types of Records:- The systematic monthly measurement of height and weights when noted carefully, will furnish both teachers and parents a single index of the child's nutritional status. Results of the medical check up and recommendations can also be entered in the health record.

1. **Health Record:-** The systematic monthly measurement of height and weights when noted carefully, will furnish both teachers and parents a single index of the child's nutritional status. Results of the medical check up and recommendations can also be entered in the health record.

2. **Attendance Record: -** The attendance of children maintained daily in a record helps to note the number of days the child attends school in a month.

3. **Stock Record: -** All the articles and other items such as accessories must be recorded in a n inventory register for proper headings.

4. **Record of General information of the child: -** This record will include detailed information about the parents or guardian of the child, information about siblings, type of family, have facilities at home and others.

5. **Record of house visits: -** Home visits should be recorded in terms of date of visits, purpose, information elected, response of the parents and observations made.

6. **Record of teacher's estimate on the individual child: -** The teacher rates the child the different aspects of development-emotional, personal-social, language and intellectual. She checks against the factors that interfere with his development his special interests and abilities and his special problems.

7. **Record of Admission forms: -** The parents are required to give information regarding their child in every respect.

8. **Record of parent's teacher meeting:-** Reports about discussions in the parent's meetings, suggestions interchanged and decisions reached by both the parents and teachers can all the recorded. Records facilitate the total evaluation process. Individual and group records provide the best means for a teacher to determine the duration of process made by children under the supervision. A good evaluation culminates in a report of the child's process.

Home-School Relations :

The family has a significant role in the development of the personality of children. Parents are the first socializing agents for the child, then comes the

school, therefore, the school and home need to work efficiently with proper understanding of each other.

The home-school relations help to create :

1. A better understanding b/w parents and teachers.

2. A better understanding with regard to what is preschool education.

3. Opportunities for parents to meet other parents and learn from them.

4. Understanding of the new techniques of child-rearing and training practices.

   If these goals are achieved, the children will have a nourishing, rich and full life in the school and at home.

   The following points will help to make the home – school relations effective. A teacher should :

1. Understanding the needs, feelings and expectations of each parents.

2. Focus her attention on what the parent's want to know.

3. Cater to the needs of the parents regarding their children and achieve good cooperation from them.

4. Be less critical of children and be positive.

5. Respect the parents for what they are.

6. Avoid hasty conclusions and remarks.

7. Be unpartial and non-compare children.

8. Be willing to learn from parents.

9. Avoid being defensive and putting the parents on the defensive.

10. Be a good listener and encourage the parents to communicate

11. Avoid discussing the child in his presence with his parents.

In order to maintain sound and effective home school relations, a forum for parents education should be organized. Home visits, Individual Conference/Interview, Parents meeting and others means can be used effectively in parent education.

11.5 GLOSSARY

1. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

11.6 SELF ASSESSMENT EXERCISE

Q.1 Describe in brief about pre-school education. Highlight importance of preschool education.

Q.2 Discuss about needs and functioning of a Preschool.

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MIDDLE CHILDHOOD: DEVELOPMENTAL TASKS OF MILESTONES OF DEVELOPMENT SCHOOL

STRUCTURE

12.1 Introduction to Middle Childhood

12.2 Developmental Task of Middle Childhood Years

12.3 Introduction to School

12.4 How do Schools Exert A Powerful Impact

12.5 Peer Groups : Introduction

12.6 Significance, Functions and Influence of Peer Group in Middle Childhood

12.7 Influence of Peer Group

12.8 Peer Relations and Socialization

12.9 Chapter Summary

12.10 Self Assessment Exercise

12.11 Suggested further Readings

12.1 INTRODUCTION TO MIDDLE CHILDHOOD :

The period of 6 years to 12 year is considered as middle childhood period. The child gradually moves towards mastery of aspects of formal thought, which means that by the end of this stage he is likely to be able to deal with hypothetical

prepositions. Girls grow at faster rate from 9 years onwards. The child becomes curious to accumulate a large amount of knowledge and information from his surrounding. This stage is also known as the "Gang age". During this stage the child consolidates his previous learning and carries forward earlier growth accomplishment. Maturity in the behaviour occurs and girls mature faster than boys. At this stage children move from egocentric (self–centered) to socialized speech and thought. Moral development also takes place. The child's conscience (Superego) begins to develop in identification with parents. Affection, sympathy and cooperation among the group members emerge during this period. This period is one in which children are more on their own in physical routine and one in which correct food, rest and eliminating habits can function without close adult supervision. They strengthen their habit of good physical hygiene by learning the reason for such habits. The child become more efficient in self-care and can take simple health precautions. They show an eagerness to external horizons intellectually as well as physically.

In this age there is a major increase in the size of the body. Physical growth becomes slow and steady. There is remarkable growth in height, weight and improvement in motor skills.

Emotional stability in the conduct and behaviour of the child takes place. He learns to have to control over his emotional expressions. Control over the mind is also and important aspect of this stage. Most children enjoy the feeling of having learned new and difficult things. The development of hobbies and interest takes place.

12.2 DEVELOPMENTAL TASKS OF MIDDLE CHILDHOOD YEARS :-

The main developmental task of Middle Childhood Years are:

1. Learning physical necessary for ordinary games :

One of the developmental task of middle childhood is perfecting some physical skills and learning new ones that necessary for satisfactory performance in games, in home in chores and in school work. Most of the physical skills are used in free play such as bicycle, riding, skating, playing with ball etc.

2. Building wholesome attitude towards oneself as a growing organism.

3. **Learning to get along with age mates:** This stage is referred as the 'Gang age' because it is characterized by interest in peer activities and a strong desire to be an acceptable member of gang.

4. **Learning an appropriate masculine or feminine role:** part of self-judgment is the understanding of one's sex role. Children learn from the culture in which they are growing up about what their tools are.

5. Developing the basic skills of reading, writing and arithmetic.

6. **Development of conscience** one of the most important developmental tasks of late childhood. The term conscience term means a conditioned anxiety response to certain kinds of situations and actions which has been built up by associating certain acts with punishment. It is an internalized policeman which motivates children to do what they knew is tight and wrong.

7. **Developing moral values:** when the early childhood period comes to an end, children's moral concepts are no longer narrow and specifics they were earlier. The older children discover that the social group demand different degrees of seriousness to different acts. The knowledge is than in cooperated in their moral concepts. Between the age of 6 and 12, as Piaget explained, children's concepts of justice change. Their rigid and inflexible notions of right and wrong learned from parents become modified and they began to take into account the specific circumstances, surroundings a moral violation. koulberg has elaborated on Piaget's theory and labeled and labeled this stage as the second level of moral development, the level of conventional rules and conformity.

8. **Developing of sense of value:** All this stage internalization of values start, concerning honesty etc. Gesell says that 10 years old are more aware of what is wrong according to their culture than of what is right.

9. Developing concepts necessary for daily living as tools of thought.

10 **Achieving Personal Independence :** The succeeding years are ones during

which the child can develop rapidly in independence of thoughts and actions is environment permits. As his circle of contacts widens he demand freedom from parental supervision.

11. Developing attitudes towards social groups and social group and institution.

12. **Development in fine Muscle Control: -** The rapid development of fine muscle control during this period is revealed in improved skills e.g. in playing a musical instrument etc. Boys may spend time on building things with simple tools and girls shows interest in embroidery, in knitting etc.

12.3   INTRODUCTION TO SCHOOL

Whether children love school or hate it, they may spend maximum of their working hours there. Because school is central in children's lives, it affects and is affected by every aspect of their development. Unlike the informal world of peer relations, the school is a formal world of peer relations, the school is a formal institution designed to transmet knowledge and skills children need to become to productive members of society. Schools are vital forces in children's development affecting their modes of remembering, reasoning, problem solving and social and moral understanding.

12.4   HOW DO SCHOOLS EXERT A POWERFUL IMPACT?

Research looking at schools as complex social systems their physical environment, educational philosophies, teacher's characteristics teachers pupil interaction pattern and parents influence provides important insight on above question.

Physical Environment: The physical plants of all schools are similar. Each has class rooms, hallways, a playground, and a lunchroom. But they are also different. Schools vary in how classrooms are furnished and arrange and in how many pupils are enrolled factors that make an important difference in children's life at school.

Classrooms seating arrangement: Teacher's room arrangements often refect their educational philosophies. The familiar row and column seating plan usually indicates a traditional approach to classroom learning, curbs and clusters

of desks, a more open orientation.

Class and student Body size :

Research indicates that as classes drop below 15 or 20 pupils, academic achievement improves. Class size has little impact on children's performance. Teacher of fewer children spend less time disciplining and more time granting pupils individual attention- factors they may be responsible for the achievement gains. When class size is small, both teachers and pupils are more satisfied with their life at school.

Educational Philosophies

Each teacher brings to the classroom an educational philosophy that plays a major role in children's learning experiences. Two philosophical approaches have been studied extensively. They differ in what children are taught, the way they are believed to learn, the extent to which decision making rests with teacher or child, and how pupil progress is evaluated.

Traditional Classroom

Classroom based on educational philosophy that emphasizes transmission of culturally valued knowledge and standard of conduct. The teacher is the sole authority, pupils are relatively passive in the learning process and progress is evaluated by how well pupils keep pace with a common set of expectations for everyone in their grade.

Open Class Room :

Classroom based on educational philosophy that values emotional and social development in addition to academic progress. The teacher assumes a flexible authority role, pupils are active in the learning process and children are evaluated by considering their progress in relation to their own prior development.

Parent's influence :

Teachers are not, of course the only adults who make an important difference in how well children do in school. The direct or indirect involvement of parents

and improve children's grades and their scores on IQ and achievement tasks as well as their behaviour and attitude toward school. It also results in better schools.

- Parents should do following duties of their children:

- They read, talk to and listen to children. They tell their children stories, play games, share hobbies and discuss news, television programs and current events.

- They provide a place to study and to keep books and supplies.

- They set and insist on times for meals, sleep, and homework, making sure that children meet school deadlines.

- They monitor how much television their children watch and they monitor what their children do after school.

- They show interest in children's lives at school, partly by talking about school events and about problems and successes.

School Transitions :

Besides the physical environment and educational philosophy, an additional structure feature of schooling has important implications for pupils academic performance and adjustment: the timing of transitions from one school level to the next. Many American 5 and 6- year olds are already accustomed to school like settings, since they have attended Pre School and day care centers. /Still, entering kindergarten is a major milestone. Parents take pride in their children's readiness for greater independence and responsibility. At the same time, they worry about how well prepared their youngsters are for a more earnest approach to leaning. Children in turn must accommodate to new physical settings, adult authorities, daily schedules, peer companions and academic challenges.

12.5 PEER GROUPS : INTRODUCTION

In middle childhood, the society of peers becomes an increasingly important context for development. During this age peer relations consume increasing amounts of their time. If you watch children in the yard or neighborhood, you will see that

groups of three to a dozen or more often gather. The organization of these collectives changes greatly with age . By the end of childhood, children display a strong desire of group belongingness. Together, they generate unique values and standards for behaviour. They also create a social structure of leaders and followers that ensure group goals will be met. When these characteristics are resent, a group her formed.

The practices of these formal groups lead to a "peer culture" that typically consists of a specialized vocabulary dress code and place of "hangout" during leisure time.

12.6 SIGNIFICANCE AND FUNCTIONS OF PEER GROUP IN MIDDLE CHILDHOOD YEARS

Peers are children of about the same age or maturity level. Same age peer interaction fills a unique role in our culture. Age grading would occur even of schools were not age graded and children were left alone to determine the composition of their own societies. One of the most important functions of the peer group is to provide a source of information and comparison about the world outside the family. Children receive feedback about their abilities from their peer group. Children evaluate what they do in terms of whether it is better than as good as, or worse than what other children do. It is hard to do this at home because siblings are usually older or young.

Are peers necessary for development? The human development literature contains a classic example of the importance of peers in social development Anna Freud (Freud &Dann, 1951) studied six children from different families who banned together after their parents were killed in World War-II. Intensive peer attachment was observed. The children formed a tightly knit group, dependent on one another and aloof with outsiders. Even though deprived of parental care, they become neither delinquent nor psychotic.'

Thus, good peer relations may be necessary for normal social development. Social isolation or the inability to "plug in" to a social network, is linked with many problems and disturbances ranging from delinquency and problem drinking to depression. Children explore the principles of fairness and justice by

working through disagreements with peers. They also learn to be keen observers of peers interests and perspectives in order to smoothly integrate themselves into ongoing peer activities. In addition children learn to be skilled and sensitive partners in intimate relationship by forcing close friendships with selected peers. These intimacy skills are carried forward to help form the foundation of later dating and marital relationships, according to Sullivan (Buhrmestey1993).

By contrast, some theorists have emphasized the negative influences of peers on children's development. Being rejected or overlooked by peers leads some children to feel lonely or hostile. Further, such rejection and neglect by peers are related to an individual's subsequent mental health. Further, peers can introduce to alcohol, drugs, delinquency and other forms of behaviour that adults view as maladaptive. Recently developmentalists have distinguished between two types of children who often have low acceptance with their peers : those who are neglected and those who are rejected. Neglected children often receive little attention from their peers and have few, if any, friends, but they are not necessarily disliked. Rejected children are disliked by their peers. They are more likely to be disruptive and aggressive than their neglected counterparts are. Rejected children often have more serious adjustment problemsthan those who are neglected. The key factor in predicting whether rejected children would engage in delinquent behaviour or drop out of school later during adolescence was their aggression towards peers in elementary school. How might children's thoughts contribute to their peer relations? Three possibilities are through their perspective taking ability, social information processing skills, and social knowledge. Perspective taking involves the ability to take another's point, of view. As children enter the elementary school years, both their peer interaction and their perspective taking ability increase. Reciprocity playing games, functioning in groups and cultivating friendships, is especially important in peer interchanges at this point in development. One of the important skills that help elementary school children improve their peer relations is communication effectiveness. In elementary school with the help of peer interaction children become more efficient in understanding complex messages.

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Of special interest is how children process information about peer relations (Dodge, 1993). For example, a boy accidentally trips and knocks a peer's soft drink out of his hand. The peer misinterprets the encounter as hostile, which leads him to retaliate aggressively again to the boy. Through repeated encounters of this kind, other peers come to perceive the aggressive boys as habitually acting inappropriately. Peer relations researcher Kenneth Dodge (1983) argues that children go' through five steps in processing information about their social world : decoding social cues, interpreting, searching for a response, selecting an optimal response and enacting. Dodge has found that aggressive boys are more likely to perceive another child actions as hostile when the child's intention is ambiguous and when aggressive boys search for clues to determine a peers intention, they respond more rapidly, aggression children. These are among the social cognitive factors believed to be involved in the nature of children conflicts. Social knowledge also is involved in children's ability to get along with peers. An important part of children's social life involves choosing which goals to pursue in poorly denied or ambiguous situations. Social relationship goals are also important, such as how to initiate and maintain a social bond. Children need to know what scripts to follow to get children to be their friends. For example, as part of the script for getting friends, it helps to know that saying nice things, regardless of what the peer does or says, will make the peer like the child more.

12.7 INFLUENCE OF PEER GROUP

Peer serve as vital source of security in treating situations and contribute to many aspects of development.

1. **Companionship:** Peer group provides children with a familiar partner, someone who is willing to spend time with them and join in collaborative activities.

2. **Stimulation:** While interacting with peers children can get interesting information, excitement and amusement.

3. Peers provide physical support, time, resources and assistance.

4. Peer group provides the expectation of support, encouragement and

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feedback that helps children to maintain an impression of themselves as competent, attractive and worthwhile, individuals.

5. **Social comparison:** From peer group interaction information can be provided about where children stand vis-a-vis others and whether children are doing okay.

6. **Intimacy/affection :** Peer group interaction provides children with a warm, close, trusting relationship with another individual, a relationship that involves self-disclosure.

What can adults do to promote peer sociability? Parental encouragement, play materials, age mix of children and familiarity of peer associates.

Peer Encouragement :- During the preschool years children are limited in their ability to find playmates on their own. They depend on parents to help them establish rewarding peer associations. Parents influence children's peer relations in many ways. One is through the neighborhood they chose to live in. Parents also influence their children's social relations by offering advice and guidance about how to interact with play mates.

Play Materials: - Quantity of play materials has a major impact on young children peer interaction. Fights and quarrels increase when large number of children is confined to a relatively small space and where are not enough toys to go around. Peer interaction also varies with type of toys available. Children used the specific toy act out everyday roles, such as mother, doctor and baby. In contrast, the nonspecific materials encouraged fantastic role play such as pirate and creature from outer space.

Age Mix of Children: - Children of equal in status who challenge one another's viewpoints, thereby fostering developments- cognitive, social and moral development.

Children interact differently with same age and different age youngsters. In several studies, Preschool and early elementary school children were brought together to play or work on problem-solving tasks. Mixed age conditions led

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to a greater quantity and complexity of interactions by younger children, along with greater quantity and complexity of interaction by younger children, along with special accommodations by older children, who reduced their rate of communication assumed more responsibility for the task. Older children in mixed 'age, settings prefer same age play companions perhaps, because they have more compatible play interests and experience more positive & cooperative interactions.

By middle childhood, children are consciously aware of the unique functions of older, younger, and same age peers. They say they prefer to form friendships with age mates to seek help, comfort and instructions from older children and to give help and sympathy to young ones. From interacting with coequals, they learn to cooperate and resolve conflicts. In addition younger children acquire new competencies from their older companions, and when more mature children teach their less mature counterparts, they practice nurturance, guidance and other pro social behaviour.

12.8   PEER RELATIONS AND SOCIALIZATION

A peer interaction contributes to a wide variety of skills that help children and adolescents adapt successfully to their social worlds. They use some of the same techniques that parents do: reinforcement, modeling, and direct pressures to conform to certain expectations.

Peer reinforcement: - Children's responses to one another serve as reinforces, modifying the extent to which they display certain behaviours. Peer reinforcement dearly begins early, and it increases with age. Children often use it for positive ends. Preschools value the positive, prosocial behaviours of their age mates. Children who engage in attentive, approving and affectionate social acts are likely to receive similar behaviours in return. However, children are just as receptive to peer reinforcement for antisocial responses as they are for prosocial behaviour. Peer feedback is an important means through which children's aggression is enhanced as well as controlled, and even mild-mannered children can learn to behave aggressively from being targets of hostile attacks. Besides, dispensing reinforces, peers provide one another with models of a broad array of social behaviour. Peer

imitation is common throughout the preschools years, but by middle childhood it declines.

The powerful effects of peer reinforcement and modeling have led researchers to experiment with peer as agents of behaviour change.

Peer Conformity:- Conformity to peer pressure is greater during adolescence than in childhood or young adulthood. Peer conformity is a complex process that varies with the adolescent's age and need for social approval and with the situation. Peers have a more powerful impact on everyday matters of dress and social behaviour, parents on .basic life values and educational plans.

12.9 CHAPTER SUMMARY

Schools are powerful forces in children's development. The physical environment – the way classrooms are arranged and how many pupils are enrolled-affects participation and academic achievements. Pupils who attend open classrooms are more independent, tolerant of individual differences and positive about their school experience, those in traditional classrooms are slightly advantaged in achievement. School transitions create new adjustment problems. Supportive ties to peers ease entry into kindergarten. The earlier school transition takes place in adolescence, the more likely it is to depress psychological well-being especially among girls. Teacher who are effective classroom managers and who provide cognitively stimulating activities enhance children's involvement and academic performance. Educational self\-fulfilling prophecies are likely to occur when teachers emphasis competitions and comparisons among pupils, have difficulty controlling the class and engage in ability grouping. Disruptive, low achieving pupils, with drawn children and low income, ethnic, minority pupils are especially susceptible.

12.10 SELF ASSESSMENT EXERCISE

1. Mention various developmental tasks of Middle childhood Year.

2. Write down the milestones of development school.

12.11 SUGGESTED FURTHER READINGS:

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi;   McGraw Hills Inc.

2. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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DEFINITION AND CHARACTERISTICS OF ADOLESCENCE

STRUCTURE

13.1   DEFINITION AND CHARACTERISTICS OF ADOLESCENCE

The word 'adolescence' comes from the Latin verb 'adolescence', which means "to grow" or "to grow to maturity". It is defined as a period of growth between childhood and adulthood. But there is general disagreement about when it begins and ends, especially since the Period has been prolonged in western culture. However, for most people, adolescence is only an intermediate state between being a child and being an adult. The transition from one stage to the other is gradual and uncertain. The beginning and the end are somewhat blurred and are not of the same time span for every person, but the process gets completed for most adults to be considered mature. In this sense, adolescence is likely to be a

bridge between childhood and adulthood over which individuals must pass before they are to take their places as mature, responsible creative adults.

One of the most unique definitions of adolescence has been given by Sieg:

Adolescence is the period of development in human beings that begins when the individual feels that adults privileges are due for him which are not accorded him, and that ends when the full power and social status of the adult are accorded to the individual by his society.

According to **A. T. Jersild,** "Adolescence is that span of years during which boys and girls more from childhood to adulthood, mentally, emotionally, socially and physically.

According to some Psychologists it is period when an individual is capable of begetting off spring. It means that when power of reproducing

its own kind is attained by the individual, then individual, then we can say that he has become an adolescent.

Dorthy Rogers defines adolescence as, "a process rather than'a period, a process of achieving the attitudes and beliefs needed for effective participation in the society."

Jean Piaget defined adolescence as, "the age of great ideals and the begining of theories as well as the time of simple adaptation to reality.".

Chronologically, adolescence comes roughly in between the years from 12 to the early 20's. The onset of adolescence varies from culture to culture, depending no the social, economic, conditions of the country. In this period great changes occur in all developmental dimension of the individual.

13.2 CHARACTERISTICS OF ADOLESCENCE:

13.2.1 Physical Characteristics:

Physical growth in adolescence starts off with a burst followed by a dramatic series of changes in the body, leading to sexual maturity. The growth spirit occurs over a period of about four years. It starts and ends about two years earlier in girls

than in boys. The fastest growth occurs, on the average, at age 12 in girls and at age 14 in boys. Although girls don't grow as much as boys do dewing this period, their two year ahead start means that they will be taller and heavier than the boys for a year or so. By age 13 the two sexes are approximately equal in height again and by age 14 the boys are taller.

Puberty : Puberty is that time in the life cycle when the reproductive organs attain functional maturity and the individual is potentially capable of reproducing his kind. Puberty occurs in girls when they reach **menarche**, the first menstrual period, and in boys when they first begin to produce live sperm.

During sexual development the physical differences between males and females increase. The boy's voice deepens and his facial hair begins to grow, the girls develop breasts. Such signs of manhood or womanhood are called **secondary sex characteristics,** because they distinguish males from females but are not directly related to reproduction. **Primary sex characteristics** are the reproductive organs themselves the penis, and testes in males, the ovaries, uterus, and vagina in female.

The course of Sexual Development in Females: For girls menarche occurs on the average, between the ages of 12½and 13 years. But this is not the first sign of approaching reproductive ability the process begins about two years earlier, with a slight swelling of the nipple area of the breasts and the appearance of some downy hair in the public area. These early signs are followed by a noticeable increase in the rate of growth. During the growth spirit the girl's body changes in shape as well as size: her hips and thighs widen, her waist becomes more clearly defined.

With the onset of menstruation comes a marked decline in the rate of girl's growth in height, within the two years of the menarche, she will have nearly reached her adult height.

The Course of Sexual Development in Males: In boys, the first sign of approaching puberty is an increase in the size in the testes, which begins on an average at about years 12. This is followed by the appearance of some public hair an then and increase in the size of the penis. Under arm hair begins to appear next, some moustache hair may begin to show at about the same time. The growth of

beard and body hair is generally not complete until late adolescence.

The boys first ejaculation of semen occurs on the average at about age 14. It may happen in sleep in a nocturnal emission. The great majority of adolescence males have nocturnal emissions from time to time. The change in pitch of the voice is one of the later changes of male development.

13.2.2 Social Characteristics

Social relationships attain heightened significance in adolescence. It is at this age that the teenager needs an opportunity for reflection in order to gain perspective on the fundamental issues of life as they relate to living with others. The adolescent is influenced by group pressures in the decisions he begins to make at this age.

Adolescent peer group perform various functions for him. Peer group are composed of children or adolescence of approximately the same age, with similar interests and ideas. Peer group help them to :

a) clarify his self concept.

b) define his social role.

c) broaden his values.

d) help him to win social approval.

The peer group besides helping the adolescent develop independence play an important part in building up his ego. The young person is given social identity which has so far been denied to him by the society at large.

As adolescents become more independent and socially mature, their attitudes towards their parents often change due to the increasing amount of interest, affection and commitment they give to peer group. Parents have less influence over their adolescent children.

13.2.3 Psychological Characteristics

The psychological characteristics refer to interval events in the structure and orientation of the individual. These events are a consequence of, among other

things the developmental period in which the individual is engaged. How the individual deals with these internal events (such as separating from parents) in the light of previous experiences and in the context of other needs and desires (such as wanting parental support) will determine his or her specific personality structure. To understand how personality changes, however, we need to understand the significant features that change as people develop from one life stage to another.

Thus, the personalities of adolescence are as varied and distinctive as those of people in general. But certain underlying characteristics are specific to the adolescence experience itself. For example, narcissism and idealism need to be understood   in terms of the impact they have on the particular individual's perception of everyday experiences, how life events will affect their manifestation and now they in turn lay the ground work for the person emergence into young adulthood.

Sexual Preoccupation

Just as one of the prime facts of adolescence is the advent of bio sexual maturity, so one of its prime psychological characteristics is sexual preoccupation. A large part of the adolescent's inner life revolves around issues related to the biological fact of gonad maturation. As with any other major adjustment to internal events, individuals devote much of the energy and thought to the significance of its impact.

Sexual fantasies, sexual wishes and the desire for sexual experience permeate awareness or activate defenses to repress that awareness. In turn, this lads' to activities and experimentation and a concern for sexual interaction-particularly with members of opposite sex.

Throughout the adolescence period there is a progressive experimentation and initiation into direct sexual contact. For a great majority of people sexual intercourse first occurs during this period. In addition, a vast array of incidental skills are being tried out and developed. These range from the simple ability to conduct everyday conversation with the opposite sex to being able to develop relationships on a social and personal level.

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Even where sexually orientated behaviour is minimal or non-existent, it can be safely asserted that considerable amounts of effort and energy are being expended by the individual in containing, blocking, inhibiting or channelizing sexual expression. In case of males, the most celibate inevitably have sexual dreams including nocurnalemisions even where such ordinary forms of sexual discharge as masturbation are prescribed. From a psychological view point the primary issue here is not what the person does in overbehaviour. Rather, it is the fact that so much of mental the person does in taken up with sexual matters. And irrespective of what the person does not,he or she is , to a very considerable degree, involved with developing or perventing from emergence this consistent preoccupation with sexuality.

Narcissistic Orientation

A closely related attribute of equally far reaching significances is the narcissism of adolescence. Narcissism refers to the investment of energy in oneself as the focal source of interest and concern. Indeed, one's interaction with the world is largely of meaning to the extent that it relates to this permissive self-involvement. In this sense adolescents can truly be described as self-orientated people taught up in their own experiences.

The more popular definition of narcissism connotes self-love. Thus, it seems to the observer that the adolescent studying pimples in the mirror combing have, or debating endlessly over which sweater to wear, is engaging in blatant self-indulgence. As adolescent's ruminate during these activities, most of their comments are of self deprecatory nature. In both senses of the term, narcissism has to do with adolescent's preoccupation with any issue relevant to their self-image. This narcissistic concern also affects the perception of how the world sees them.

Ego Fluidity

To understand ego fluidity, it is necessary to go back to the basic fact that the adolescent is not an adult but in a transition from childhood. Along with incomplete physical and social development goes incomplete intra psychic development. In particular, we are concerned with the matter of ego development.

The ego, the person's regulative system of personality functioning, has not yet achieved the integrity and solidity of adulthood. This incompletely developed set of processes then comes under the tremendous stresses as accompanying the onset of puberty and adolescence.

One consequence is that the ego functions in a highly instable fashion. The person becomes unpredictably vulnerable, so susceptible to stresses that seemingly small incidents can be rapidly magnified into events of major importance. The individual is subject to wide variations of mood and temperament. Happiness and tears virtually coexist at times. The person can be readily brought to a state of fury, depression, or exultation by ordinary events. Sometimes the reactions are so inappropriate that they sum pathological. But unlike pathology, these lapses in ego effectiveness occur as brief episodes. It is common to observe periods when control over emotions and behaviour is less dependable than might otherwise be expected. Adolescents at one point can function with the maturity of an adult and seconds later act in the most in the childlike ways.

Over the course of adolescence one can observe the process of maturation as a function of the firming up of the ego. The ego involves into a consistent, dependable set of regulatory functions that is able to control and integrate reaction to the environment as well as input from the environment. Mood swings reduce in intensity and the individual responses become more moderated. But even in later adolescence this variability in response can made adolescents difficult people to live and work with for the parent, the teacher, the counsellor, the friend, or the passed by Consonantly, the evolution to maturity of ego function is central to the transition from adolescence to eventual adulthood.

Impulsivity

By this term we refer to the almost immediate, reflex like, direct spilling over into behaviour of feelings, wishes, and urges that may affect the person. Impulsivity is marked by its immediacy of response and its unreflective quality. There is no consideration or even integration into cognitive functioning from the time of the input of stimulus until activation of response. In general, impulsivity is due to extremely intense urge to react that overwhelms ego controls, a weakened or

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inadequately developed set of ego functions, or some combination of the two. Because adolescents are beset by a variety of unfamiliar and intense urges, feelings, and wishes at a time in life when ego functions are incompletely developed, it is easy to see why they are particularly susceptible to impulsive reactions.

It is not only teenagers of course, who are subject to impulsive reactions. Children in general have an incompletely formed or simply unlearned ability to integrate stimulus materials, to define appropriate ways of responding, and to delay reactions.

The tendency to act unreflectively on wishes and feelings, however is important in understanding adolescence.

Absolute Idealism:

Throughout the recorded history of ideas it has been observed that idealism is the province of the young. Whatever its roots in human nature, idealism depends on maturation and experience as much as it does on youthfulness. During early childhood the Person learns to distinguish between self and environment. Through identification and education the individual gradually incorporates a capacity for moral judgment. Childs concept of morality is strikingly different from the adults. The advent of formal operation

in thinking enables the person to manipulate abstract Ideas, independent of concrete reality. Finally, the maturation of metaphysical interests in truth, God, rightness-prepares adolescents for the first explicit encounter with idealism. Idealism, the **espousal** of the highest human values, appears for the first time during adolescence. Idealism is of help to adolescents in their efforts to order world. In addition, idealism provides a basis for making these first independent, calculated efforts at affecting the world through their own efforts.

13.5 SELF ASSESSMENT EXERCISE

1. What do you mean by the term adolescence? Give at least two definitions of adolescence.

2. Describe the various characteristics of adolescence.

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3. What are the major problems that adolescence face?

13.6 GLOSSARY :

Ego-In Freud's theory the part of personality that directs Id's urges so they are discharged on appropriate objects at an acceptable time and places.

Nocturnal Emission-The ejaculation of semen during sleep, often accompanied by a sexually arousing dream.

Masturbation : The term masturbation may be applied any type of self-stimulation that produces erotic arousal, whether or not arousal proceeds to the point of climax or organism.

Gonads : Gonads are the sex glands that secretes a number of sex hormones.

13.7 SUGGESTED FURTHER READING

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

2. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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PROBLEMS IN ADOLESCENCE

STRUCTURE

14.1 Adolescent Problems

Teenage Pregnancies

Drug & Alcoholic Abuses

Alcohol & Drugs

Psychological Breakdown

STD

AIDS ACQUIRED IMMUNE DEFICIENCY SYNDROME

14.1 ADOLESCENT PROBLEMS:

Adolescents are heavily oriented towards problems, most teens do not drop out school do run away from home, do abuse drugs, do get into trouble with the law, do contract. Venereal diseases, and do bear on father illegitimate children. Substantial number of young people do have serious problems which affect their own future, as well as society at large, there problems effects adolescents from all segments of society from the, very rich to very poor. Various factors have contributed to the problems of adolescents. Some of them are noted here.

1. Improper socialization and family problems.

2. Political, social and economical inequalities

3. Defective Educational system

4. Unemployment

5. Corrupt and Discredited Authority

6. Misuse of student power by the politician

7. Administrative failure.

8. Communication Gap

9. Value differences and conflicts of values.

10. Lack of opportunities

11. Gap between the aspiration and achievement

12. Lack of Determination and Self Responsibility

13. Influences of mass-media

Drug & Alcoholic Abuse

To alter behaviour, thoughts and emotions people use drugs. Commonly used drugs are alcohol, marijuana, heroin, cocaine, barbiturates and amphetamines. There are number of reasons why adolescent drink alcohol. They are :

Experimentation-something new to try.

Relaxation-a mean to reduce tension.

Escape-to avoid a harsh or unpleasant real world.

Feeling of exhilaration-to increase one's self-confidence, usually by reducing one's inhibitions.

Of course, these reasons don't apply to all teenagers. Some never drink,

other experiment briefly with drinking, they decide it is not for them. Many adolescence drink because their peer do so and exert pressure on them to join the group. Many adolescence drink of cope with stress. The stress could be because of problems with the parents, interpersonal relationships or at school.

Alcohol &Drugs :-

Many of the same people who worry about the illegal use of marijuana by young people are brought up short when reminded that alcohol too is a potent mind altering drug, that is illegal for most high school students and many college students and that is a much more serious problem nationwide. High School students seems to be drinking less than they used to, but college students and young adults have shown much slighter decreases. Boys are more than twice as likely as drink every day or to drink a large amount in one sitting and young people who do no plan to go to college drink more than those who are college bound. Most teenagers start so far the same reasons adults do to add a pleasant glow to social situations, to reduce anxiety, and to escape form social bondages.

Psychological Breakdown :-

During this specific stage stage adolescent show various psychological characteristics and all such characteristics like Sexual preoccupation, Narcissistic orientation, Ego Fluidity, Impulsivity and absolute idealism need to be channelize into desirable direction. Due to improper and inappropriate motivation the adolescents commit acts like skipping school, shoplifting selling cocaine murder which are illegal and destructive towards themselves or others it can be represented as juvenile delinquent behaviour.

STD-Sexually Transmitted Diseases, also referred, to as venereal diseases, are diseases spread by sexual contact. Rates of **STD**s have soared for all ages since in 1960s, with particularly severe effect on adolescent. The most prevalent **STD** is Chlamydia, with causes infections of the urinary tract, the rectum and cervix and can lead" in women, to pelvic inflammatory disease

(DID), a serious abdominal infections. Other **STDs**, in order of incidence, are gonorrhea, genital warts, Harper simplex, syphilis and **AIDS.** The reasons for the high rates of sexually transmitted diseases among young people are many increased sexually actively, especially among teenage girls, use of oral contraceptives, which do not protect against **STDs** instead of condoms, which often do, the complacent assumption that STDs can be cured easily ; adolescents belief that they are their sexual partners are immune in the disease that affect other people ; and young peoples will ingress to take risks because they want to have sexual intercourse more than they fear contracting a disease.

Young girls may be even more susceptible than mature women to **STD** - caused infections of the upper genital tract, which can lad to serious, even dangerous, complication.

AIDS:- ACQUIRED IMMUNE DEFICIENCY SYNDROME

AIDS were identified as early as 1976. Serological data shows that AIDS was not in the human population before 1976. There is suspicion that this Virus may be a monkey virus, which was first transmitted to man in Africa and then to USA and Europe.

AIDS is a failure of the body's immune system that leaves affected persons vulnerable to a variety of fatal disease. The virus that causes it is transmitted through bodily fluids (mainly blood and semen) and stay in the body for life even through the person carrying it may not show any signs of illness. Symptoms may not appear until from 6 months to 7 or more years after initial infection. Most victims in this country are drug abuses who shares contaminated hypodermic needles homosexual and bisexual men, people who have received transfusions of infected blood or blood products, and infants who have been infected in the womb or during birth.

Teenage Pregnancies :

With the apparent trend towards early sexual activity. It is not surprising that teenage motherhood is on the rise. Teenagers are the only age group

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for whom illegitimacy rates continue to go up. Girls from lower classes, sometimes raise the children themselves whether or not they marry the father or they turn them over to their own mothers. Middle or upper class girls usually have an abortion. Put the baby up for adoption, or get married. Girls who have their babies usually drop out of school, often never to return, and thereby cut off their chances for vocational training overwhelmed by the social psychological and physical pressure of pregnancy. Some try to skill themselves, making the suicide attempt rate for teenage mothers ten times higher than that of the general population.

ADULTHOOD : BIOLOGICAL AND SOCIAL CHANGES (MENOPAUSE AND HEALTH ISSUES)

STRUCTURE

15.1 Introduction to Adulthood Period.

15.2 Young adulthood (20-40 yrs) Biological changes:

    a)   Health in young Adulthood.

    b)   Common practices related to health.

15.3 Personality and Social Changes:

    a)   Intimate Relations and Personal life style.

15.4 Physical and Social changes in Middle Adulthood. (40-65)

    a)   Physical Changes

    b)   Sensory and Psychomotor functioning

    c)   Physiological changes

    d)   Sexuality

    e)   Menopause

    f)   Male climactive

    g)   Health Status

15.5 Social development

15.6 Biological and Social changes during late adulthood (65 and above).

    a)   Physical development

    b)   Sensory Motor development

    c)   Other changes

    d)   Health

15.7 Social Development

15.8 Self Assessment Exercise

15.9 Suggested Further Readings

15.1 INTRODUCTION TO ADULTHOOD PERIOD :

An individual assumes adulthood at the age of early twenties. By this time the physical changes accompanying adolescence are fairly complete for majority of persons. However psychological adjustment continue throughout the entire stage, but are perhaps more crucial in the 20's as the individual chooses career, life partner, establish his/her family and becomes a productive and useful member of his economic and social world. His personality and achievements are determined to a considerable extent by the kinds of experiences he has had during early formative years.

The period of, adulthood has been 'divided into three sub stages as :

(i) Early Adulthood

(ii) Middle Adulthood

(iii) Late Adulthood

Early Adulthood

It is the settling down and reproductive age, a problem age and one of the emotional tension, a time of social isolation ; a time of commitments and often a time of dependency, of value changes, of creativity and of adjustments to a new life partner. Personal interests in early adulthood include interest in appearance, in clothes and personal adornment ; in symbols of maturity and status symbols.

During this period social participation is often limited and changes in friendships, in social groupings and in values placed on popularity and leadership state are inevitable.

Middle Adulthood

Middle age is generally considered to extend from age forty to fifty. The onset is marked by physical and mental changes. Changes in interests in middle age are far less pronounced than those occurring during the earlier years, for the most part, the result of role changes. Middle aged men, as a group have a greater interest in clothing and appearance than middle aged woman social interests and activities in middle age are greatly influenced by social class status, sex and marital success.

Late Adulthood

Late Adulthood has been called the "shrinking circle" stage of family life because the most important change at this time" is the reduction of the family members living under the same roof. Also called the 'empty nest period', a time of radical role changes for both men and women, it requires for greater adjustment in life patterns. The physical and psychological disturbances that accompany the menopause and male climacteric often intensify the other adjustment problems of late adulthood which, in twin, heighten these physical and psychological disturbances. Interest in religion in late adulthood is usually greater than in middle adulthood and often based on personal and social needs. Among the common hazards that affects social adjustment in late adulthood age are acceptance of the "rocking chair" philosophy about this age, an unattractive appearance, lack of social skills, preference for family contacts, financial problems, family pressures and obligations, a desire for popularity as expressed in immature patterns of behaviour and social mobility.

15.2 IN YOUNG ADULTHOOD (20-40 YEAR) BIOLOGICAL AND SOCIAL CHANGES

Physical Development

Strength, energy and endurance are now at their peak. From the middle

twenties, when most body functions are fully developed, until about age 50, declines in physical capabilities are usually so gradual that they are hardly noticed.

The peak of muscular strength occurs sometimes around 25 to 30 years of age. It is followed by a gradual 10% loss of strength b/w ages 30 and 60. Manual dexterity is most efficient in young adulthood; agility of finger and hand movements begin to lessen after the mid thirties.

The senses are also at their sharpest during young adulthood. Visual acuity is keenest at about age 20 and does not begin to decline until about age 40. A gradual hearing loss typically begins before age 25, after age 25, the loss becomes more apparent, taste, smell and sensitivity to pain and temperature generally show no diminution until about age 45 to age 50 or later.

Health in Young Adulthood :

Accidents are the leading cause of death for people from 25 to 34 yrs of age and cancer and heart disease for people horn 35 to 44. About half of all acute conditions that young adults experience are cold, coughs and other respiratory illness; about 20% are injuries.

Specific behaviour patterns such as diet, exercise, smoking, drinking alcohol and reactions to stress can affect health. Seven health habits

(b) Common practices directly related to health.

    1.   Eating breakfast

    2.   Eating regular meals and not snacking

    3.   Eating moderately to maintain normal weight

    4.   Exercise moderately

    5.   Sleeping regularly 7 to 8 hours a night

    6.   Not smoking

    7.   Drinking alcohol moderately and not at all

Women are usually more likely than men to report being ill, to use health

services and to be hospitalized. Women are more health conscious than men and tend to arrange for health services for the entire family. Hormones of the menstrual cycle seem to affect at least some women physically and emotionally. The effect on cognitive abilities does not seem to influence daily functioning.

15.3 PERSONALITY AND SOCIAL DEVELOPMENT - TWO MODELS

Studies of Adults show that development continues throughout life. In young adulthood, people develop as they confront the issues of leaving their parents home, deciding on careers, establishing relationships and families and setting life goals.

Normative-Crisis Model : describes human development in terms of a definite sequence of age related social and emotional changes.

Those who follow this approach like Erik Erickson and researchers whom he inspired, believe that everyone follows the same basic built in "grand plan" for human development.

The Sixth of Erikson's eight crises and what he considers the major issue of young "adulthood is intimacy versus isolation. Young adults, need and want intimacy, they need to make deep personal commitments to others.

Timing-of-events model: Instead of Looking at adults development as a function of age, the timing of event model views life events as markers of development. According to this model which allows for more individual variation, people develop in response to specific events in their lives and to the times when these events occurs. If life events occur as expected, development proceeds smoothly. If not stress can result, affecting development.

a) Intimate Relationships and Personal Life-styles : According to Robert Steinberg's triangular theory of love, love has three aspects; intimacy, passion and commitment. These combine into eight types of love relationships.

1. Non-love

2. Liking

3. Infatuation

4. Empty love

5. Romantic Love

6. Companion and love

7. Fatuous Love

8. Consummate Love

During young adulthood, many people decide whether and whom to marry. Americans have been marrying later than in past generation Marriage is related to happiness and health. Success in marriage is related to age of marriage and the way partners communicate. Today more people feel free to remain single until a late age or never marry. Advantages of single include career opportunities, travel, and self-sufficiency. Possible negative aspects include being totally responsible for oneself and finding social acceptance.

Cohabiting is in many ways a maturing experience though there may be problems associated with it, such as dealing with the ambiguity of the situation, jealousy and the desire for a commitment.

Friendships are most important during adulthood. Societies are important for good health. The bonds forged in young adulthood with friends and family often endures throughout life. Their relationships continue to influence people through middle age and into old age, and the changes people experience in their more mature years affect their relationships.

15.4 BIOLOGICAL AND SOCIAL CHANGES IN MIDDLE ADULTHOOD

a) **Physical Changes: From** young adulthood through the middle years, biological changes generally take place so gradually that they are hardly noticed. Physical functioning and health are usually still good, though not at the peak level of young adulthood. Most people take changes in reproductive and sexual capacities-menopause and the male climacteric-in stride, and some experience a kind of sexual renaissance.

b) **Sensory and Psychomotor functioning :**Although changes in sensory and motor capabilities during mid-life are real and affect people's concept of themselves and their interaction with others, these changes are usually fairly small and most middle aged people compensate well for them.

Many people need reading galaxes for presbyopia, the farsightedness associated with aging middle-age people also experience a slight loss in sharpness of vision. There is also a gradual hearing loss during middle age. Hearing loss is greater for men than for women. Taste sensitivity begins to decline at about age 50 particularity, the ability to discriminate "finer nuances of taste". Sensitivity to smell holds ups well ; it is one of the last sensor to decline.

Although strength and coordination decline gradually during the middle years, the loss is so small that most people barely notice it.

(c) **Physiological changes :**The most common physiological changes of mid-life include a diminished ability to pump blood; reduced kidney functioning; less enzyme secretion in the gastrointestinal tract, leading to indigestion and constipation, weakening of the diaphragm ;and, in the male, enlargement of the prostate gland, which may cause urinary and sexual problem. Some of these changes are a direct result of aging.

d) **Sexuality :**Sexual activity is different during these years. Most men don't experience sexual tension as often as they did when they were younger.

e) **Menopause :**The biological event of menopause occurs when a woman stop ovulating and menstruating and can no longer bear children. For most women, menopause is a psychological nonevent.

At one time, such problems as depressions were blamed on menopause.

Psychological problems in mid-life are more likely to be caused by attitude than by anatomy - especially by negative societal views of aging

f) **Male Climacteric :**It is a period of physiological, emotional and with

stress. The stress could be because of problems with the parents, interpersonal relationships or at school. psychological change involving a man's reproductive system and other body systems. It generally begins about 10 years later than a woman's climacteric and its physical effects vary. About 5% of middle aged men experience, depression, defined physical complaints.

g) **Health Status :**The typical middle aged American is quite healthy. Only about 8% of people in this age range are unable to carry out important activities because of poor health. The most common Chronic ailments of middle age are asthma, bronchitis, diabetes nervous and mental disorders, arthritis and rheum term, impaired and sight and hearing and malfunctions of the circulatory digestive, and genitourinary systems major health problem of mid-life is hypertension.

15.5 SOCIAL DEVELOPMENT:

Many middle-aged people are at the peak of their careers, but others are involved in career changes that may be triggered by the self-realization process of mid-life. For some, occupational stresses such as burnout, unemployment and specific working conditions affect physical and emotional well-being.

The kind of work adults do affects the degree to which they grow intellectually. There seems to be a direct relationship between the complexity of the work a person does and that person's intellectual flexibility.

Some people do extremely creature work in middle age. Studies of scientists show that creativity appears to have more to do with slow, painstaking work than with sudden inspiration.

Changes in personality and life style during middle adulthood are often attributed to the mid-life crisis, a supposedly stressful period during the early to middle forties, which is triggered by a review and revaluation of one's past life and which heralds the onset of middle age. Erikson also saw the years around the age 40 as a critical time, when people go through their seventh normative crisis, generatively versus stagnation. Generatively is the concern of mature adults for

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establishing and guiding the next generation, looking ahead to the working of their own lives, people feel a need to participate in the continuation of life. If this need is not met people become stagnant- inactive or lifeless.

The middle aged people tend to invest less time and energy in developing friendships than younger adults so, since their energies are devoted to family, work and building up security for retirement. Middle aged parents tend to remain involved with their young adult children and continue giving them more than they get from them. Relationships between middle-aged adults and their parents are sually characterized by a strong bond of affection. Although older parents typically don't live with their adult children, they generally maintain frequent contact and offer and receive assistance.

Middle aged people, especially daughters may have to become care givers to ailing parents. This can be a source of considerable stress, various support programs can help relieve the strain of care giving. As middle age adults enter the last stage of life. They often focus more on their legacy to their children and grandchildren, we'll see what there final years are like.

15.6 BIOLOGICAL AND SOCIAL CHANGES DURING LATE ADULTHOOD

a) **Physical development :** The asset of senescence the period of the life span marked by declines in body functioning associated with aging-varies greatly.

b) **Sensory and Psychomotor functioning :**Although sensory and psychomotor abilities decline w.ith age, there is a great degree of individual variation. Vision older adults report that they have trouble doing a variety of activities dependent on vision. Hearing loss is very common late in life. Because older people tend to have trouble hearing high frequency sounds, they often cannot hear what other people are saying, especially when there is competing noise from radio. Taste and smell they have fewer taste bonds in the tongue and also because the olfactory bulb-the organ in the brain. that is responsible for the sense of smell has withered. An older

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person's body adjusts more slowly to cold and becomes children more easily than that of a younger person.

(c)   **Other Physical changes :**Many of the changes associated with aging are readily apparent to even the most casual observer and of cause to the elderly themselves. The skin becomes paler and splotchier, taking on a parchment - like texture and losing elasticity. People may shrink in size as the disks between their spinal vertebrae atrophy and they may look even shorter because of stooped posture. The chemical composition of the bones changes causing a greater chance of fracture. All the body systems and organs are more susceptible to disease but the most serious change affects the heart attack. The digestive system remains serious efficient. The smooth muscles of the internal organs continue to operate well and the lives and gallbladder hold up well. Most of the body systems generally continue to function fairly well, but the heart, in particular, becomes more susceptible to disease because of its decreased efficiency. The reserve capacity of the heart and other organs declines.

Health: Most older people are reasonably healthy, but incidence of illness and number of days of hospitalization are proportionally higher among older people than among younger people. Although most other people have one or more chronic conditions, many are not severely hampered by them.

Loss of teeth and gum problems are common in late adulthood,especially when dental care has been inadequate, very few people keep all their teeth until late in life. Most older people are in good men health. Dementia or intellectual deterioration, affects a minority of people of advanced age.

15.7 SOCIAL DEVELOPMENT :

Some older people continue to work for pay. Retirement does necessarily mean stopping work altogether. Many healthy retirees work part time, and part timers account for a little more than half of older workers. Most people leave their jobs by choice at or before the retirement age their employers set as mandatory.

Although poor health is a factor in some of these decisions, as much more common basis for retiring is worker's economic status. Retirement, is a major transition of old age, it can be eased by planning for retirement and learning to use leisure time well.

15.8 SELF ASSESSMENT EXERCISE

1. Define adulthood period and mention biological and social changes during young adulthood period.

2. Write in detail about biological and social changes during middle and late adulthood period.

15.9 SUGGESTION READING :

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

2. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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ADJUSTMENTS IN ADULTHOOD VOCATIONAL, MARITAL, PARENTHOOD ADJUSTMENT

STRUCTURE

16.1 INTRODUCTION

An individual assumes adulthood at the age of early twenties. By this time the physical changes accompanying adolescence are purely complete for a majority of persons. However, psychological adjustments continue throughout the entire stage, but are perhaps more crucial in the 20's, as the individual chooses career, life partner, establishes his family and becomes a productive and. useful members of his economic and social world. His personality and achievements are determined to a considerable extent by the kinds of experiences he has had during his earlier formative years.

The chief difference between children and adults is that adults understand certain facts of life including its "mysteries, its contradictions, its violence, its tragedies." The adult years hold great potential to intellectual, emotional and even physical development. Important advances occur during young adulthood, middle age and through late adulthood. Important advances occur during young adulthood, middle adulthood and through late adulthood. Some of these advance come about as the result of new and significant roles that many people assume in adulthood like the role of a worker, spouse, and parent. Thus adulthood is a period in which:

* Decisions are made about intimate relationships.

* Most people marry; most become parents

* Physical health peaks, and then declines slightly.

* Career choices are made

* Sense of identity continues to develop.

* Intellectual abilities assume new complexity

* Search for meaning in life assumes central importance.

* Women experience menopause in late adulthood

* Wisdom and practical problem solving skills are high

* Double responsibility of casing for children and elderly parents may cause stress.

* Launching of children typically leaves empty nest.

16.2 VOCATIONAL ADJUSTMENT:

An important characteristic of maturity and of adulthood has generally been considered the individual's ability to become involved in meaningful work, to take on the responsibilities that work or a career implies and to provide a livelihood for himself and his dependents. Although Freud defined the normal adult as someone able to love and to work some apparently normal people regard work as merely a necessary evil Individuals attitudes toward work vary considerably according to

social class, age and sex. For some persons work is merely something that must be done in order to survive; others view it as an opportunity to be productive, to gain self-esteem and respect, or to be creative. For still others, work may be an addiction-something they are driven to do or they must perform in order to feel adequate. A person may achieve a sense of pleasure, satisfaction and fulfillment from work or may feel blocked, burdened, frustrated and dehumanized by it.

Most males are socialized to feel that their work is a central part of their identity women on the other hand have a rather mixed socialization toward work. Some are clearly socialized to particular careers or to achievement. Others see work as a rather unsatisfying alternative to marriage and motherhood. However with changes in attitudes and with equal opportunities being made available to them increasing numbers of women are joining the work force.

There is a close relationship between an individual's occupational. satisfaction and family satisfaction. A person who experiences frustration or a feeling of incompetence or depersonalization in one area will tend to seek satisfaction in the other. A man who is unhappy in his job will place great emphasis upon family, harmony. The man who is unhappy in his family situation will use his job as a substitute for interpersonal satisfaction.

Work Cycles

The work cycle, like the family cycle is defined by particular turning points or crises. The first major step consists of the entrance into the entrance into the occupation. Later come changes in responsibility, dramatic promotions or reassignment or changes in career. All of these may require a career plateau, which may come earlier and last longer than is desirable. Others encounter frequent or protracted periods of unemployment often with intense financial, social and psychological stress. Near the end of a career, a person may experience a decline in responsibility or authority as he approaches retirement, the final stage in the work cycle.

Occupational Choice

There are several factors that have an impact on occupational choice.

Social class, ethnic origin, intelligence, sex, race or parental occupation can either provide opportunities or limit opportunities for a specific career. Although most people tend to focus upon an occupation during late adolescence or early adulthood, many of the social and psychological influences that direct their choice occurred in the early years of childhood persons cognitive and emotional development, acquisition of attitudes and values and achievement orientation are important to career choice and job success, and all of these take place long before the career choice is made while we may like to think of occupational choice as primarily a rational decision, the evidence for this is rather slim.

The Timing of Vocational Choice

It is generally assumed that by the early 20s everyone should have made a firm vocational choice and established a tight hold in some field. Between the ages of 17 and 29 most people make their first serious vocational choice, however this decision is often preliminary to a more mature choice later on. A particular individual may need several years to sort out his multiple interest, discover what occupations, if any might serve as a vehicle for living out his interests and to commit himself to a particular line of work.

Career Work and Life Style

To a great extent, a person's work may determine his life style. It may determine where he lives: east, city, country, suburb. It may determine his friendship patterns, level of sophistication, opinions prejudices and political affiliations what appears to be a rather subtle socialization into a particular career may have an extraordinary impact on an individual's life. Everyone who is either beginning a new job or continuing a career a new company is faced with certain adjustments in routine and with new patterns for performance. Beyond this, however, is the need to discover the un written rules of the new work situation. What are the expectations for appropriate clothing, speech and topics of conversation? Is conformity rewarded or is individuality more admired? Are radical politic and social ideas frowned upon? Is it necessary to live in a specific suburb and join a particular club in order to succeed? Sometimes the patterns are so clear and well known for the shop foreman for example or far the man in the gray flannel suit

that we are aware of the norms and expectations and work roles almost without thinking.

Sometimes the process of transition into the career or new job is relatively smooth, if considerable preparation has been made prior to the actual work experience. In other situations, the transition to the occupation results in a kind of culture shock. The college student who spends a summer working in a factory or with a construction gang may experience this type of shock. Similarly individuals who are given special opportunities to upgrade their careers dramatically may find the subtle demands for attitudinal adjustment much more overwhelming than the Specific skills or knowledge necessary for job performance.

How Adults Feel about their jobs

By and long ; workers under age 40, who are in the process of forming their careers are less satisfied with their jobs overall than they will be later on, at least until age 60. They are less involved with their jobs, less committed to their employers and more likely to change jobs than they will be in later life.

What accounts for the increase in job satisfaction with age? No one is sure. There are no clear age differences for some specific aspects of job satisfaction and findings about satisfaction with pay are mixed. The relationship between age and over all job satisfaction may reject the nature of the work itself. The longer people work at an occupation, the more rewarding the work may be or it may be that younger people, who are still seeking the best path in life know that they can change career directions more easily now than later. They may look at their jobs more critically than they will when they made a stronger, commitment.

Again we have to be careful about differences that show up in cross sectional studies. For example, older people have shown a greater belief in the work ethic, the idea that people should work hard to develop character. This is probably a difference in values between cohost rather than an effect on how long people have lived. There may be more of a developmental difference, however in personality needs associated with work. Younger workers, for example, are more concerned with how interesting their work is with the opportunities it gives them to develop their abilities and with their chances for advancement. Older workers

care more about having friendly supervisors and co-workers and receiving help with their work.

Occupational Patterns

The typical aged worker is likely to fit one of two descriptions. She or he may be at the peak of a career chosen in young adulthood earning more money, exerting more influence and commanding more respect than at any other period in life or a worker may be on the threshold of a new vocation possibly spurred by the re-evaluation that takes place during mid-life or by the need to seek a new line of work after being forced out of a job by cutbacks or for some other reasons. A variation on the second pattern is that of some women, who enter the work force at this time of life or move into more demanding, work, because of the emptying of the nest or the need for money to send children to college.

Pattern 1. Stable careers

People who follow the patterns of a stable career are reaping personal benefits and also letting society benefit from their years of experience in chosen field. Most of them continue to enjoy the work they have settled into. And because of their accumulated experience and wisdom, many reach positions of power and responsibility. Most business, academic and political leaders and many other prominent people in our society, tend to be in their middle years.

Pattern 2 : Changing Careers

Stories of career changes are abundant these days as people seek new careers for a variety of reasons. With long life expectancies, many middle aged people realize that they do not want to keep doing the same thing for the next 20 years and therefore strike out in totally new directions. Some are forced by unemployment to seek second careers. Some would rather change lives more because they are contributing their valuable experience to new organizations and they are often considered particularly valuable employees since they are highly motivated and ambitions. But people who are forced to change careers may also do well, taking a layoff or forced retirement as an ,opportunity for growth.

Education and counselling can help people considering mid-life career

changes to see what possibilities are open to them and how. they can make the most of those possibilities. The decision whether or not to stay in a job may hang on the amount of intellectual and personal growth that the work provides.

People who follow this second pattern-changing careers are getting considerable attention these days as part of a trend toward a lifetime of multiple career jobs than deal with competition from younger people moving up the career ladder.

Common events of midlife can cause people to change careers. The emptying of the nest when the last child leaves home may change a women's orientation from family to career and may also affect a man's outlook. People who have paid off the mortgage or put the last child through college may look for an easier work load, a job that pays less but is more satisfying, or a business venture that is risky, but exciting. Others realize that they are ill prepared for retirement and focus on accumulating a nest egg. And divorce or widowhood may create a need for more Income.

How do career changes far? The answer depends in part on whether the change is free or forced. People who freely choose to make a change often enjoy this.

16.3 MARITAL ADJUSTMENT :

It is during this period that most people decide whether they will marry or stay single and whether or not they will have children. These are the years for implementing these decisions.

People often do marry the boy or girl next door or down the block. Marriage partners tend to be of the same socioeconomic class of the same general educational background of the same race and religion and of the same value system.

What is success in marriage? Different researchers have relied on people's rating of their own marriages, on the absence of mortal counselling, or, on the number of years a couple stay together. But all these criteria are flowed. There are many factors affecting success in marriage as age, Religion and Personality factors.

Age at marriage is an important predictor of a marriage success. Early marriage may affect career or educational aspirations, restrict both .partners potential for growth and lock a couple into a relationship neither one is mature enough to handle. A marriage has the highest chance for success if both partners are of the same religions and practice that religion. Personality factors are on important element of marital success. Happily married persons have been characterized on the basis of personality tests as emotionally stable, considerate of others, self confident and emotionally dependent.

16.4 PARENT HOOD ADJUSTMENT :

The birth of a birth marks a major transition point in parents lines. Up until marriage the major familial reference point for most people is as their parents child and their major responsibilities are to themselves and their own development. But with the birth of a baby, they are, for the first time, totally responsible for the life of another human being. With the baby's first squall, its parents abruptly move up a generation, with all the duties that implies.

Parenthood is mixed in its emotional impact. The baby's birth brings have to a couple more dramatically than any other event in their lines the recognition that they are no longer children, but adults. But along with the joy and excitement that parents may feel upon holding their new baby, and the feelings of achievement that they may experience upon reaching this new status come a host of conflicts and anxieties.

Parenthood has been idealized on the other hand as a source of joy and raptive and it has been weighed down on the other hand' with 'a steadily increasing flow of advice on what parents need to do to raise perfect children.

Parenthood should be and can be a creative self-growth experience when parents remember, their own needs for continuing development.

The group for the Advancement of Psychiatry (1973) specifies four phases of parenthood:

1. **Anticipation :** During pregnancy, people think about the meaning of parenthood and how they will raise their children.

2. **Honeymoon :** A time of adjustment and learning. During the first month after the birth of a baby, attachments are formed b/w parents and child & family members learn new roles in relation to one another.

3. **Plateau :** The middle period of parental life, from infancy through the teenage years. In each stage parents have to adopt their behaviour to the level of the child.

4. **Disengagement :** The period leading to' the end of an active parental role.

As these phases point and, the parenting role changes as the child grows. And the parents grow also in the experience of parenting.

Responsibilities at different stages of Parenting

Before Birth of First Child :

Thinking about why they want children. Planning this lives as parents.

Infant and Toddle :

Resolving conflicts between individual goals (career, comfort and convenience) and baby's needs change in image of themselves from parents children to children's parents. Giving of self physically and emotionally, working through their relationships with their own parents-encouraging their role as grandparents.

Preschooler

Learning to change parenting behaviour as the child's needs change, keeping the marital bond strong despite children's demands on time and energy, pursuing vocational goals more vigorously as the child begins to move out of the house, learning how to consult books, media, child rearing experts without being too dependent on them.

School Child

Developing realistic view of the child's abilities, separating their own achievement needs from the child's learning how to be sensitive to the emotional

needs of other people, participating in the child's school and extracurricular life to contribute in a public setting, recapturing the freshness of childhood by seeing things through the eyes of their child.

Adolescent

Reexamining values in response to the child's questioning and testing of limits, learning how to be flexible, learning how to be strong in setting necessary limits, attending to own career goals, while not ignoring children's need.

Young Adult

Enjoying relationship with young adults who happen to be their children. Accepting children as independent people who need to make their own decisions and learn from their mistakes. Rethinking individual life goals after work of parenting is complete.

16.5 MENOPAUSE

This biological event in every woman's life when she stops menstruating and can no longer bear children, comes at different times for different women, although the median age is 49.2. The time span of some two or five years during which a woman's body undergoes the various physiological changes that bring on the menopause is known technically as the climacteric.

Menopause is caused by a decrease in the production of estrogen, which brings about the end of ovulation. Its onset may be sudden or gradual with the woman noticing nothing more than the cessation of the menses or experiencing any of some fifty different symptoms that she may associate with the menopause. The only symptoms that seem directly related to the reduction of estrogen production are "hot flashes"; thinking of vaginal linings and urinary dysfunction.

Many other symptoms commonly associated with menopause insomnia, fatigue, anxiety, palpitations and so forth don't seem to have a hormonal basis. Some may result from. middle age itself. Others may be keyed to the psychological aspects of menopause which dramatically signal to a woman that she has passed a milestone in her life.

Menopause does not seem to have the serious consequences for women that the old wives tales would have us believe. In a survey several hundred women from 21 to 65 years of age on their attitude towards menopause and found that women who had been through it had a much more positive view than women who had not.

In a recent years there has been much. talk of a 'male menopause'. Despite the fact that men retain the ability to father. Children until quite late in life into the seventies or eighties - there are some biological changes in middle aged men. These include a decreased rate of testosterone production, decreased fertility and frequency of orgasm, and an increase in impotency, furthermore, men appear to have cyclic fluctuations in the production of hormones.

16.6 HEALTH ISSUES :

The typical young adult is the ideal physical specimen. Strength, energy and endurance characterize this time of life. From the middle twenties, when most body functions are fully developed, until about the age of 50, declines from this peak are so gradual they are hardly noticed.

Young adults are the healthiest people in the population. They get far fewer colds and respiratory infectious than they did as children and they do get them, they shake them off easily. Many young adults are never seriously sick or incapacitated.

As people reach the age of 35, they are less likely to die violently; but for men 35 to 44, 3 out of 10 deaths are still violent ones. Cardiovascular problems increase throughout life. Blood pressure has been rising slowly and gradually from early childhood and cholesterol levels increases steadily between the ages of 21 and 35, when heart attack becomes the leading killer. Cancer is the second most frequent cause of death for people over 35 - breast and tilerine cancer for women and lung cancer for men. The toll of excessive smoking and drinking can be seen in the large number of death from lung cancer, 'heart disease, limbosis of the ,liver and automobile accidents.

Only a small minority of adults are affected by ailments that are so disabling

that they need to bring about a change in life style or have a real fear for the future.

The most common chronic ailments are asthma, bronchitis, diabetes, nervous and mental disorders arthritis and rheumatism, impairments of sights and hearing, and malfunctions or diseases of the circulatory, respiratory, digestive and genitourinary systems.

Man and women have different attitudes toward their health, probably as a realistic response to fact that in adulthood death rates are about twice as high for men as for women.

16.7 SELF ASSESSMENT EXERCISE

1. Discuss the vocational and marital adjustment off adults.

2. Discuss the parenthood adjustment, menopause and health issues of adults

16.8 SUGGESTED READINGS :

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

2. Shaffer, D.R. and Kipp, K. (2007). Developmental Psychology Childhood and adolescence

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HOME SCIENCE	UNIT - IV
	LESSON NO. 17

DEFINITION AND CHARACTERISTICS OF OLD AGE

STRUCTURE

17.1 Objectives

17.2 Old Age: Definition

17.3 Characteristics of Old Age

17.4 Glossary

17.5 Self-Assessment Exercise

17.6 Suggested Reading

17.7 Suggested Further Readings

17.1 OBJECTIVES

This lesson aims to help the students understand:

1. Definition and characteristics of ageing.

17.2 OLD AGE : DEFINITION

Every human being passes through various stages in his life time birth infancy, childhood, adolescence, adulthood and old age. This biological transition through different stages has cultural and human overtones. Age definition and differentiation carry significance to the society and the individual. For the society, they function as indicators for the allocation of various status and roles. For the individual, age serves as an important base for self-perception and role, performance.

The time at which old age begins is ill-defined. It varies according to period, place and social rank. In preindustrial societies life expectancy tends to be relatively short and the outset of old age early.

Old age usually is the period between retirement and death. Chronological age is a poor criterion for making old age. There are such marked differences between individuals in the age at which they actually begin to age. Due to better living conditions and medical facilities life span has increased and ageing does not start till the mix-sixties or early seventies, but the traditional dividing live is still in use. For some old age is one of the longest periods in the life span, while for others, it is one of the shortest with the increased span of life in India, a person over 65 years of age may be considered as aged. Due to the increased longevity, the retirement age in India has been raised from 55 to 58 in several sectors.

Ageing is a normal inevitable and universal phenomenon. Literally it refers to the effects of age. Commonly speaking, it means the various effects or manifestation of old age. Ageing has thus three aspects biological, psychological and social. But most of the definitions deal with any of these three aspects, generally the biological aspect.

For biologists and medical scientists ageing refers to deterioration in physiological capabilities. Ageing may be defined as a decline in physiologic competency that inevitably increases the incidence and intensifies the effects of accidents, disease and other forms of environmental stress. Ageing is due to dominant mutation killings of incapacitating of the somatic cells. Biological ageing is the gradual decrease in the adaptation of an organism to its normal environment. This reduced adaptation finds expression in a decreased ability of the organism to carry out various specialized functions.

Problems of ageing make their appearance generally after the age of 65 years. In the Indian home, elderly people are regarded as symbols of the divine and given utmost respect. They ate considered as the repositories of wisdom, carriers of traditions and transmitters of experience and ideas of group living. The aged have a definite place in the community. By virtue of their age, they perform certain

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traditional functions in relation to the other individuals and groups.

Due to the increase in life expectancy, which is the direct result, of the better health care, the number of the aged in the society is on the increase. Not only is the number of old people is becoming greater, but the proportion of the aged in the local population is also becoming steadily greater. The life expectancy for males is less than the life expectancy of the females. Hence there are more old women and widows than old men in the population.

In the Indian culture the old women takes up the role of the 'kind grannies' who virtually brings up the young. She also supervises the household chores. The old man's guidance is sought from time to time in all the matters social, economical, political and religious.

Old age is the period when the individual enjoys the fruits of his labor organizing leisure time activities. The old have all the time. In the world to enjoy life and look back on life. They have the prestige that comes from past achievements. Society has prescribed them suitable social roles such as consultants and leaders for social functions.

17.3 CHARACTERISTICS OF OLD AGE

1. Loss of general attractiveness and status because of loss of productivity in the matter of work and money. Feeling 'useless' may be the source of frustration.

2. Deterioration of sense facilities.

3. Homeliness.

4. III health.

5. Financial worries.

6. Decline in mental functioning which leads to think and learn slowly to forget quickly, to be confused, to have repetitive speech, to wander in attention and get fatigued quickly.

7. Decline in Companionship, withdrawal from social contacts and loss. of

interest in personal life and family responsibility.

8. Feelings of insecurity, selfishness, demanding attention-and unwillingness to do his share of work.

9. Cautions, conservative and religious

10. Feelings of inadequacy, rejection, self-pity, apathy, negativism, rigidity & regressive tendencies.

17.4 GLOSSARY:

Ageing: Decline in Physiological competencies

17.5 SELF-ASSESSMENT EXERCISE

1. Define Old age and discuss its characteristics

17.7 SUGGESTED FURTHER READINGS

1. Problems of Ageing by J.N.P Sinha First Edition. 1989.

HOME SCIENCE   UNIT - IV

                                                              LESSON NO. 18

ADJUSTMENT IN MEN AND WOMEN DURING OLD AGE

STRUCTURE

18.1   Objectives

18.2   Theories of Adjustment to Ageing

    (i)   Theory of disengagement

    (ii)   The activity theory

    (iii) The role exist theory

18.3   Adjustment in Old Age

    (i)   Adjustment in personal attitude

    (ii)   Adjustment in health conditions

    (iii) Psychological Adjustment

    (iv)   Adjustment to the loss of spouse

    (v)   Adjustment to Retirement

    (vi)   Adjustment to changing social system

18.4   Question For Review

18.5   Glossary

18.1 OBJECTIVES

This lesson aims to help the students to understand

1. **Adjustment in Old Age**

2. **Different aspects of Adjustment**

18.2 ADJUSTMENT IN OLD AGE

Adjustments in old age are difficult because of the limited capacity of the old, there diminishing energy and declining metal abilities. There are two aspects to psychological adjustments: Outer and the inner. The outer aspect is evaluated by external observes in terms of individuals capacity to function appropriately and efficiently. The inner consists of the degree to which the individual achieves a relatively integrated satisfaction of the various psychological needs and pleasurable sense of well-being, contentment and relative freedom from unpleasant tensions and anxieties. The degree of success depends upon the individual's adaptability. The world will not adapt itself to the elderly only the elderly will have to adapt themselves to the world.

If the role assigned to the individual in the society has been well defined; then adjustment becomes easier. In olden days, the part of the elderly in the society was clear cut. They were considered as the reservoirs of wisdom. They had the authoritarian role of the 'boss' in the traditional joint family. Though they are still given due respect, their role has not been defined well caught in the midstream of conservatism and changing trends, their position today is ambiguous.

(i) Personal Attitude :- The individual achievements depends upon his personal attitude towards the problem faced. The attitude of the individual is colored by his past experiences. If he had been able to cope well with other roles ascribed to him in the past, he is less likely to experience difficulties in setting down to aged life. But those who had bitter experiences in the past are likely to be more maladjusted. Some old people are optimistic about the approach of the old age or 'the closing period' of life. They are quick to adapt to the changing life. Lack of preparation for the oncoming stage also make adaptability difficult. The man who has made proper financial and other arrangements for the rest of the life looks forward to this period of rest and leisure, more happily than others who feel insecure and inadequate and dread the onset of ageing and the problems it is likely to bring.

The foundations for a happy old age should be laid in early life itself. It children are taught to help and respect the aged, they will be shown the same

attitude by their own children. When the foundations are poor, the meaning physical and mental resources of the individual render, the old person less capable of making adjustments to changes his life.

(ii) Adjustment to Health Conditions :-Health conditions affect adjustments in old age. Those who are healthy have the Zeal and courage to face life-defiantly, while the less healthy become dependent on others, Not only the actual health condition, but also the attitude exert a tremendous influence.

The type of living and interpersonal relationship with others have marked influence on the adjustment process. The type of environment where there is love and affection and respect for the old, is more conducive to successful old age than others. Similarly, institutionalized aged are less happy than ones living with families. Adjustment is closely associated with the living arrangements resulting from choice rather than necessity.

Old age is a period of physical 'decline'. The physical condition depends partly upon hereditary constitution, temperament, the manner of living and environmental factors. Vicissitudes of living, fault, diet, malnutrition, infectious intoxications, gluttony, inadequate rest, emotional stresses, overwork, endocrine disorders and environmental conditions like heat and cold and some of the common secondary causes of physical decline.

Face is the index of not only the mind but also of age. Due to the loss of teeth or wearing down of teeth the jaws becomes smaller and the skin sags. The cheeks become pendulous with wrinkles and bags and the eyelids become baggy with upper lids over hanging the lower. The eyes seem dull and lusterless and they often have a watery look, due to the poor functioning of the tear glands. The nose is elongated and, as the lower part of the face is shortened by the changes made in the jaw, the nose appears largely than in actually is. Loss of dentures affect speech and some even appear to lisp. The skin becomes rough and taut and loses its elasticity. Wrinkles arc formed and the veins show out prominently through the skin. Perspirations is less profuse. Holes and other skin blemishes appear as the age advances. The fair becomes thin and grey. Nails become thick and tough. Shoulders stoop and are either over height or underweight. Tremors of the hands,

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forearms, head and lower jams are common.

Bones harden in old age, become brittle and are subject to fractures and breaks, which are increasingly slow in heating as age progresses. 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 values changes, gradually because of an increase in the fibrous tissue from deposits of cholesterol and calcium and the aged are more prone to heart diseases than others.

Due to the weakening regularity mechanism, body temperature is affected. Therefore the old persons feel the change in climate more profoundly than others. They experience difficulty in going to sleep and suffer from digestive troubles, even if the diet is slightly altered. Malnutrition is a great hazard to aged. Due to the dental problem they are not able to chew or swallow well. The old are more accident prone because of their slow reaction to danger, which in turn is the direct effect of the malfunctioning of the sense organs and declining mental abilities. Strength and work capacity decrease. Eyes and ears are also affected greatly. Changes in the nerve centre in the brain and retina affect vision and sensitivity to colour is also lost gradually. Most old people suffer from for sightedness because of the diminishing capacity of the eye lens. Loss of hearing is greater for males than for females.

As age increases, the sexual potency decreases along with a warning of secondary sex characters. Women experiences menopause generally at the age of 40-50 years accompanied by nervousness, headaches, giddiness, emotional instability, irritability and insomnia.

A decrease in motor capacities, in terms of strength, skill, speed of reaction, time and ability to master new skills occurs with advancing age. The movements of the aged are less coordinated. They get fatigued easily. New skills are not learn easily and there is lack of motivation.

(iii) Psychological Adjustment:- The elderly, must adjust themselves psychologically, before they can make the needed adjustments in the patterns of their behaviour. With ageing there is slowing down of memory and other mental abili-

ties. There is a slipping of memory in old age. Forget fullness is one of the popular criteria of old age people forget the immediate present, the names of grand children and others who have come into their lives recently and seem to remember the past very well. They find it difficult to learn and remember new names, figures and facts. The rate of mental decline is dependent to a large extent on the physical condition of the individual. Lack of environmental stimulation leaves its mark on the rate of mental decline. Studies on the aged show that those who continue to work have move normal brain functioning and do better on intelligence and, independent creative thinking are usually affected in old age. At this age they live in a world of their own. The declining mental ability makes them dependent. They not longer have trust in their own ability or judgments. At the same time they feel felt out, when the youngsters do not pay attention to their suggestions and advice.

(iv) Adjustment to the loss of spouse :-Loss of spouse is an oppressing psychological problem common to all the old. Adjustment to death of a spouse is difficult for men and women in old age because at this time all adjustments are increasingly difficult to make. Furthermore, as old age is a period of contracting interests, especially social interests, being left alone cannot be compensated for by the, development of new interest as readily as it would have been during the younger ages. In India men are much older that women when they marry. Hence there are more widows than widowers in the old age population. Since marriage is still considered a sacred union, widowhood results in a loss of status. Moreover, widows become economically dependent on their sons, unless they have some property of their own. Even then they are expected to live with their sons. As to Indian widower, he loses the service of his doting wife and feels lonely and felt out. No doubt he can reside with his sons, but having been used to being looked after by, his wife, his increased dependence on others may cause frustrations and irritations. Very few elderly people participate the problem of widowhood and made plans for it. Therefore when it happens they are seldom prepared to meet it and adjust to the problem of loneliness that it brings. When the spouse dies, the other loses the company he/she has had for several years.

Older people increasingly suffer social losses with age. Their social life is narrowed by loss of work associates, death of relatives, friends and spouse and

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poor health which restricts their participation in, social activities. The home become the centre of their social life which gets confined to the interpersonal relationships with the family members.

(v) Adjustment to Retirement :-Retirement usually, results in loss of status so for enjoyed in the social circle and also income. Most men are unprepared for retirement. They rarely get a chance to save for their old age. Most of their income has been spent on education of sons and marriage of daughters. They get a certain amount as provident fund, pension, and other such benefits after retirement, which are also spent, on some major expenses like marriages. Apart from this they get meager amount as pension. So with retirement the family economic balance is upset. If the eldest son finished his education by then and is ,earning, he accept to bear the 'yoke' Nowadays girls also increasingly, accept this is family responsibility. The retired therefore start searching for re-employment is, acute.

Taking up a new job, is also affected by the familiar attitudes. People start identifying the retired in terms of 'what he was' instead of 'what he is' in the family also be is reverted from the state of 'Chief bread winner to a more dependent.' Moreover limited contact with outside world makes it difficult for them to understand and move with the younger generation. Some of the recreational activities indulged in by the aged are reading newspapers and books, attending religious discourses and chatting with their age mates in clubs and other forms.

But although we thinks of retirement as a sort of universal market, by no means does it have the same effect of everyone women especially, are not always affected by retirement. For some who have worked all their lives, it truly does mean a major change. But other women have never worked, and still others have moved in and out of the work force all their lives. They have had a change to adjust to a less structural life at home.

Whether an individual reacts well or poorly to retirement is the result of a combination of different factors his outlook on life and work, his   health; his economic status; his needs for a sense of fulfillment his flexibility and his personal history; If the individual has led an involved, highly active life, he is likely to carve out a busy retirement for himself, if he has led a disordered life, with little central

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meaning, then retirement is apt to be unsatisfying and even dehumanizing. In an important sense, retirement is the culmination of a lifetime.

(vi) Adjustment to changing Social System :- Today the traditional joint family system has given way to the modem nuclear family system where the aged find less and less place. They are being increasingly isolated and left out. They are unable to cope up with the speed of the modern world in the villages also they are not wanted with never farming practices and migration. Young men are increasingly hesitant to take up the burden of their parents in these hard days of inflation. But, still most of the aged prefer to live with their children during the last phase of life when they need their warm affection and close relationship. Quite a few settle down in their native villages where they are seen not only as 'they are today' but also they were yesterday'. By and large the Hindu grandparents still feel as an integral part of family life.

Although a joint family' looks after its .older members, there may be cases of dependence with out sufficient means. Such persons and those who wish to have a life independent of their families in the company of their own age mates, need institutional services and clubs or days centers. This need in India is all the greater because the system has lost its ground due to the social changes. The average expectancy of life is also increasing with reduction in infant mortality, public health programmes, better medical facilities, improved sanitation and due to the progress made by better nutrition and medical science. The problems arising out of longevity of life are now gathering new dimensions. The modern social-economic system makes old age serious social problem. With new values in new setting, unqualified adjustment on the part of the old is necessary. They must be given education in democratic way of living. Planned and purposeful activities which will constructively engage older person according to their capacities must be organized.

The feeble, the infirm, the incurable the physically and mentally handicapped and those aged who are suffering from chronic illness need special services either in their own homes or at infirmaries.

The need of the aged are: environmental, .occupational, economic health

and leisure. The following five different types of provisions would help the older and infirm persons:

1. Day care centers or older person's clubs for those who live with their families :

2. Institutions for unattached, dependent and friendless persons.

3. Employment opportunities to enable the able aged to have economic security.

4. Financial assistance or pensions to those aged and infirm who can live in their families but do not have sufficient means to maintain themselves.

Being precarious man wants to belong to a group even in old age, in order to express himself and to have sense of belonging. He needs a group of friends with whom he can share common interests and spend his spare time. In a day care centre, a person spends his spare time constructively avoiding conflicts in the family which arise from an idle mind. These centres provide useful service to unhappy, lonely and defeatedaged, help them make new friends and make day time hours happier and engaging.

18.3 QUESTIONS FOR REVIEW

1. What are the various theories of adjustment in old age?

2. What are the various areas which require adjustment? Explain.

18.4 GLOSSARY

Adjustment : It is a process involving both mental and behavioral responses by which on individual strives to cope with inner needs and conflicts and bring about harmony between there inner needs and outside demands.

18.5 SUGGESTED FURTHER READINGS

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

PROBLEMS OF OLD AGE, INTERGENERATIONAL CONFLICT IN INDIA

STRUCTURE

19.1   Objectives

19.2   Problems of Aged.

     19.2.1   Economic Problems.

     19.2.2   Physical Problems.

     19.2.3   Mental and Behavioural Problem.

19.3   Meaning and Theories of Intergenerational Conflicts.

19.4   Conflict in Intergenerational Relations.

19.5   Factors Leading to Continuity

19.6   Summary.

19.7   Glossary

19.8   Questions for Review.

19.9   Suggested Further Readings.

19.1 OBJECTIVES:

    I. Introduction to old age.

    2. Various problems faced in old age.

3. Understand what is meant by intergenerational conflicts.

4. Understand about it specifically in Indian Context.

19.2 PROBLEMES IN OLD AGE

Age is unequivocally universal and irreversible process. This process varies considerably within and between cultures. Getting old is the result of the interplay of biological, social, psychological and ecological factors. Old age is the last phase of the human life cycle and the timing of this phase, its impact on role relationship and the meaning

attached to it vary in different societies and even in different subgroups of a society. Of all the stages of development old age is the one for which it is difficult to set a beginning age. Some men and women manifest the signs which are associated with old age in their 50's or earlier and some in theory 60s. Others are psychologically alert even beyond 70's. There aging years demand a higher degree of emotional adjustment. Deprived of the emotional support of daily occupation and of the confidence engendered by the feeling of being needed by one's family. Old age can prove a most difficult time for some persons.

In the process of ageing, the last phase is considered as decline and death ; and in this phase majority of the aged face economic, social, psychological and health problems which of course, vary from individual to individual. Further, the determination of old age differs' from society to society in accordance with the social organization including the cultural beliefs in vague on one hand and the level of economy, standard of living and health services on the other.

19.2.1 Economic Problem

After reaching to the old age, an individual has to adjust himself by limiting his needs. The way in which the aged people regulate their needs to suit their financial resources is an important factor for their total adjustment in their old age.

Aging by virtue of itself, indicates multiple problems and one of the major problems faced by most of the elderly is economic hardship. In general, aged people tend to have low income and little accumulated wealth. As a result many of them are in poor position to maintain even the optimum standards of food,

clothing, housing and social amenities. Economically the poorest position of the aged are in the unorganized sector, i.e. agriculturists, casual workers, landless labourers and the like. In case their children do not come to their aid and help them to cope with their economic, health and psychological problems, they have to work for themselves as long as they live.

As age increases, an individuals earning capacity gradually gets decreased and in due course the caretakers become care seekers. This economically dependent life especially in low and in middle income group gradually spoils the interpersonal relationships between the aged and younger generation. Most of the aged are in economic crisis and they are reducing/adjusting their needs in time with their savings they had. As members of the society, they too have to fulfill certain social obligations like attending marriages, deaths of kin or friends, making gifts of their daughters and grand children at the time of their visits and so on. To meet such social obligations it is found that some of the aged people think that their economic dependency on their children certainly and gradually gives rise to conflicts into the family and to avoid this they have to do small works.

In high income group aged previously used to control the finance and family budget but in course of time they have to hand over these powers to the younger generation, due to the inevitable loss in their physical ability and mental strength, most of the aged dislike to cease control over the family's financial matters. But if they want to continue in the same role in their old age, it is largely feared that their grown up children with modern idea would definitely question their authority and also it there is a joint living, it would definitely break in the nuclear families and ultimately the aged will have to face financial and psychological problem.

The problem of maintaining a reasonable standard of living of the aged and ensuring them the availability to basic physical amenities of life is being given great importance in almost all sections in a modern society. Speaking about the economic problems of the American aged, Horlock (1983) says relatively few elderly people have adequate income from investments to meet their needs, the most have to depend on economic aid from public or private sources, such as government, institutions, churches, friends and relatives.

In the Indian context a large section of India's population is living below

the poverty line. The plight of the aged is all the more hopeless in this regard. The economic position in rural aged is (low socioeconomic group) relatively lower as they are not supported by any pension scheme regularly when compared to their urban counter- parts (middle socioeconomic group) of the organized sector who get pensions after their retirement.

19.2.2 Physical Problems

Although sensory and psychomotor abilities decline with age, there is a great degree of individual variation. Loss of vision or hearing have particularly strong psychological consequence, as they deprive people of activities, social life and independence.

Vision Problem

Older adults report that they have trouble doing a variety of activities dependent on vision. Driving is most seriously affected (especially at night), because they cannot adapt as well to dim light, are more sensitive to glare, and have problems locating and reading signs. Also, it often hard for them to read or do close work, shop for the cook food, and follow credit on a movie a television screen. Their problems stem from deficits in five areas : speed in processing what they see, near vision, light sensitivity, dynamic vision (reading moving signs) and visual search. After 65, however serious visual problems that affect daily life are all too common. Many older adults have 20/70 vision or worse and have trouble perceiving depth or color. About 16 percent develop cataracts, cloudy or opaque areas in the lens of the eye that prevent light from passing through and thus cause blurred vision. Besides curtailing the activities of everyday life, these problems cause accidents in the home and outside it. Glaucoma, another frequent cause of blindness, occurs, when fluid pressure builds up, damaging the eye internally. If this disease is detected through routine vision checkups, it can be treated and controlled with eye drops, medicine, laser treatment or surgery.

Hearing Problem

Hearing loss is very common late in life, about 3 out of 10 people between 65 and 74 and about half of those between 75 and 79 have it to some degree. Because older people tend to have trouble hearing high frequency sounds, they

often cannot hear what other people are saying, especially when there is competing noise from radio or television or there is a buzz of several people talking at once. Hearing aids can compensate for hearing loss to some degree, but only 5 percent of older people wear them (National Council on Aging, 1978). They can be hard to adjust to, since they magnify background noises as well as sounds the wearer wants to hear. Further more the people may feel that wearing a hearing aid is like wearing a sign saying I am getting old."

Medical treatment, special training and surgery are other ways to deal with hearing impairment. People should have their hearing checked if they find it hard to understand words.

Taste and Smell

When older people complain that their food does not taste good anymore, it may be because they have fewer taste buds in the tongue and also because the olfactory bulb- the organ in the brain that is responsible for the sense of smell has withered. What you taste very often depends on what you can smell.

A study of almost 2000 people found that the sense of smell is keenest between ages 30 and 60 ; it declines slightly from age 60 through age 80 and then drops sharply (Doty, 1984).

Sensitivity to Cold and Heat

An older persons body adjusts more slowly to cold and becomes chilled more easily than that of a younger person. Exposure to outdoor cold and to poorly heated interiors may lower body temperature - serious risk for the aged. Older people cannot cope or well with heat either and they often have trouble working in warm temperatures.

Other Physical Problems

Many of the changes associated with aging are readily apparent to even the most casual observer and of course to the elderly themselves. The skin becomes pale and splotchier, taking on a parchment like texture and losing elasticity. As some subcutaneous fat and muscle disappear, the inelastic skin tend to hang in folds and wrinkles. Varicose veins are more common. In both men and women, the

hair becomes thinner, what is left turns white and it sprouts in new places on a women's chin and out of man's ears.

People may shrink in size as the disks between their spinal vertebrae atrophy and they may look even shorter because of stooped posture. Osteoporosis, a thinning of the bone that affects some women after menopause may cause a 'widow's hump' at the back of the neck. The chemical composition of the bones changes, causing a greater change of fractures.

All the body systems and organs are mere susceptible to disease, but the most serious change affects the heart. After age 55, its rhythm becomes slower and more irregular, deposit of fat accumulate around it and interfere with its functioning and blood pressure rises. The digestive system remains relatively efficient. The smooth muscles of the internal organs continue to operate well, and the liver and gallbladder hold up well. When obesity is present, it affects the circulatory system, the kidneys and sugar metabolism; it contributes to degenerative disorders and tends to shorten life.

Dental Problem

Few people keep all their teeth until very late in life. This fact and the fact that tooth and gum problems are common in these years can have serious implications for nutrition. Since people with poor or missing teeth find many foods hard to chew, they tend to eat less and to shift to softer, sometimes less nutritious foods.

19.2.3 Mental and Behavioural Problems

The confusion, forgetfulness and personality changes sometimes associated with old age very often have physiological causes. Some mental and personality changes that seem to indicate brain disorders are actually the result of depression. Many older people suffer from a variety of more or less disabling aches and pains ; have lost spouses, siblings, friends and sometimes children; take medicines that can alter mood; and feel that they have no control over their lives. Symptoms of depression are extreme sadness, lack of interest, loss of weight, fatigue loss of memory and inability to concentrate.

Support networks of family and friends can help older people ward off depression. Help can also come from antidepressant drugs, from psychotherapy or from various medical or community services

19.3 MEANING AND THEORIES OF INTERGENERATIONAL CONFLICT:

Many of the problems of inter-personal a relationship between the aged and their young contemporaries are attributed to what has come to be known as 'generation gap'. The term 'generation' conveys different meanings, according to the context in which it is used. In whatever context the term 'generation to gap' is employed, it conveys a relative lack of mutual understanding, communication and appreciation of behaviour patterns, values, mannerism or attitude of young and old.

Generation gap is a term which has been widely used to imply the existence of mutual antagonism, misunderstanding, and separation between the two groups. At its most benign level the generation gap refers to the tendency of adults to view youth as spirited, rambunctious, and frolicking and for young people to view adults as well intentioned and dull, dated and bumbling. In a more extreme sense the gap alludes to the tendency of adults to consider young people 'the enemy within' and for young people to renounce adults and the adult world, including major societal institutions.

There are two theories which try to explain the phenomena of generation gap. They are developmental theory and historical theory. According to developmental theory, the differences between generations arise out of different stage in life cycle of young persons and their parents. This theory is based on generic processes of growth and change that are normally gone through by people as they age.

Discussing the generation gap Douglas C. Kimmel quotes Erikson's view at the developmental stage of young people is a 'period of questioning social values and a partial rejection of parental values in order to develop one's own system of value and attitudes." The parents, on the other hand, tend to be, "in a developmental period that is concerned primarily with transmitting the values of society with providing economic and emotional stability and with the concerns of

leaving one's mark on world."

The developmental theory thus, implies that generational differences, that are considered as generation gap have existed in historical depths of human societies and would continue in future as well. An implicit assumption of theory is that the young people of today would experience similar differences with their own children when they grow old and repeat what has been felt or done by their parents as if the role models of old age continue of remain stable for successive generations. It may be observed here that the developmental approach fails to give due consideration to the fact that in a rapidly changing society, the present younger generation, when it grows old, can hardly hope to live through the same social environment as that of their parents.

The historical approach tries to understand 'generation gap' through the differential social and historical conditions in which socialization of children and their parents take place. Margaret Mead argues that the present younger generation has been brought up in a radically different historical time. The end of the Second World War and the invention of atomic bomb have brought significant changes resulting into 'cultural discontinuity'. As a result of this cultural discontinuity there comes a generation gap, there comes in so much social change that this discontinuity is bound to arise. The entire social setup undergoes a radical change making it seem as if the parents and the children come from two totally different historical backgrounds.

The historical thesis applies more aptly to present day Indian conditions. Many of the social and psychological developments following the end of century old foreign rule in India were beyond expectations of older people while they were shaping their life as adults. These historical changes are producing their full impact in the life of younger people.

19.4 CONFLICTS IN INTERGENERATIONAL RELATIONS

In all families a certain amount of conflict is normal, natural and inevitable. A 'family row' can be constructive and cathartic way of helping to clear the air and prevent prolonged tension research has shown that family conflict in the home during teenage years centre primarily around the everyday concerns such as hairstyles, dress, staying out late at night and untidiness and that disagreement over major issues in

much less common. If avenues of communication can be kept open, conversation and laughter between the teenage and his parent make any conflict easier to resolve. The real problem occurs when relationships are strained that confidence is lost, talk is reduced to monosyllables and the child becomes a worrying enigma.

Trend left us in no doubt that we as parents are absolutely responsible for the way our children behave but if we accept this theory too readily we give them a license to rebel in any way they like, after all "its all out fault". The particular focus of conflict of parents with their children may be concerned into 5 areas :

1. Social life and customs :- Children's especially adolescents social lives and the social customs they observe probably create more conflict with parents than any other are. The most common source of friction are :

1. The choice of friends.

2. How often they are allowed to go out.

3. Choice of clothes, hair styles.

4. Choice of activities and societies.

Responsibility :- The parent become most critical of adolescents who do not evidence enough responsibility. Parents expect Adolescent to show responsibility in :

(i) Performance of family chores.

(ii) Earning and spending money.

(iii) The care of personal belongings, clothes and room.

(iv) Doing work for others outside the house.

School :- School performance, behaviour at school, and the adolescents attitude towards school receive much attention from parents. Specifically, the parents is concerned about adolescents :

(i) Grades and levels of performance, whether or not they are performing according to their potential.

(ii) Study habits and homework.

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(iii)   Regularity of attendance.

(iv)   Behaviour in school.

(v)   General attitude towards school studies and teacher.

Family Relationship :- Conflicts arises over several things:

1.   Immature behaviour.

2.   The general attitude and level of respect shown for parents.

3.   Quarrelling with siblings.

4.   Relationship with relatives, especially, aged grandparents in the home.

Values &Morals :- The parent is concerned especially with:

1.   The use of drugs, drinking or smoking.

2.   Language and Speech.

3.   Basic honesty, telling the truth, not cheating or stealing.

4.   Obeying the law, staying out of trouble going to temple.

Generation Gap :- The generation gap can be subsumed under 3 headings- chronological, socio logical and psychological. The chronological gap is inherent to the differences in the ages of each generation. Differences in the priorities of values of youth and the significant adult in their environment comprise, sociological gap. The psychological gap arises when there is inability or unwilling to communicate effectively with the other age group. In practice all three aspects of the generation gap are interlinked.

19.5 FACTORS LEADING TO CONTINUITY

In India, the traditional Indian Society and Culture provided inbuilt mechanisms for the resolution of there differences. Some traditional attribute of Society which helped in preventing the differences between generations are:

1.   **Ashrama Scheme** :- The gradual movement from one stage to another provide little opportunities for clash and conflict. By the time the son

reached maturity and craved for authority, his father stepped down and extended vanaprastha.

2. **Joint Family** :-In traditional joint family, at one time three generations lived under the same roof. The eldest male member had all the authority. The joint family took the place of rational insurance, guaranteed basic substance to all members.

3. **Caste System** :-Caste divisions were considered divinely decided by the case. By prescribing a way of life, the caste system reduced the possibilities of individual deviation and the chances of strain caused by familial differences.

4. **Economic System** :-The main occupation being agricultural, son inherited the occupations from father. Family was united as an economic unit.

5. **Institution or marriage** :-Caste endogamy and arranged marriages minimized the chances for differences.

6. **Political institutions and value system** :- The authority of elders and sanctity of tradition were very important and "opposed "rationality to scriptures. Then the respect and reverence for parental authority was so embedded in the young minds that they could not think of differing from them. The Hindu value system help the continuance of the joint family by minimizing speculation in the matters of religious practice. This reduces the possibility of differences between members of a family.

Improvement in the nature or parents.

Adolescent relationship result, first when parents begin to realize their sons and daughter are no longer children. As a result they give them mole in a way of work and assumption of responsibilities. Secondly, parents adolescent relationship are eased when parents try to understand adolescent and the new cultural values of peer group even if they do not whole heartedly approve of them and recognize that today's adolescent are living in a different world from the one in which they grew up.

19.6 CHAPTER SUMMARY

Old age, the period in the life span when people begin to grow old, begins at different ages for different people. The designation of age 65 as the beginning of old age is based on the traditional age of retirement. Negative attitudes towards the elderly affect older   people's feelings about themselves as well as society's treatment of them. A number of physical changes occur with advancing age, including some loss of skin coloring, texture and elasticity, thinning and whitening of hair and thinning of pones. Sensory and perceptual abilities decline, loss of teeth and gum problems are common especially when dental care has been inadequate.

19.7   GLOSSARY

1.   **Intergenerational Relationship** :- Intergenerational relationship means the relationship between the parents and the children. Parents are the most significant and major influence on the child development particularly during adolescence.

2.   **Intergenerational conflicts**:- Intergenerational conflicts are those conflicts which arise among parents and children may be due to generation gap.

19.8   QUESTIONS FOR REVIEW

Q.1. Write in brief about old age and list out various problems during old age?

Q.2. What are the major problems of old age people

Q.3. Discuss the meaning and theories of Intergenerational conflict?

Q.4. Discuss the areas of Intergenerational conflict ?

19.9 SUGGESTED READING

1.   S. Vijaya Kumar, 1991 : Family like and Socio-economic problems of the Aged. Ashish Publishing House 8/81, Punjabi Bagh New Delhi - 110026.

2.   Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

HOME SCIENCE   **UNIT - IV**

                                               LESSON NO. 20

DEATH PREPARATION AND COPING STRATEGIES

STRUCTURE

20.1 Objectives

20.2 Definition of Death

20.3 Preparation of Death

20.4 Coping Strategies

20.5 Questions for Review

20.6 Glossary

20.7 Suggested Further Readings

20.1 OBJECTIVES

The major objective of this lesson is:

To make the students familiar with the truth of life i.e. Death and the events who are associated with it.

20.2 DEFINITION OF DEATH

Human beings are individuals; they undergo different life experiences and react to them in different ways. But one universal experience in the life cycle is its ending. The better people can understand and approach this inevitable event, the more fully they can live until it comes to them.

Death is an integral element of the life span and that understanding the end of life helps us understand the whole of life. It was once very much a part

of daily life. All deaths are different, just as all lives are different. The experience of dying is not the same for an accident victim, a patient with terminal cancer, a person who commits suicide, and someone who dies instantaneously of a heart attack. Yet all people are human, and just as there are commonalities in our lives, there are commonalities in death.

There are at least three aspects of dying : the biological, the social, and the psychological, all of which have become increasingly controversial. The legal definition of biological death varies from state to state, but in general, biological death is considered the cessation of bodily processes. A person may be pronounced dead when the heart stops beating for a significant period of time or when electrical activity in the brain stops.

The social aspects of death revolve around funeral and mourning rituals and legal arrangements for the inheritance of power and wealth.

The Psychological aspects of death involve the way people feel both about their own death as it draws near and the death of these close to them. Most people today have a great deal of trouble coming to terms with the meaning of death while some people believe that death is a natural and expected phase of life.

20.3 PREPARATION OF DEATH:

According to Elizabeth Kubler-Ross, 1975, there are five mainm stages who are in coming to terms with death.There are :

(i) denial (refusal to accept the reality of what is happening)

(ii) anger,

(iii) bargaining for extra time

(iv) depression; and

(v) ultimate acceptance.

She also proposed a similar progression in the feelings of people facing imminent bereaument (Kubler Ross, 1975) Although the emotions that Kubler-

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Ross describes do commonly occur not everyone goes through the stages in different sequences. A person may go back and forth between anger and depression, for example, or may feel both at once. Kubler-Ross's description - useful of people who are facing the end of life-should not be held up as a model or a criterion for "the good death."

In all these five stages of the death, the bereaved person accepts the painful reality of the loss, gradually lets go of the bond with the dead person, readjusts to life without that person, and develops new interests and relationships. The person who are close to death prepares in three phases of "grief works", as with Kubler-Ross's stages, they may vary.

(J. T. Brown & Stoudemire, 1983 ; Schulz, 1978) :

1. Shock and Disbelief: The initial phase, which may take several weeks (especially after a sudden or unexpected death, is shock and disbelief. This may protect the bereaved from intense reactions. Survivors often feel lost, dazed, and confused. Shortness of breath, tightness in the chest or throat, nausea, and a feeling of emptiness in the abdomen are common. As awareness of the loss sinks in, the initial numbness gives way to overwhelming feelings of sadness, often expressed by frequent crying.

2. Preoccupation with the memory of the person who has died: The second phase, preoccupation with memories of the dead person, may last 6 months or longer. The survivors tries to come to terms with the death but cannot yet accept it. Frequent crying continues: and insomnia, fatigue, and loss of appetite are common.

3. Resolution: The final phase, resolution, has arrived when the bereaved person resumes interest in everyday activities- when memories of the dead person bring fond feelings mingled with sadness, rather than sharp pain and longing. Many survivors feel a surge of strength and believe that life must go on so we have to face this universal truth of life courageously.

20.4 COPING STRATEGIES:

With the growing realization that people can face death better if they understand it and get help to deal with it, several movements have arisen to

help make dying and bereavement more humane. These include programs of grief therapy and death education, hospices to care for the terminally ill, and support groups and services for dying people and their families.

I. Grief Therapy:

Most bereaved people are able with the help of family and friends, to work through their grief and to resume normal lives. For some, however, grief therapy a program to help the bereaved cope with their losses is indicated.

Professional grief therapists focus on helping bereauved people express their sorrow and their feelings of loss, guilt, hostility, and anger. They encourage their clients to review their relationships with the deceased and to integrate the fact of the death into their lives so that they can be freed to develop new relationships and new ways of be having toward surviving friends and relatives.

Organizations such as widow to widow, Cathodic widow and widowers club, and Compassionate Friends (for parents of children who have died) provide nonprofessional grief therapy, emphasizing the practical and emotional help that one person who has lost someone close can give to another.

2. Hospices :

The hospice movement began in response to a need for special facilities and special care for dying patients. Hospice care-warm, personal, patient and family-centered care for the terminally ill can be given in a hospital or another institution, at home or through some combination of home and institution. Family members themselves are often an active part of hospice care.

3. Death Education :

Death education programs or coping strategy aimed at various age levels and groups to teach people about dying and grief and to help them deal with these issues in their personal and professional lives.

General Guidelines for Dying and Mourning :

Guidelines for Dying:

Psychologists view death as a natural part of life, to be faced directly and realistically.

- Loved ones stay with a terminally ill patient as much as possible, offering comfort and support while encouraging him or her to prepare for the end.

- By never leaving the dying person alone, the survivors alienate their own guilt. The death bed vigil also keeps mourners from denying the reality of death.

- Dying people are treated like living people, still able to handle their own affairs and take part in relationships until the moment of death.

- The dying person puts material and spiritual affairs in order by giving away possessions, blessing loved ones and giving them instruction or advice (the "ethical will"), and making a death bed confession, repenting any wrong doing.

Guidelines for Mourning

- Mourners immediately made plans for the funeral and burial, acting on a wish to do all that they can for their loved one.

- The funeral is not ostentatious. It is realistic, to prevent mourners from denying the implications of death.

- At the cemetery, mourners shovel dirt into the grave themselves. This final act of love and concern helps put the loved one to rest.

- The year of mourning corresponds roughly to the stages of grief, "three days of deep grief, seven days of mourning, they visit with each other and with friends throughout the weeks of Shiva, mourners share memories of the deceased, talks about the death itself, and went their emotions, while being reminded that life goes on.

20.5 QUESTIONS FOR REVIEW

1. How do attitudes towards death and dying change across the life span ?

2. What changes often accompany the last period of life?

3. What are the preparations and coping mechanisms of the dying person?

20.6 GLOSSARY

Biological death: Biological death is considered the cessation of bodily processes.

Social death: Social aspects of death revolve around funeral and mourning rituals and legal arrangements for the inheritance of power and wealth.

Psychological death: It involves the way people feel both about their own death as it draws near and the death of those close to them.

Denial : Refusal to accept the reality of life what is happening.

Bereavement : Loss due to death, which leads to a change in the survivor's status.

Grief : Emotional response of the bereaved to a death.

Grief Therapy : Program to help the bereaved cope with loss.

Mourning: Behaviour of the bereaved and the community after a death.

Hospice Care: Warm, personal patient and family centered care for a person with a terminal illness.

Death Education: Programs to educate people about dying and grief to help them deal with these issues in their personal and professional lives.

20.7 SUGGESTED FURTHER READINGS

1. Papalia, D.E. and Olds, S.W., Feldmen, R.D (2004) : Human Development 9th Ed. New Delhi; McGraw Hills Inc.

CHILDREN WITH SPECIAL NEEDS- PHYSICAL, INTELLECTUAL, EMOTIONAL, SENSORY IMPAIRMENT

STRUCTURE

21.1 OBJECTIVES

1. To study the meaning of children with special needs.

2. Various impairments among children.

3. Meaning, characteristics and causes of physically and intellectually impaired children.

4. To study children with emotional disturbance.

5. To study about sensory impaired children.

21.2 INTRODUCTION

Special children are those children who require special education and related services if they are to realize their full human potential. They may have mental retardation, specific learning difficulties, emotional problems, physical disabilities hampering their learning, disordered speech or language or special gifts or talents. Special children are those children who differ from the average to such an extent that their differences warrant some type of special instructions, either with in the regular classroom or in special classes.

The term special is applied to a trait or to a person possessing the trait if there is a considerable extent of deviation from the normal possession of that trait. These special children differ from the average to such an extent that their differences warrant special schools. The differences lie in learning or behavior of the child. For example, many students may have vision or hearing impairment, but most of these cases can be corrected with glasses and hearing aids. Only a few many require special helps like large print, magnifiers or Braille materials. Such students who need special instruction can be categorized under special children so special children need special assistance to realize their full human potential.

21.3 CONCEPT OF IMPAIRMENT :

An impairment is a permanent or transitory psychological, or anatomical loss and for abnormality. This may be so from birth, or acquired later. For example: a hole in the ear drum, a missing or defective part of the body, paralysis after polio, myopia low level of intelligence etc.

Impairment may cause functional limitation. Functional limitation means partial or total inability to perform those activities necessary for motor, sensory or mental functions within the range and manner of which a human being is normally capable such as walking, lifting loads, seeing, speaking, hearing, reading, writing, taking interest in and making contact with surroundings. A functional limitation may last for a short time, be permanent or reversible. Limitations may be progressive or regressive.

Just as impairment leads to disability, handicaps the individual. Handicap means a restriction imposed/acquired by the child's disability which affects the efficiency of his /her day to day life activities.

21.4 PHYSICAL IMPAIRMENT

The term physical disorder generally refers to impairments that interfere with an individual's mobility, coordination, communication, learning of personal adjustment. There impairments are usually diagnosed by physicians early in a child's life. Primary care physicians (Pediatricians or general practitioners) ordinarily refer children suspected of having serious physical impairments to other specialists. These specialists refine the diagnosis and recommend treatment. They are also responsible for determining the extent of an impairment and the consequences of the disability. A variety of medical and rehabilitation personal may be involved on treatment, depending on the nature of the problems. As a youngster with physical disorder grows older, many different disciplines may be included in the total treatment programme including psychology, education vocational rehabilitation and social services.

Factors that influences the impact of Physical Disorders :

- Age of onset
- Visibility of the condition
- Degree of Disability
- Family and social support
- Attitudes towards the Individual
- Social status with peers.

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Types of Physical Disorders:

1. Central Nervous System Disorders

    (a) Cerebral Palsy

    (b) Seizure Disorders (Epilepsy)

    (c) Spinal Cord injury

    (d) Poliomyelitis

2. Musculoskeletal Conditions

    (a) Arthritis

    (b) Amputations

    (c) Muscular Dystrophy

All the physical disorder are briefly discussed below :—

(a) Cerebral Palsy :- Cruickshank (1976) defines cerebral palsy as a neurological syndrome evidenced by motor problems, general physical weakness, lack of coordination and physical dysfunction. The syndrome is not contagious, progressive or remittent. Its seriousness and overall impact can range from very mild to very severe and variety of classification schemes have been used to describe the different types of cerebral palsy but the two major schemes for classification focus on the motor and topographical characteristics of the syndrome. The Motor scheme emphasize the type and nature of physiological involvement or impairment. The topographical scheme focus on the various body parts or limbs that are defected.

Causes of Cerebral Palsy:

Anything that can cause brain damage before, during or soon after birth can cause cerebral palsy. Before birth maternal infection, chronic diseases, physical trauma or maternal exposure to tonic substances or X rays may damage the brain of the fetus. During the birth process the brain may be injured especially if labor birth is difficult or complicated. Premature birth anonia, high fever, infection,

poisoning, hemorrhaging and related factors may cause harm to the brain following birth. Children who born in poor. Circumstances have a great risk of having brain damage.

(b) Seizure Disorder (Epilepsy) : The term seizure disorder or Epilepsy are used to describe a variety of disorders of brain function characterized by recurrent seizure. Seizures are clusters of behaviour that occur in response to abnormal neurochemical activity in the brain. Several classification schemes have been employed to describe the various types of seizures disorders. There are mainly two types :

1. Tonic/clonic Seizure: Under this classification initially the trunk and the head of the body become rigid. This rigidity is followed by involuntary muscle contractions of the extremities with the chronicc phase of the seizure. Irregular breathing, blueness, in the lips and face, increased salivation, loss of bladder and bowl control. The nature, scope, frequency and duration of such seizure vary greatly from person to person such seizure may last as long as 20 minutes or less than 1 minutes. One of the most dangerous aspects of tonic/ clonic seizures in potential injury from falling and striking objects in the environment.

2. Absence Seizure: They are characterized by brief periods of inattention that may be accompanied by rapid eye blinking. During there seizures "the brains normal activity shuts down". The individuals consciousness is altered in an almost imperceptible manner. Youngsters with this type of seizure disorder may experience there mins seizures as often as 100 times a day.

Causes of seizure disorder:

Exact causation of the various types of epilepsy remains unclear but any condition that may adversely affect the brain and its functioning (head trauma, neural chemical irregularities, inflammation and tumors) is a potential causes. Seizures may also occur in normal individuals as a functions of a fever, brain tumor or disease.

(c) Spinal Cord Injuries: The spinal cord is the medium through with the brain transmits messages to various parts of the body. It is basically a cable of nerve

cells. The spinal cord controls both the motor and sensory functions of various parts of the body.. Spinal cord injury occurs when the spinal cord is traumatized or transected (severed). The cord can be injured through extreme extension or flexion resulting from a fall, an automobile accidents or a sports injury.

Causes of the spinal cord injuries:

Falls, accidents and sports injurious can cause of spinal cord injury, various diseases can also have the some result. Cancer, tumors infectious, absence of the spine, arthritis multiple sclerosis and poliomyelitis can all cause of spinal and poliomyelitis can all cause of spinal card injury.

(d) Poliomyelitis: Poliomyelitis is also called polio and infantile paralysis. The polio virus which attacks the nerve tissue in the spinal cord and or brain, left many thousands of children and young adults crippled. The post polio individual could be unaffected neurologically or left with severe muscular weakness, spasticity complete paralysis, or skeletal deformities as an aftermath of the neurological damages.

2. Musculoskeletal Conditions: Some children are physically handicapped became of defect or disease in the muscle or bones, they are not neurologically impaired, their ability to make about is affected because of the condition of their musculature or their skeletal system or both. The muscular or skeletal problems involve the child's leg's arms, joints or spine, making it difficult or impossible for the child to walk, stand, sit or use his hands.

(a) Arthritis :- Pain in and around the joints can be caused by many factors including a large number of debilitating disease and conditions known as arthritis. Individual of all age can be affected by this condition. In children the condition in known as JUVENILE RHEUMATOID ARTHRITIS, it manifests itself below 18 month and 4 years of age, it may also present at any time during childhood.

Causes of Arthritis:- The exact cause are not fuel known. The initiating factors may be bacteria, or viruses. The body respond to these bacteria or viruses in a path organic (disease producing) fashion. The actual pathogenic process is complicated and involves many interactions.

(b) Amputations:- There are two types of Amputations :

1. **Congenital Amputation:** Congenital amputation appear at birth. A normal fetus develops tiny arm buds appear on the 26 day after conception. These buds begin to develop into the arm and hand components. At the end of the first month the fetus develops leg buds which progress in a similar fashion. When a child is born with an amputation, it means that some portion of the budding process was terminated prematurely. Children may be born with minor congenital malformation or the complete absence of limbs.

2. **Acquired Amputation :** Acquired amputation are generally the result of an injury or a therapeutic surgical procedure,. Few children have acquired amputation. Children who have cancer of the bone in an extremity may have to undergo surgery to remove the affected limbs. Most acquired amputation occur as a function of accidents or injuries later in child's life.

Causes or amputation :- The causes of congenital amputation are not completely understood over the years variety of tetragons that adversely affects the development of fetus. Thalidomide, quinine, Ominopertein and my loran have all been implicated in congenital amputation in children whose mothers used their substances during pregnancy. All drugs during pregnancy are harmful including abused drugs. Certain genetic or inherited predispositions for congenital abnormalities in the limbs have also been identitied.

(c) Muscular Dystrophy:- Muscular dystrophy are a group of chronic inherited disorders characterized by progressive weakening and wasting of the voluntary skeletal muscle. Each dystrophy conditions vary from the others in intensity and manifestation. The seriousness of the various dystrophies is influenced by hereditary antecedents, the age of onset, the physical location and nature of onset and the rate at which the condition progress. It affects the muscles of the hips, legs, shoulders and arms.

Causes of Muscular Dystrophy :- The exact cause is unknown but it is viewed as a hereditary disease. The etiology of muscular dystrophy may be related to enzyme disturbances that subsequently affect muscle metabolism. Abnormalities

in red blood cell membranes also suggest that the condition is a systematic disorder.

21.5 INTELLECTUAL IMPAIRMENT

Mental Retardation: Generally, mental retardation is regarded as a disease. Earlier some people described it as a condition. In the past, the mentally retarded children were neglected by the society as they were thought to be possessed by spirits. Now a day, there is greater acceptance of and awareness about mentally retarded children among the general public.

The first standard definition of mental retardation was prepared by Hebber (1962) taking intelligence, adaptive behaviour and developmental level into consideration. Then a more adequate definition was developed by the American Association of Mental Deficiency (AMMD) in 1973. It states; "Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during developmental period." This developmental period includes the life span from birth to 18 years of age.

Classification of Mental Retardation:

The AMMR classifies mental retardation as, mild, moderate, severe and profound retardation. This classification is made on the basis of IQ range.

- Mild Mental Retardation (I.Q. 50-55 to 70)

Those individuals who passes IQs between 50-55 and 70 are diagnosed as having mild mental retardation. About 90 percent of mentally retarded people belonging to this category. The persons in group are educable.

- Moderate Mental Retardation (I.Q. 35-40 to 50-55)

Those individual who passes IQs between 35-40 and 50-55 are diagnosed as having moderate mental retardation. About 6 percent of the mentally retarded people belong to this category. These people are trainable retardates. Their rate of learning is very slow. Physically they appear clumsy and lack motor coordination. Though some of them may require institutionalization, they can manage to live safely under the protection of their family members.

- Severe Mental Retardation (I.Q. 20-25 to 35-40)]

Those individuals who posses IQ between 20-25 and 35-40 are diagnosed as having severe mental retardation. About 3 percent of the mentally retarded people belong to this category. There individuals are considered "dependent retarded. These persons suffer from severe retardation in motor and speech development. Majority of them are permanently institutionalized and require constant care and attention. They can perform simple occupational tasks under supervision.

- Profound Mental Retardation (IQ below 20-25)

Those individual who possess IQs below 20-25 are diagnosed as having profound mental retardation. About 1 percent of the mentally retarded people belong to this category. They are considered "life support" mental retardates. There persons are severely deficient in adaptive behaviour and unable to do simple tasks. Retarded growth, pathology of central nervous system, autism, deafness and convulsive seizures are common symptoms of these people. They are unable to look after themselves. They cannot attend to their basic physical needs. They need lifelong support.

21.6   CHARACTERISTICS OF MENTAL RETARDATION

1.   They are too feeble minded.

2. Mentally retarded child is slow in sensory-motor development they take longer time to make progress even in such physical activities as walking, self-feeding as well as in language development.

3. Socially also, a mentally retarded demonstrates immaturity, and to some degree, depending on the severity of the case, he/she may remain dependent on adults and require some protection, guardianship or guidance throughout his/her life, i.e., they are fully dependent on others.

4. Emotionally, mentally retarded child's feelings need more care than those of normal children.

6. They cannot be educated in the academic sense but are trainable.

7. They do not have much power of resistance and many die in infancy. They are prone to many diseases.

8. They develop walking and talking at a late stage.

9. Mentally retarded child is very suggestive.

10. Some mentally retarded are almost incapable of any training.

11. They may cry when hungry but won't put efforts to satisfy their needs.

12. Most of the mentally retarded have short legs and short arms; of course, there may remain certain exceptions and stubby fingers and   short-necks.

13. They have vacant looks.

14. Many a time, some saliva is found dripping from the mouth.

15. They are of dwarfish size and square body proportion.

16. Some mentally retarded are completely dependable and indecisive.

17. Certain of the mentally retarded children are friendly whereas other are hostile, lazy and even untrustworthy too.

18. The mentally retarded do respond to love, affection and acceptance.

19. In a stable and encouraging environment, the mentally retarded show better results and become better adjusted to the world around them.

   One important thing to be noted is that all such characteristics differ from one retarded to another. They are just a group of individuals characterized by sub-average intellectual functioning and impairment in the ability to adapt in society at a level commensurable with their chronological age.

   Let us now go through the causes of mental retardation.

21.7   CAUSES OF MENTAL RETARDATION

A variety of factors can cause retardation. Most people with mild retardation are considered culturally-fanically retarded. Environment and/or

heredity factors are the main cause of mild retardation we can categories cause of moderately to severely retarded individuals as due to genetic factor or brain damage. Down syndrome, PKU, and Tay-Sachs disease are all example of genetic causes. Brain damage can be the result of infectious diseases such as meningitis, encephalitis, rubella, and pediatric AIDs Premature birth can also result in mental retardation.

Mental retardation has been traced to may causative factors which may work singly or in groups. Some of these are :

Hereditary Causes	Acquired Causes
1. The incomplete RH factors in the parents.	1. Injury during birth.
2. Defect in the Chromosomes.	2. Brain injury as a result of fall.
3. Defect arising in germ plasm of toxic condition-constantly	3. Infection in mother because swallowing sleeping tablets.
4. Defect during fertilization of fluid in the brain	4. Excess of cerebro-spinal egg.
5. Defect arising in embryo activity	5. Deficiency of thyroid activity
6. Defect arising in the uterus disturbance	6. Any other glandular in the child
	7. After-effect of such diseases as encephalitis, severe typhoid, smallpox, meningitis, epilepsy, etc, due to lack of proper treatment or after-care menin gitis, epilepsy, etc,due to lack of proper treatment or after-care

21.8 EMOTIONAL IMPAIRMENT

There is no universally accepted definition of emotionally disturbed children. Professional groups and experts dealing with disturbed children have felt free to

construct individual working definitions to fit their own professional purposes.Yet no one has written an objective definition of the emotionally disturbed child that is understandable and acceptable to a majority of professionals.

Problems in defining Emotional Disturbance

There are valid reasons for the lack of consensus regarding the definition of emotional disturbance in children. The factors that make it particularly difficult to arrive at a good definition of emotional disturbance in children are :

- Lack of adequate definition of mental health

- Differences among conceptual models emotional disturbance.

- Difficulties in measuring emotions and behaviour

- Variation in both normal and disturbed children's emotions and behaviour.

- Differensces in the functions of socialization agents who categorize and serve children.

- Differences in social and cultural expectations regarding behaviour.

Current definitions of Emotionally Disturbed Children

Although the terminology used and the relative emphasis given to certain points varies considerably from one definition to another, it is possible to extract several common areas of current definitions. There is general agreement that emotional disturbance refers to :

1. Behaviour that goes to an extreme i.e., is not just simply different from the usual.

2. A problem that is chronic i.e., not just temporary.

3. Behaviour that is unacceptable because of social or cultural expectations.

Two current definitions that are particularly relevant for special educators are those offered by Bower (1969) and Kauffman (1977).

Bower states that emotionally handicapped children are those who exhibit

one or more of the following characteristics to a. marked extent and over a period of time.

1. An inability to learn which cannot be explained by intellectual, sensory or health factors.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

3. Inappropriate types of behaviour or feelings under normal conditions.

4. A general, pervasive mood of unhappiness or depression.

5. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.

In Kauffman's 1977 book, disturbed children are described as those whose behaviour may be at odds with others expectations or with their own expectations for themselves. Especially relevant from the educational standpoint is the belief that disturbed children can be taught adaptive behaviour.

That children with behaviour disorders are those who chronically and markedly respond to their environment in socially unacceptable and for personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behaviour.

21.9 CLASSIFICATION OF EMOTIONALLY DISTURBED CHILDREN

Emotionally disturbed children can be classified under four dimensions.

1. Conduct disorders

2. Personality disorders

3. Immaturity

4. Socialized delinquency

1. **Conduct disorder** category are likely to exhibit such, characteristics as disobedience, destructiveness, jealousy and boisterousness. The life history characteristics associated with conduct disorder include defiance of

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authority, inadequate feelings of guilt, etc. Children with conduct disorders frequently give questionnaire responses indicating that they do as they like regardless of what other people think, that they do not trust other people, and that they like to think of themselves as 'tough'.

2. **Personality disorder** is characterized by feelings of inferiority, self-consciousness, social withdrawal, anxiety, depression, expressions, of guilt and unhappiness etc.

3. **Immaturity** is associated with short attention span, clumsiness, passivity, day-dreaming, preference for younger playmates and other behaviour characteristics of children lagging behind their age mates in social development.

4. **Socialized delinquency** is composed of characteristics such as associating with and being loyal to bad companies, being active in delinquent group, stealing and habitual truancy. In addition to these characteristics, these children exhibit behaviour traits like fighting and destructiveness that results in violation of the law.

21.10   CAUSES OF EMOTIONAL/BEHAVIOURAL DISORDER

The causes of Emotional/Behavioural disorders can be attributed to four major factors: biological disorders and disease, pathological family relationship, negative cultural influences, and undesirable experiences at school. The brief discussions of each of the causative factors is presented hereunder:

1. **Biological Factor:-** Behaviour is likely to be influenced by genetic, neurological, or biochemical factors, or by combinations of these. There is no denying that there is a relationship between body and behaviour. All children are born with a biologically determined behavioural style, or temperament. Children with difficult temperaments are predisposed to develop emotional/behavioural disorders. There are other biological factors such as disease, malnutrition, and brain trauma that may predispose children to develop emotional problems.

2. **Family Factors:-** Mental health specialists blame behavioral difficulties primarily on parents child relationship. It is because nuclear family-

father, mother and children has a profound influence on early development. The outcome of parental discipline depends not only on the particular technique used but also on the characteristics of the child. Parents who are generally law in disciplining their children but are hostile rejecting, cruel and inconsistent in dealing with misbehavior are more likely to have aggressive and delinquent children. Similarly children from broken, disorganised haves in which the parents themselves have arrest records or are violent are particularly likely to develop emotional/behavioural disorders.

3. **Cultural Factors:-** It is known fact that children and parents are embedded in a culture that influences their behaviour. Many environmental conditions affect adults expectations of children and children's expectations for themselves and their peers. It is the culture that communicates values and behavioral standards of children. Cultural conditions, demands, prohibitions and models such as the use of terror as means of coercion, the availability of recreational drugs and the level of drug use, changing standards for several conduct, religious demands and restrictions on behaviour influences the emotions/behaviour of children to a considerable extent.

4. **School Factors:-** A child entering school with already difficult temperament is likely to get negative responses from peers and teachers. Such children become trapped in a spiral of negative interactions in which they became increasingly irritating to and irritated by peers and teachers. The school can positively contribute to the development of emotional problems in several rather specific ways.

Sensory Impairment

Under sensory following impairment came under this :—

I. Visually Impaired Children

II. Hearing Impaired Children

III. Speech Impaired Children

21.10.1 Visually Impaired Children:- Visual impaired person is one who has visual acuity of 20/200 or less in the better eye even with correction (e.g. eyeglasses) or has a field of vision so narrow that its widest diameter subtends an angular distance no greater than 20 degrees. The fraction 20 200 means that the person can see at 20 feet what a person with normal vision can see at 200 feet. In addition to this medical classification of blindness, there is also a category referred to as partially sighted. According to the legal classification system, partially sighted individuals have visual acuity falling between 20/70 and 20/200 in the better eye with correction.

Most of the visual problem is the result of errors of refraction. Because of faulty structure and/or malfunction of the eye, the light rays do not focus on the retina. The most common visual impairments are myopia (near sightedness) heperopia (farsightedness) and astigation (blurred vision). Eye glasses or contact lenses can usually hereditary factors. Blindness is also caused by certain environmental as well as genetic agents. There etiological agents include infectious diseases, accidents, poisoning, tumours and cancer.

21.10.2 Hearing Impaired Children:- Hearing influences learning and other aspects of maturation. If a child hears imperfectly, auditory defects can be found in one or both ears. Sometimes children have no power of hearing at all. Some terms are used to denote auditory impairments. There are 'deaf', 'hard of hearing', 'Partially deaf' and 'deaf mute'

Prelingual deafness:- Those who are deaf at birth or before spoken language develops are referred to as having prelingual deafness.

Postlingual deafness:- Those who acquire their deafness after spoken language starts to develop are having post-lingual deafness.

Hard of Hearing:- Those who lose their hearing after they acquire speech are known as hard of hearing.

Congenitally deaf:- Those who are born deaf are known as congenitally deaf.

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Adventitiously deaf:- Those who are born with normal hearing but later lose it are called adventitious deaf 'Hard of hearing'

21.10.3 Speech Impaired Children:-Communication is an essential features of interaction. Language is a must for human interaction. Many people confuse 'speech' with language when the speech of an individual differs significantly from that of others and it affects communication, it is diagnosed as speech defects. The number of children suffering from speech defects is much more than the number of those having any other impairment.

Types of Speech defects :

The classification of speech defects is based on purpose of classification. Speech defects may be classified according to such major symptoms as articulation disorders, voice disorders, delayed speech, stammering and disturbances of rhythm.

1. **Disorders of Articulation:-** This type of disorder includes various symptoms such as distortion, omission, addition or substitution of speech sounds. Very often it includes mispronunciation of an entire word or words. These defects commonly found among children.

2. **Disorders of voice (Phonation):-** This type of disorder is found more often in adults than in children. It includes marked deviations in terms of loudness, quality, pitch or intensity of sounds.

3. **Delayed Speech:-**Among children, the frequency of delayed speech is much higher than any other defects in communication. The chief cause of delayed speech are hearing loss, mental retardation cerebral dysfunction, emotional disturbances and environmental deprivation.

4. **Stuttering and Stammering:-**Stuttering is a type of repetitive speech. Very often stuttering is confused with stammering. They are chiefly caused by emotional difficulties, fear of failure, fear of authority, anxiety, frustration, insecurity, hostility, overprotection by adults, etc. Ridiculing the children

21.11 QUESTIONS FOR REVIEW :

1. What do you understand by the term "exceptional children"". How many types of exceptional children are there?

2. Define physical Impairment and briefly discuss its classification? Name the causes of physical impairment?

3. Define Mental Retardation. Give its classification and Causes?

4. Define and classify 'Emotional Impairment'.

5. What are the factors that are responsible for making a child as emotionally disturbed child?

6. What is Sensory Impairment? Give its classification.

7. Describe briefly the causes of Sensory Impairment.

21.12 GLOSSARY

Emotionally Disturbed : Emotionally disturbed are those who fails to establish close and satisfying emotional ties with other people.

Conduct Disored : Conduct disorder includes aggressiveness, irritability, disobedient and destructiveness nature of the child.

Visual Impairment : Visual impaired person is one who has visual acuity of 20/2000 or less in the better eye even with correction *(e.g.,* eye glasses).

Prelingual deafness : Those who are deaf at birth or before spoken language develops are referred to as having prelingual deafness.

Postlingual deafness : Those who acquire their deafness after spoken language starts to develop are referred to as having post lingual deafness.

Hard of Hearing : Those who lose their hearing after they acquire speech are known as hard of hearing.

Adventitiously deaf : Those who are born with normal hearing but later lose it are called adventitious deaf 'Hard of Hearing'.

Phonation : This type of disorder is found more often in adults than in children. It includes marked deviation in terms of cloudness, quality pitch or intensity of sounds.

Stuttering : Stuttering is a type of repetitive speech.

Stammering : Stammering is chiefly caused by emotional difficulties in the child.

21.13 FURTHER SUGGESTION:

1. Ready G. L. and Ramar, R. (2000). Education of children with special needs". New Delhi Discovery Publishing House.

2. Children with Special Needs by Kauffman.

3. Batshow, M . L (2000). Children With Disabilities 4th Edition

4. Heward, W. L and Kipp, K. (2000). Developmental Psychology Childhood and Adolescence. 7th edition

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HOME SCIENCE UNIT - V

LESSON NO. 22

DEVELOPMENTAL NEEDS OF SPECIAL CHILDREN

STEUCTURE

22.1 Objectives

22.2 Introduction

22.3 Developmental Needs of Physically Handicapped Children

22.4 Developmental Needs of Visually Handicapped Children

22.5 Developmental Needs of Intellectually Impaired Children

22.6 Developmental Needs of Emotionally Disturbed Children

22.7 Questions for Review

22.1 OBJECTIVES

This lesson will try to make students understand developmental needs of special children of physical needs, educational needs and vocational needs.

22.2 INTRODUCTION

In the previous lesson we have studied the children with special needs. We have studied the characteristics of physical, intellectual, emotional and sensory impaired children. Now in this chapter we will study the developmental needs of these children.

22.3 DEVELOPMENTAL NEEDS OF PHYSICALLY HANDICAPPED CHILDREN :

Orthopedically handicap physically handicapped children includes, Visual

handicap Physically handicapped, children requires the following developmental needs which prove to be helpful in his/her later life. Special children require developmental needs in different areas which are given below :

1. **Educational Needs of Orthopedically Handicapped Children :**

   (i) Education and training of physically 'handicapped should be free and compulsory.

   (ii) The policy of the Government is to promote the integration of disabled students in the normal school set up through "Integrated Education Programme".

   (iii) The State/Central Government must setup residential schools for such disabled children where education, training and boarding is completely free for the severely handicapped persons and/also for children of those persons whose income is below at a certain level.

2. **Vocational Needs :**

   (i) The Central Government may, by a Notification, make such arrangements, for the provisions by other persons thereof, facilities for the training of the disabled children, not being under the age of 14 years, who are in need of training in order to render them compete to undertake employment.

   (ii) The Government shall ensure that institution or organizations such as universities, colleges, training centers - implementing the general programme of training shall make such modifications to its academic requirement as are necessary, so that such requirements do not discriminate the disabled on the basis of handicap such as

   (a) Modification including changes in the duration of time permitted for the completion of training.

   (b) Substitution of specific area on specialization in curriculum or training modules;

   (c) Provide relaxation of certain practices or conditions that are required or

be of assistance to the disabled in their learning process such as permission of Tape recorder, Guide Dog for the blind in their classrooms and places of training for the disabled.

3. Placement:

The Government shall Endeavour to conduct research and studies to establish and appropriate occupational classification situated to the abilities of the physically handicapped.

The Government shall take necessary measures such as

(i)   Application of necessary skills to qualify the degree of disability providing the vocational guidance to them in choosing their career.

(ii)   Aptitude test to assess the abilities of physically handicapped.

(iii)   Vocational guidance, basis of residual abilities to offer them training on the job opportunities.

4. Employment Promotion for Physically Handicapped :

In promoting employment, the Government, by a Notification, may enjoin the authorities who will reduces the permissible eligibility criteria of disabled persons for the purpose of employment.

The Government shall ensure that the expenses incurred for the creation of infrastructure and their maintenance shall be the responsibility of local Government or the responsibility of Municipal Authority.

5. Transportation:

The state shall assure provision of :

(i)   Adequate sub-door transport facilities at concessional rates in Railways and Buses and Planes for all persons with disabilities or those with mobility constraints, to enable them to set to their work-places and to reach the places of social, recreational and other facilities;

(ii) Adequate arrangement for removal of seats to enable wheel chairs to be moved in;

(iii) Facilities for travel in a guards van with one attendant;

(iv) Public transports, Railways, Buses, Taxies shall have reserved seats for the handicaps.

6. Access To Public Buildings:

The state shall ensure that all Public and Private buildings are free of Architectural barriers and that public transportation, recreational means and social facilities used by Public are fully accessible for orthopedically handicapped children.

- Information concerning measures of accessibility of the disabled should be included in civil, Mechanical and engineering curricula for Architects and environmental planners. The same shall be circulated among professional groups engaged in similar works.

- State shall ensure adequate methods incorporated in public buildings and Railway platforms easily negotiable ramps interrupted by Platforms, at small intervals so that wheel chair do not roll down;

- State shall provide personnel lifts designed to carry one seated passenger between two floor-levels with hand guided rails lifting capacity of 115 kg motor and a hand winding mechanism for a helper can be fitted wheel chair, lifts shall be planned and implemented.

7. Recreation :

The state shall promote and provide necessary finances for creation of opportunities for the disabled outdoor and indoor games and sports, so that they can establish friendship for utilization of leisure holidays, hobbies of innovative abilities.

- The state shall also provide facilities for libraries, video, T.V. sets, tanks for water-plant and platform for wheel chair games which shall help to change their roles from receivers of aids to organized helpers.

Ø State shall encourage and promote by their involvement in Athletics, Gardening. Horticulture, Yoga, Pranayams as state shall provide funds for such volunteer efforts to promote the cause of disabled.

22.4 DEVELOPMENTAL NEEDS OF VISUALLY IMPAIRED CHILDREN :

(a) Education should be made free and compulsory for all visually impaired children till he/she reaches the senior secondary level.

(b) Integrated education should be strongly emphasized and programme should be child centred.

(c) The special teachers should be prepared in adequate numbers and of quality.

(d) Special schools should be encouraged particularly for multiple handicapped children.

(e) All aids and appliances needed by visually impaired for their education should be provided free of cost.

(f) The national corporation should be established to operate special workshops and production centers for the visually impaired along with other disabled persons. All government and private institutions providing vocational training should be obliged to admit blind persons and made such arrangements as are necessary to ensure that they receive good quality training.

(g) Adequate provision should be made by the central and state Governments to cover the entire cost the vocational training of the blind students.

22.5 DEVELOPMENTAL NEEDS OF INTELLECTUALLY IMPAIRED CHILDREN :

Intellectually impairment is divided into two sub-groups :

(i) Educable Intellectual or Mentally Challenged Children.

(ii) Trainable Mentally Challenged Children.

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(i) Developmental Needs of Educable Mentally Challenged Children :

The special methods should be adopted to teach the educable mentally retarded. These are as follows :

Developmental Needs of Mental Challenged Children :

(i) **Individualization:** The dominant theme to be noted in teaching the educable mentally Challenged is the approach of individualization of education. This does not mean that the children should receive individual instruction. It implies rather, that each child is allowed to proceed at his own pace. These children need opportunities for group participation so that they may develop correct social attitudes.

(ii) **Learning by doing:** The second important thing of teaching the educable mentally challenged is about the implication of the 'principle of learning by doing'. It means that activity methods are to be employed. The mentally retarded child will learn better through such materials which make the maximum appeal to his senses. If to auditory and visual percepts can be added tactile and kinaesthetic, the learning process will be considerably reinforced.

(iii) **Graded Curriculum:** Since these children learn more slowly, the subjects have to be carefully graded. This may give rise to many difficulties forth teachers. But this is not an impossible task.

(iv) **Need for learning readiness:** Again, it is important that in introducing academic work to the educable mentally challenged, we take cognizance of the concepts of maturation and learning readiness. These children have the ability to learn but they should be prepared for the introduction of the subject through appropriate readiness programmes.

(v) **Reception:** The memory power of the mentally challenged children on the whole is no doubt very weak. Hence the teaching method must provide for a considerable amount of reception if learned material is to be retained. This, however, is no justification for *rote* learning. Understanding should always precede measures designed to improve

retentions. If the educable mentally challenged are nicely motivated and the material is made interesting with varied teaching aids and has meaningful associations, the memory span can be much increased.

(vi) Periods of short duration: Whether the mentally challenged falls in the category of educable mentally retarded or trainable mentally retarded, suffer from limited power of concentration. It is because of this reason, the teaching periods for these children should be of fairly shorter duration.

(vii) Concrete Problems: These children also suffer from lack of imagination and because of this they have a difficulty in transferring the learning experience of one situation to a similar but new and unfamiliar one. Hence there comes a need of introducing real life problems whenever Possible so that what is to be learned can be more easily appreciated.

(ii) Developmental Needs of the Trainable Mentally Challenged :

The education of the trainable mentally challenged is a bit different from that of the education of the educable mentally challenged. The IQ of these is still low. The entire organization has to remain more flexible and subservient to the need of the children. Also, the teacher must have much greater freedom in interpreting the timetable. Here, the importance lies in the stress for warm pupil-teacher relationship. One thing must be accepted and that is this group of mentally handicapped children will always require some form of protected environment, either under guardianship in their own homes or under the care of an institution. The aim should be to make them as self-sufficient, socially adjusted and emotionally useful as their limited resources will allow. With this broad objective in mind, the curriculum would tend to cover the following :

(a) **Self-care:** There should be a programme of simple habit-training which will enable the children to develop skills of self-help in respect of their daily practical needs.

(b) **Social Training:** Group activities such as games, simple dramatic work, storytelling, etc., may be arranged. Such activities will enable the child to work peacefully and co operatively with others.

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(c) **Sensory Training:** There must he certain special instructions wherein the child will be able to make the fullest use of its senses.

(d) **Language Development:** The aid must be given to the child through the curriculum in such a way that the child will have better speech development and proper understanding of verbal concepts'

(e) **Craft Work:** In order to develop the feeling of self-confidence in these children, simple crafts such as weaving, rug making, basketing, etc., may be taught. This will also aim at achieving some degree of economic self-sufficiency in the future.

(f) **Music:** A place for music of some kind must also be found as a means of releasing energy and to provide a form of expression which the mentally handicapped enjoy more flexible

(g) Less emphasis is to be given to the teaching of academic subjects, and more time be devoted to the development of sensory-motor, self-care and daily living skills.

(h) A more definite timetable will also be necessary with short periods of activity and more frequent changes of subjects since this group of trainable mentally handicapped children do tend to tire fairly quickly.

(i) There is also a need for patient repetition and practice of learned processes, and firm consolidation of each step before moving for ward.

(j) The methods that are used should be clearly related to the real life experiences and everyday needs of the children — e.g., arithmetic may be restricted to handling of simple coins whereas in reading the vocabulary build-up should be related to meaningful situation in the child's social environment.

22.6 DEVELOPMENTAL NEEDS OF EMOTIONALLY DISTURBED CHILDREN :

1. Emotional disturbance could be clearly identified, then the task of prevention would be greatly simplified.

2. Preventive efforts must deal with attempts to control elements that are thought to increase the risk that children will become disturbed.

3. Teachers should treat with these children positively and patiently listen them.

4. Discipline regarding these emotionally disturbed children should be flexible and relaxed in every manner.

5. The school environment should be such so that the misbehaving child is in a avertedly rewarded with recognition and special attention should be paid both by the parents as well as from their teachers side.

6. Early identification of disturbed children and early intervention are important in attempts to prevent further emotional difficulties.

Advice given to regular classroom teachers by special educations and mental health professionals varies considerably because of differences in theoretical orientation. The following suggestions should help the regular classroom teacher :

1. If there is a child in the regular classroom who has received special education services (e.g., resource or crisis help, special class or special school, the teacher should ask the special education teacher for advice *concerning behavior management and teaching techniques.* If a psychologist, psychiatrist, or other mental health worker has been working with the child, that person's specific advice should be sought regarding the child's management.

2. The teacher should let the child know from the first correct that he or she expects a *reasonable standard of conduct* to be maintained.

3. It is essential that the teacher *communicate his or her expectations* to the child clearly and firmly. Nothing is to be gained by beating around the bush or keeping the child guessing about what the teacher has in mind regarding behavior and goals. The child should know what is expected of him at all times.

4. There must be *consistent, appropriate consequences for behavior.* The child's desirable behavior should be immediately recognized and rewarded

with praise and other signs of approval. Inappropriate behavior is to be consistently ignored or, if necessary, met with mind punishment. Recognition and praise for good behaviour should be given so that other students can see and hear the teacher's approval-but if it is necessary to correct or reprimand the child, his should be done as quietly and privately as possible.

5. The teacher must have *realistic expectations* concerning the child's behavior and academic performance; his tasks should be well with in his capacity, but still a challenge. If the child is not able to perform the academic tasks given him with 90 percent accuracy, the work is not difficult. The child must feel success and pride in what the accomplishes.

6. It is important that the teacher *empathize with the child* and understand how negative aspects of his social environment (e.g., issue at home peers who taunt him, teachers who criticize him) may contribute to his inappropriate behaviour. If negative environmental influences can be identified, the teacher should try, if possible, to change them.

7. *Good behaviour management* for disturbed children has a lot in common with good behaviour management for *all* children. The best preventive action any teacher can take is to make sure that the classroom is happy place where children take pride in their work and learn to treat others with respect. The school psychologist or recent bases on behaviour management.

22.7 QUESTIONS FOR REVIEW

Q. 1.   Mention the developmental needs of Physically Challenged Children.

Q. 2.   Write in detail about developmental needs of Mental Challenged Children.

Q. 3.   What are the developmental needs of emotionally disturbed children?

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HOME SCIENCE   **UNIT - V**

                                                                 LESSON NO. 23

WOMEN'S STUDIES-MEANING, NEED AND SIGNIFICANCE

STRUCTURE

23.1   Objectives

23.2   Introduction to Women's Studies (Meaning)

23.3   Need and Significance of Women's Studies

23.4   Questions for Review

23.5   Suggested Further Reading

23.1   OBJECTIVES

The major objectives of this lesson are :

1. Meaning of Women's Studies

2. Need of Women's studies

3. Significance of women's studies

23.2 INTRODUCTION TO WOMEN'S STUDIES (MEANING)

Women's studies is not a new subject in India today as there are many works in the name of women's studies and there are many institutions offering the course of women's studies. Women's studies emerged in India as a necessity for the problems women were facing in the past and the present. Though the women of India have undergone lot of bitter experiences in the history, they were not able

to overcome these problems raise voice against these problems due to the peculiar social structure that existed in India. The question of women as an issue started in India from 19th century onwards when social reformers questioned the growing inequalities and the major evils of social customs like prohibitions of widow re-marriage, child marriage, discrimination of women towards education, purdah system, dowry, etc.

During this period women were noticed only as the downtrodden people who suffer for the well-being of society; the social problem they faced were taken as evils by the Britishers and a few Indian, whereas the orthodox Indians feel that these customs are an inevitable part of Hinduism which has to be followed strictly' by Indian.

Women's studies as discipline started in India in 1975 after the report was published by the committee on the status of women. Concept of Women's Studies was a borrowed concept from the west. The term Women's studies was used in United States in 1965 (Boxer, 1982) as a separate discipline to study the Women's problems. Women who are interested to show the problems in an organized systematic and scientific manner joined the academic community and, those who were' interested in immediate solutions took an active approach, the former' developed the Women's Studies and the latter took the points from the former for their actions. In India though many people were interested in the studies of women, the avenues opened for them were very rare or nil. So there was no room for developing Women's Studies as a separate subject. In the initial stages Women's Studies was confused with women education. The upliftment of women was equated with educational and employment opportunities for women and women's equality were never in the agenda. The status of women was known only in terms of individuals educational and employment prospects. Here participation in other activities and power were never taken into account when status was definite in context of women.

As a result of these and as a consequence of celebration of International Women Year and Mexico conference, Government of India took a decision that studies on women should be encouraged at all levels. As a result .of this Universities

Grants Commission and Indian Council of Social Science Research decided to support women studies and researches and teach Women's Studies in the University. In 1979 the ICSSR review committee on Women's Studies pointed out there was an impact on women's studies in general but it failed to make any substantial impression on community of social scientists and on major institutions, undertaking social science researches. Even in the beginning of 1980's Universities were not much concerned to include women researches on women issues, or Women's Studies as subject in their cubiculum. The University system was the last to take steps in the pursuit of research on Women's Studies. In 1981, when the first National Conference on Women's Studies was convened at Bombay, many people came forward to start an association for Women's Studies. The first conference decided that it should focus the attention of the universities and institutions to include Women's Studies as a subject and to encourage research on women which is not copy of the west. The conference decided that Won1en's studies in India should not imitate the Women's Studies of west; instead it should develop a model peculiar to India. It emphasized that separate Women's Studies department was not the concern of India but the inclusion of women's issues in the various academic discipline is important. Women's Studies even today have not taken deep root in Indian University system as it is marked out as an area as women and not many men are interested in it. In most of the universities Women's Studies are yet to be gained by the established Women's Studies department. According to 1986 survey there are more than 100 research organizations in India where researches or teaching on Women's Studies are going on (Anand *et. al 1986).*There are three Universities for women of which Mother Teresa Women's University, Kodikanal devotes their energy and money entirely for Women's Studies. Other Women's universities are like any other universities but the admissions are restricted only to women. A part from these universities, today almost all the universities of India have Women's Studies incorporated at undergraduate, graduate and postgraduate courses. Women's Studies are gaining momentum in the recent years because of the support it derived from the various fields of society.

The concept of Women's studies is confusing till day that even the experts in the field are not able to give similar or identical definitions ; Women's Studies

is a subject where experts are pooled together from various subjects and therefore the emphasis and status vary from one person to another. The concept of Women's Studies does not hold a common understanding even for those who are in the field and the basis is only 'women and their issues'.

In United States the concept was used as early as 1914 when Women's Studies was considered as the studies about women and nothing more than that in 1960, Women's Studies became inevitable in United States due to the growing discrimination of women in the country (Amiel, 1989). Initially there was no guidance in the form of teachers or books for Women's Studies and thus it is started in vacuum. Economists and Political Scientists debated over the issue of women studies and decided that Women's Studies should start only after building up enough resources in the form of book and expertise. Also the' experts of Women's Studies decided that Women's Studies should have its own resources and teaching to have a standing of this women. Carolyn Elliot summarized' the contents of Women's studies in US as new information on women, racing of consciousness and knowing personal experiences and understanding personal history and social history (Elliot, 1986). Concept of Women's studies is still unresolved, though thirty years have passed since the first college course of women was started in US. In US even today the debate is going on over the name of Women's Studies as whether it should be Women's Studies Feminist Studies or Gender Studies. However the first concept is widely used by academician and nonacademicians. Women 's Studies is a separate and unique subject and it is defined by Susan as a subject which focus on women, their experiences and nature of relations between sexes. Women's Studies is a subject which is different in perspective when compared to the other general discipline. Feminist scholars believe that Women's Studies is a study for women and about women. According to these scholars all researches are patriarchal in nature. And therefore a rethinking in the form of researches are necessary of get a proper perspective of society. Not only women are marginalized from traditional scholarship, all studies were directed and oriented towards male interest. The objectivity of all traditional researches were male interests and this proved through studies in the field of psychology and medicine.

Women's Studies is still an infant science and therefore this science is yet

to get a proper shape. The term Women's Studies is an established concept in India unlike other countries where they are still debating over the concept itself; The content of Women's Studies is the field of debate in India. There are many schools of thought regarding the content in India. When social scientists say that Women's Studies should examine the issues on women like the problems of Women's marginalization, administrators feel that Women's Studies should be result oriented and pure scientists give up Women's Studies due to reason that Women's Studies is only a social science and 'nothing to do with pure science. This attitude of academicians and administrators give a low position to Women Studies in hierarchy of disciplines. In India a few Women's Studies experts under the leadership of Vilna Majumdar defined Women's 'Studies as the "pursuit of a more comprehensive, critical and balanced understanding of social reality." Its essential components include (1) Women's contribution to the social process. (2) Women's perception to their own lives. (3) Roots and structure of .inequality that lead to marginalization, invisibility and exclusion of women.

Women's Studies thus should not be narrowly understood as studies and information about women as a critical instrument for .social and academic development. The objectives of Women's Studies are (1) to conscientise both men and women by helping them to understand, recognize and acknowledge the multidimensional roles played by women in society, (2) to promote better understanding in the process of social and environmental change. (3) to contribute to the pursuit of human rights. (4) To investigate the causes of gender disparities-analyzing structural, cultural and attitudinal factors, (5) to empower women in their struggle against inequality and for effective participation in all areas of society and development, (6) to render invisible women visible, in particular the underprivileged strata and (7) to help develop alternative concept approaches and strategies for development (Krishna Raj, 1986).

The definition of Women's Studies emphasize that social reality should be understood in pure and clean way which is very' essential to understand the society. The objective of Women's Studies is to give equality in knowledge which is not there' from time immemorial.

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Though the Women Studies has branched out as a separate discipline but the dilemma within the discipline continues-horizontally as well as vertically. Horizontally the power struggle and its consequences result in the shift of emphasis which makes, Women's Studies jump from one areas to another making the ,whole discipline in a confused and complicated state. Vertical conflicts of Women's Studies do not allow to- give a fixed position for women and therefore body knows its status in the group of disciplines.

23.3 NEED AND SIGNIFICANCE OF WOMEN STUDIES:

Women's studies as discipline started in India in 1975 after the report was published by the committee' on the states of women: .Concept of woman's studies was, a borrowed concept from' the west. The term "Women's studies' was used in United States in 1965 (Boxer, 1982) as separate discipline to study the women's problems. The earlier writings on women portrayed women as a soft person who was to help men and who do not have an individuality of their own. Women were never given an independent role by our writers before in dependence. Women were considered as "Child Producing Machine."

During 1970's there was a global awakening on the issues of women and many efforts were taken to end discrimination against women. Reformers felt that there is a great need to think over the discrimination as well as identity issues of women who play a major role in making women a 'Independent Person' both in the family and society.

Important Functions of Women Studies

- To discover, acquire and accumulate knowledge about women so that all of us, not just women can perhaps start looking at human beings and societies in a different way.

- The commitment of women's studies is to improve the status and position of women.

- A women study tries to discover a common language, a simple language that all can understand and also tries to correct the inadequacies of traditional disciplines.

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- History that ignores women's contribution, Economics that ignores women's work at home and the farm and brands this work as non-productive.

- Declining sex ratio (927 females for every 1000 males) due to female infanticide and female foeticide,

- Increasing lower like expectancy of women.

- Violence against women.

- Domination of patriarchy.

- Women's dimensions ignored by curriculum of higher education.

The fallacy about women has been that a woman is not only unknown but unknowable. This has to be corrected. The main task of women studies is to make women visible in the curriculum. There is universal undervaluation of women and their work. Women a study has to start with the premise that gender discrimination does prevail in society and women's are considered productive labour. Education that fails to address itself to educating girls to promote equality, Sociology which does not question the discrimination and oppression of women in society, psychology that ignores the strength of women and law that reveals a bias against women which are distorted disciplines.

Women studies have to study and change the following:

- 80% of women are illiterate.

- 70% of dropouts are girls.

- Only 60% of the girls in the age group of 6-11 are actually enrolled in schools.

- Sexist bias in all curricula schools and colleges.

- Gender discrimination in the child rearing practical.

23.4 QUESTIONS FOR REVIEW :

1. Explain the term women's studies.

2. Describe briefly the needs and significance of women study.

23.5 SUGGESTED FURTHER READINGS:

1. Women's Studies in India by L. Thara Bhai, A.P.H. Publishing Cooperation 5, Ansari Road, Darya Ganj, New Delhi.

2. Perspectives on Indian Women by R.S. Tripathi, R.P. Tiwari, A.P.H. Publishing Cooperation.

STATUS OF WOMEN - SOCIAL, POLITICAL, EDUCATIONAL, HEALTH AND NUTRITION

STRUCTURE

24.1   Objectives

24.2   Status of Women: An introduction

24.3   Political status of women.

24.4   Social status of women.

24.5   Educational status of women.

24.6   Health and Nutritional status of women.

24.7   Some Proposals for Improving' the Status of Women

24.8   Questions for Review.

24.9   Suggested Further Readings.

24.1 OBJECTIVES

This lesson aim to help the students to understand:

- Status of women in general.

- Status of women in areas like social, political, educational, health and nutrition.

24.2 STATUS OF WOMEN: INTRODUCTION

If we peep into the history of India, we find that Indian women have experienced ups and downs with the changing socio-cultural scenario of the country.

Sometime, it was regarded that God live in the places where the women are worshipped and another times they were made subject to prejudices and no stone was left unturned in dishonoring them. In the many times of the history, they were kept within four walls and one who has dared to come out of them has gained name and fame. The examples of Gargi, Tara, Ahilya, Jija Bai, Laxmi Bai, Sarojni Naidu, Indira Gandhi, Bachendri Pal and many others are before us. After independence, many provisions have been provided for the development of women but mere provisions can bring no change. For this, right and continuing efforts are required, which have not been done for Indian women. Although scant efforts of women development were in action since first plan, a separate chapter of women development was, for the first time, added to the draft of Sixth plan. After that a number of plans were conceived for women development but no significant changes came in the way of their life. A recent study places Indian women at 138th place among women's of 175 countries. In fact many hindrances have been in the path of women's development in India. She has not been provided the opportunities with the result she could not develop the feeling of self-respect and self-confidence.

24.3 POLITICAL STATUS OF THE WOMEN

Women who try to succeed in the world of politics discover that the hurdles they face, whether bared on tradition, finances, ethnicity or organization, are compounded by the hurdle that is theirs by birth that of gender. Thus, women's increased participation in mass politics over recent decades have been predominantly concentrated in the lower echelons of public administration, political parties and trade unions and has not been matched by the same presence. at higher levels of policy and decision-making.

Women have progressively been involved in social welfare, political consciousness-raising, comparing and grass roots organizations all of which have served as a spring board for reading higher political office. In recent decades, many women have even been-front runners in political races, yet few have been chosen to head governments; as previously mentioned, there were only eight female heads of the State or Government as on May 1991.

To boost women's political decision-making power, governments, non-

governmental organizations, political parties, trade unions the private sectors, women's group and individual should:

- Introduce special measures to increase the proportion of women Involved in political decision making.

- Secure women's right to vote, stand for election and hold public or political office.

- Encourage women to fully exercise the vote independently, according to their own individual preference.

- Generate support Networks so that more women can campaign for public office, at the gross-roots, state national, regional and international levels.

- Maintain rosters of qualified women for positions in Government political parties.

- Encourage women in .power to serve as mentors and otherwise support qualified women candidates in their career development.

- Increase the number of women in leadership positions in public and private enterprises to at least 30 percent by the year 2000, with a view to achieving future party with men.

24.4 SOCIAL STATUS OF WOMEN:

In the dominating society of man, women are forced to do all that which is preferably demanded by the male society. The major issues relevant to women and her status are: marriage, adoption, abortion etc. Many women in the developing world have no choice of whom or when they will marry, when they will begin to bear children or how large their families will be. In addition while men may divorced easily, women can only rarely initiative divorce. To date, only 22 countries (most in the industrialized world) have granted women equal rights with men in matters of marriage, divorce and family property. In India for example even though the law sets the legal age for marriage that is 18 years for females and 21 years for males, some 10 million girls under 11 years old get married each year such early manage severely restrict the range of options available to these "child brides"

and may trap them prematurely within a web of property, illiteracy, repeated child bearing and social marginalization.

In much of the developing world, marriage and divorce laws supersede women's rights to own land, thus virtually disinheriting them. In Asia, the vast majority of women are landless as a result of discriminatory divorce and inheritance laws that do not give them access to land owned by them. In the Middle East, women are not equally autonomous individuals but need a male "guardian" to act for them in all legal transaction, including property acquisition and transfer and applications for loans and credits. In 12 countries the law does not allow women to seek employment, open a bank account or apply for a loan without the husband's authorization. Several Islamic countries have tried to modernize family law, but reforms had an impact only where an effort was made to inform women of their rights and provide them with legal counsel. In 1985 the Nairobi forward looking strategies reiterated demands for equal status legislation with to marriage and its dissolution stating that "Marriage agreements should be based on mutual understanding, respect and freedom of choice. Careful attention should be paid to the equal participation and valuation of both partners so that the value of household is considered equivalent of financial contributions.

24.5 EDUCATIONAL STATUS :

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), in 1990, 26.5 percent of the adult populations of the world (948.1 million) were illiterate. Of that number, 346.5 million were men (i.e. 19.4 percent of the male population) while 601.6 million were women (i.e. 33.6 percent of the female population). The numbers were even more striking for developing countries, where the illiteracy rate for women stood at 45 percent.

For these women, illiteracy compounds their other problems, contributing to their marginalization within the family, the works place and public life. It accounts for the fact that woman have often not benefited from socio-economic and technological progress. Illiterate women are invariably caught in a vicious circle of poverty, repeated child bearing, ill health and powerlessness, lacking the means to break out of their predicament education. In addition, only education helps women

to overcome social prejudice take control of their lives and assume a status and identity beyond child bearing, thereby allowing them to participate more fully in the public life of their community.

The past 30 years have witnessed dramatic advances in education worldwide. Overall, student enrolment has increased, spending on basic education has grown, national and international, actions have been taken to raise a literacy level which has been, declining during ancient period. At that time, a fairly large proportion of women were uneducated and they had faced so many problems regarding health, divorce, abortion etc. Today, in most parts of the world, girls and boys now have the same access to schooling, in some regions equality in enrolment is being achieved in tertiary education. The Universal Declaration on Human Rights creating educational opportunities for girls and women. Its provisions require that societies :

· Provide women access to the same curricula, examinations, and quality-teaching staff as boys;

· Eliminate any stereotyped concept of the roles of men and women by revising text books and school programmes and adapting teaching methods to the needs of girls;

· Offer the same opportunities for career and vocational guidance and, for scholarships and study grants;

· Promote the active participation of girls in sports and physical education.

In the end, we can say that education opens up wider horizons, creates new opportunities and, most importantly, empowers women with choice. And, last but not least, education is the single most important weapon to combat sexual stereotyping and discriminatory attitudes towards women.

24.6 HEALTH AND NUTRITIONAL STATUS:

The age at which a woman marries and begins having children, the size of her family and her inability to control her fertility are vital factors in determining her health and socio-economic status. The 1980's called by many the "lost decade" witnessed a notable decline in the provision of health care for people in developing

countries, especially for those most at risk: women and their dependent children, "Women's health has been adversely affected by increased hours of works and by reduced availability of food and health care facilities.

Nutrition levels for women and girls deteriorated, while infant, child and maternal mortality rates (which had declined steadily over the last few decades) now increased. Women - who have special health needs due to their reproductive function, their generally greater longevity and their role as care gives-suffered most, both from the economic crisis and from its bitter "cure".

According to the United Nations World Economic Survey 1990, for women living in poorer parts of the world, maternal mortality augments the already existing risks of premature death by at least one third, and in Come remote areas by as much as 85 per cent. Women in developing countries often have too many children, too close together, both too early and too late in their reproductive lives. According to the 1989 World Survey on the Role of women in Development, for the first time in decades, the 1980s saw alarming increases in maternal and infant mortality in some developing countries, where most women have no access to family planning, prenatal check-ups or emergency health care in case of complications in childbirth. Fully 99 percent of the 500,000 annual maternal deaths recorded occurred in developing countries where almost half of the births are delivered by traditional, untrained birth attendants.

During the 1980s, nutritional standards deteriorated in 25 countries, and in some cases women suffered disproportionately in relation to men. Nutritional anemia makes women susceptible to disease, exacerbates fatigue, reduces their working capacity in the workplace and at home, and is particularly dangerous for pregnant women. In some countries, the amniocentesis test (created to reduce the risk of handicapped babies) is used to determine the sex of the unborn child, which, if it is a girl, may be aborted. In 1984-85 alone, some 16,000 female fetuses were aborted in a single Bombay clinic, following amniocentesis. In case of women's nutritional status, UNICEF's 1989 Annual Report clearly shows that in some countries, a bias in favour of males determines nutritional intake. The typical girl in these countries receives 20% fewer calories than her brother and is more likely

to be a malnourished. In one region of India, girls were 4 times more likely than boys to suffer from acute malnutrition, and 40 times less likely to be taken to a hospital. But in recent years, health-care services have expanded globally reaching out to both men and women in larger numbers. However, the special needs of women are often overlooked by health-care professionals and planners.

24.7 SOME PROPOSALS FOR IMPROVING THE STATUS OF WOMEN

For a start, more systematic research and data collection is needed to evaluate the role and contribution of women and children in the domestic and subsistence sector.

- Women's problems and issues cannot be considered a marginal issue for the full integration and participation of women in development to occur.

- Women's overwork is one of the major obstacles to a better life and health for themselves and their children. Their burden must be lessened. In this aspect appropriate technology has an important role to play.

- Improvements in agriculture and food production must involve more liberal participation of women. Subsidies, incentives and aid must also be enter did to women.

- Women must be able to influence policy and decision-making. At the village level, they should have their own committees where they can be free to voice their opinions which may not be possible in male dominated environment.

- Health and nutritional programmes must be relevant in the needs of the women in these areas. More researches should be carried out on the nutritional value of local foods, correct weaning foods and the correct weaning foods and the availability of cheat and nutritious food.

- Breast feeding must be actively promoted.

- More research should be carried out into traditional and safer methods of birth control which will not affect their Wealth and the health of their children and which will enable them to have more control over their own

fertility.

Thus it must be recognized that the solution for the improvement of women's status is that society must give due recognition and importance to the role of women. Women must examine their problems in the light of present development strategies and work towards a redefinition of their roles so that there can be a more meaningful role for them in our society.

24.8 QUESTIONS FOR REVIEW :

1. Write in detail about status of women in social and political field.

2. Define status of women and mention status of women in educational field.

3. Write in detail about status of women in health and nutritional field.

24.9 SUGGESTED FURTHER READINGS :

- Rao, D.B. (1998) : International Encyclopedia of Women (Vol.) III. Discovery Publishing House, New Delhi.

- Tripthai, R.S. Tiwari, L.P. (1999) : Perspectives "Indian Women. A.P.H. Publishing Corporations. 5, Ansari Road, Darya Ganj, New Delhi - 110002.

- Ahuja Ram (1999) : Indian Social System. Rawat Publication.

- Rao, D.B. (1999) : Status of World's Women. Discovery Publishing House, New Delhi. 279

HOME SCIENCE

UNIT - V

LESSON NO. 25

IMPACT OF DEVELOPMENTAL PROGRAMMES ON THE STATUS OF WOMEN

STRUCTURE

25.1 OBJECTIVES

This lesson aims to help the student understand:

1. Meaning of developmental programmes.

2. Impact of developmental programmes on the status of women.

25.2 INTRODUCTION

The world is passing through the worst crisis in its history and position of women highlights the major problems of developing countries today. Women constitute half of the human resources in developing countries and they have to bear the brunt of the daily struggle for survival in developing countries. Although women are not a homogenous social group and their position varies between and within

countries, there are some features which are common to all societies. Historically, their role in biological reproduction has generally restricted women's participation in the mainstream of social, economic and political process. The request for equality for women received a considerable boost from two sources. First, in the struggle against colonialism and in the national liberation wars men and women had joined hands on terms of equality. Secondly, U.N. Charter also confirmed the concept of the equality of the sexes. The movement of the Non-Aligned countries as a global factor in the contemporary world has recognized that the equal participation of both men and women in all spheres of life is an important precondition for the attainment of meaningful development and the well-being of all people.

In order to release women's potentials for fuller participation in the productive and decision-making processes, there is a need not only for a sharing of parental responsibilities but also for institutional provisions which would benefit children and families. Women should have the right, the requisite knowledge and the resources to regulate their reproductive capacity. However, without economic independence women cannot achieve equality. Therefore, measures to expand satisfactory employment opportunities, to improve their economic status and the provision of the necessary infrastructure should be treated national and international strategies as an important and integral past of national and international strategies. Our governments has also realised that-the upliftment of women is very necessary.

Different development programmes have been started in our country also in order to improve the condition of women in different fields.

25.3 SOME OF THE DEVELOPMENTAL PROGRAMMES OF WOMEN. ARE AS FOLLOWS -

1. National Rural Employment programme (NREP) :-

The food for work programme was restructured and renamed as National Rural Employment Programme from October 1980. The NREP aims to create community assets for strengthening rural infrastructure. These includes drinking water well, community irrigation wells, village tanks, minor irrigation works, rural roads, schools and Balwadi building, Panchayat Ghars etc.

In rural areas with the scheme of NREP the implementation of the equal remuneration act would be reviewed and appropriate measures are introduced for their effective functioning. Measures would be taken for the payment of wages/ salaries earned by women directly to them. Under the vocational training programme for women rural training component and setting up of more regional institution are envisaged.

2.   Support to Training & Employment Programme for women (STEP)

A scheme to render support to women's employment in various sectors such as agricultures, dairying small animal husbandry, fisheries, Khadi and village industries, handlooms, handicrafts and sericulture, where women are preponderantly engaged in work was formulated at the beginning of the seventh plan (1985-86). The scheme focuses on the poorest, the most marginalized and asset less women. These would include wage labourers, unpaid family workers, female headed households, migrant labourers, tribals and other dispossessed groups.

The objective of the scheme is to provide better employment for women so that they can become economically independent and self-reliant.

3. Women Development Corporations

A scheme to set up women's development corporation in all the states and union territories was formulated during 1986-87. The objective of this scheme is to provide better employment for women so that they can become economically independent and self-reliant. Further the scheme will help the beneficiaries to overcome the major obstacles to women's employment especially in the self-employment sector. The function of the corporation will be to identify women entrepreneurs, prepare a shelf of viable project and provide technical consultancy services.

4. Socio Economic Programme for Women:-

The main objective of this programme is to provide facilities for work to the needy women. To provide education and work for prevention of atrocities against women.

The department of women and child development operates a scheme of education work for prevention of atrocities against women. The scheme envisages that assistance should be given to organizations working for the social up-liftment and betterment of women for the prevention of atrocities against women their propaganda, publicity and research work.

5. Programme on Science and Technology for Women

This programme is aimed to further strengthen, to identify, formulate, sponsor and implement research and development, demonstration and extension programmes, with special emphasis on providing opportunities for gainful employment/self-employment to women specially to those in rural areas.

Assistance of voluntary organizations would be sought for taking need based technologies to the target groups and in obtaining feedback regarding the acceptance of the programme and in the identification of factors that influence the transfer of technologies. Special training programmes would continue to be sponsored for women in polytechnics and other institutions of technical education in areas such as repair and maintenance of radios, television and other electronic hardware or consumer durables, manufacture of PVC goods, lacquer work, fibre reinforced plastics etc. Involvement of women voluntary agencies would be ensured.

6. Employment and Income Generating Production Units

This programme was initiated in 1982-83 to train women belonging to weaker sections of the society and to provide them employments on a sustained basis. The programme is implemented through Public Sector. Undertakings Corporations/Voluntary Organizations. Assistance under the programme comes from the Norwegian Agency for International Development (NORAD).

The training is imparted to women in trades such as electronics, watch manufacturing, assembly, computer programming, printing and binding, handlooms, weaving and spinning and garment making etc.

25.4 IMPACT OF VARIOUS PROGRAMMES ON STATUS OF WOMEN

The development programme play an important role in changing the status

of women. These programmes create an awareness among women folk. As the women become educated their outlook towards life changes. Their attitudes, habits, ways of thinking and relationships among people change. Women are not only prepared just for their basic function of mother and a wife but they are also interested in economic independence. Due to various community development programmes, their standard of living has undergone a great change. Women are now aware of the advantages of new economy and other educational and welfare opportunities provided to them. Mass media has also created awareness in many fields. Be it women's emancipation, family planning, environmental, family planning, environmental sanity or functional literacy. Even the rural women seem to have awakened through various developmental programmes. They are quite aware about their health, they know how to spend their leisure time in useful activities, nutrition, child-care, family welfare, environmental education and management of dual responsibilities both at home and in the outside world etc are some of the other affairs of which they know quite well. Many programmes have been started to provide women better employment so that they can become economically independent and selfreliant.

Women are equally taking interest in the fields of science and technology. They are working in the field of computer programming, electronics-like watch manufacturing etc.

The developmental programmes have been proved out to be very fruitful. It has given a new light of hope.

These programmes have shown women the way to success. Women are now becoming economically independent because of the self-employment programme. The creative mind is being used and is being paid. Women has recognised her power and role in the society.

She has come to know the means of better health, hygiene, education, care of children, paper vaccination of a child family planning and so many other programmes.

Women is being more diverted towards adult education and female literacy. They are sending their daughters to school and colleges. These programmes have

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miraculous results on the status of women. The life style has entirely changed today. The women are aware of day to day life's activities and this has certainly raised her status.

25.5 QUESTIONS FOR REVIEW

Q.1. What do you understand by the meaning of development programmes?

Q.2. List down the different developmental programmes for women and give a short note on them.

Q.3. Mention the role of development programmes in raising t~e status of women.

25.6 SUGGESTED FURTHER READINGS

Bhanti, R (1989) Welfare of Women and Children, Udaipur (Rajasthan).

HOME SCIENCE	UNIT - V
	LESSON NO. 26

ORGANIZATIONS WORKING FOR WOMEN GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS

STRUCTURE

26.1 **Objectives**

26.2 Introduction

26.2 Definition of Governmental and Non-Governmental Organisations.

26.3 Organizations working for Women (Governmental and non-Governmental).

26.4 Questions For Review

26.5 Suggested Further Readings

26. 1 OBJECTIVES

This lesson aims to help the student understand:

1.   Meaning of Organisations

2.   Working of Governmental and Non-Governmental Organizations.

26.2 Introduction

The word "organisation" means 'to organise' something in a systematic manner. Organisation comprised of a group of members who are dedicated to their work, effective in all respects as well as sincerity in them. These members finally

made organisations where they planned different types of programmes beneficial for the beneficiaries.

In the successive Five Year Plans, the Government of India have launched a variety of programmes and schemes for the welfare and uplift of weaker sections of society. The effective implementation of these programmes depends to a large extent on the positive contribution made by voluntary organisations, industrial and business houses, international organisations and others. Several of them, aware of their social responsibility, are making a significant contribution towards accelerating the process of social and economic development.

26.3 DEFINITION OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANISATIONS GOVERNMENTAL ORGANISATIONS :

Governmental organisations are those organisations which are run by the Government.

Non-Governmental Organisations :

Non-Governmental organisations are those organisations which are run voluntarily. In this organisation, those persons made such organisations who wants to do some social work for the society which includes especially those persons who are needy or those who are below poverty line. The persons made such organisations by their own will. Non-governmental organisations are also called as "voluntary organisations."

26.4 ORGANISATIONS WORKING FOR WOMEN :

Governmental Organisations

Non-Governmental Organisations

GOVERNMENT ORGNISTAIONS

1 **J&K State Commission for Women** has been established in 1999 to protect women's rights and advance the cause of women in the state

Constitution of The State Commission For Women:

(i) The Government shall constitute a body to be known as the State

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Commission for Women to exercise the power conferred on, and to perform the functions assigned to fit, under this Act.

(ii)   The commission shall consist of :

(a)   A whole time chairperson and two part-time member to be nominated by the government from amongst eminent women for the state committed by the Government.

(b)   One Secretary of the rank of Additional Secretary to Government to be nominated by the Government.

Grants By The Government :

(i)   The government, shall, due appropriation made by State Legislature by law in this behalf, pay to the commission by way of grants. Such sums of money as the government may think fit for being utilized for the purpose of this Act.

(ii)   The commission may spend such sums as it thinks fit for performing the functions under this Act, and such sums shall be treated as expenditure payable out of the grants.

Functions of the Commission :

The State Commission shall perform all or any of the following functions, namely :-

(a)   Investigate and examine all matters relating to the safeguards provided for women under the constitution and other laws.

(b)   Present to the government, annually and at such other times as the commission may deem fit, reports upon the working of these safeguards.

(c)   Make in such reports, recommendations for the effective implementation of those safeguards for improving the condition of women by the state.

(d)   Review, from time to time, the existing provisions of the constitution of Jammu and Kashmir and other laws affecting women and recommend amendments there to so as to suggest remedial legislative measures to meet

any inadequacies or shortcomings in such legislations.

(e) Take up the cases of violation of the provisions of the constitution and other laws relating to women with the appropriate authorities.

(f) Looking into complaints and take suo moto notice of matters relating to :

    (i) deprivation of women rights

    (ii) non-implementation of laws enacted to provide protection to women and also to achieve the objective of equality and development.

    (iii) non-compliance of policy decisions, guidelines' or instructions aimed at mitigating hardships and ensuring welfare and providing relief to women, and take up the issues arising out of such matters with appropriate authorities.

(g) Call for special studies or investigations in to specific problems or situation arising out of discrimination and atrocities against women and identify the constraints so as to recommend strategies for their removal.

(h) Undertake promotional and educational research so as to suggest ways of ensuring due representation of women in all spheres and identify factors responsible for impending their advancement, such as, lack of access to housing and basic services, inadequate support services and technologies for reducing drudgery and occupational health hazards and for increasing their productivity.

(i) Participate and advise on the planning process of socio-economic development of women.

(j) Evaluate the progress of the development of women under the state.

(k) Inspect or cause to be inspected a jail, remand home, women's institution or other place of custody where women are kept as prisoners or otherwise and take up with the concerned authorities for remedial action, if fond necessary.

(l) Found litigation involving issues less space affecting a large body of women.

(m) Make periodical reports to the government on any matter pertaining to women and in particular various difficulties under which women toil.

(n) Another matter which may be referred to it by the government.

2 J&K State Women's Development Coportation was incorporated in the year 1991 as State Channelizing Agency and started functioning w.e.f 1994

Objectives :

1. Starting the centres, homes for care of special groups.

2. Financial assistance in the shape of loans to women for processing of goods, vends for food items.

3. Activities connected with animal husbandry, dairy development, beekeeping etc. Also designing, printing handlooms, embroidery, knitting, tailoring etc.

4. Taking up various centrally sponsored schemes viz., NORAD, IRDP, Jawahar Rozgar Yojna, Nehru Rozgar Yojna etc.

5. To take up several schemes of finances to the women entrepreneurs in establishing the scheme framed under any State or Central Law or Act.

6. To undertake a massive programme of employment oriented agro industries, cottage and small-scale industries village industries by providing technical know-how, managerial and financial assistance.

Programmes/Services:

1. **Norwegian Agency For International Development (NORAD):** This is a centrally sponsored 100% Grant-in-aid Scheme under which training-cum-production-cum-employment generation centres are set up in different parts of the state of Jammu and Kashmir. The training is being imparted to the women in different traditional and nontraditional trades and the 'trainees after completion of the training periodare either working with the NAOS or have set up the income generating units by taking loans from corporation.

2. **National Minorities Development And Finance Corporation (NMDFC):** Government of India has identified five communities viz. Muslims, Buddhists, Sikhs, Christian, Zoroastrians as minorities at the national level on the basis of population census.

The National Minorities Development and Finance Corporation of which the J&K Women's Development Corporation is the Channellising Agency provides long term loans at a concessional rate of interest to assist the poor segment of minorities population for setting up of income cum employment generating units. The corporation lifts loans for NMDFC at 45% rate of interest and disburses the same to the beneficiaries among minorities at 7%.

3. **Rashtriya Mahila Kosh (RMK) :** This is also a centrally sponsored loaning scheme and the State Women's Development Corporation has been declared as channellising Agency of Rashtriya Mahila Kosh for the women of J&K state. Under this scheme, the micro loans are being provided to the poorest of the poor women of the target group viz. Below Poverty line at an interest rate of 95% as against an interest rate of 8% shared by RMK.

4. **Support To Training And Employment Programme (STEP) :** The scheme envisages support to Rural women for better training in socioeconomic development activities in the Agriculture and allied sectors viz. Dairy, Handloom etc. Under this scheme, Govt. of India provides funds in the pattern of 90% : 10% per beneficiary to impart training to cluster of minimum five hundred beneficiaries of a particular area for taking up income-cum-employment generating activities.

6. **Swayam Sidha Women Empowerment Programme (IWEP) :** The J&K State Women's Development Corporation has been appointed as Nodal Agency by the Administrative Department viz. Social Welfare Department, Govt. of Jammu and Kashmir to implement the scheme of Swayam Sidha Women Empowerment programme (IWEP) in the J&K state . It is an integrated scheme for Women's Empowerment and is basically for designed for formation of women into Self Help Groups where in awareness and confidence will be generated in them both economically and socially regarding

women's status, health, nutrition, education, sanitation, legal rights, upliftment, control over resources, saving habits access to micro credit and involvement in local level planning etc. In this connection, the J&K state Women's Development Corporation purpose to cover one Block of each district covering thirteen out of fourteen districts of J&K state. In each Block, 100 Self Help Groups will be formed. Training centers under NORAD will also be set up. Women will also be benefited in other schemes implemented by J&K Women's Development Corporation.

4. The National Commission for Women

The National Commission for Women was set up as statutory body in January 1992 under the <u>National Commission for Women Act, 1990 (Act No. 20 of 1990 of Govt.of India)</u> to review the Constitutional and legal safeguards for women; recommend remedial legislative measures, facilitate redressal of grievances and advise the Government on all policy matters affecting women.

Breif history

- The National Commission for Women was set up as statutory body in January 1992 under the <u>National Commission for Women Act, 1990 (Act No. 20 of 1990 of Govt.of India)</u> to review the Constitutional and legal safeguards for women; recommend remedial legislative measures, facilitate redressal of grievances and advise the Government on all policy matters affecting women.

- The Committee on the Status of Women in India (CSWI) recommended nearly two decades ago, the setting up of a National Commission for women to fulfill the surveillance functions to facilitate redressal of grievances and to accelerate the socio-economic development of women.

- Successive Committees / Commissions / Plans including the National Perspective Plan for Women (1988-2000) recommended the constitution of an apex body for women.

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- During 1990, the central government held consultations with NGOs, social workers and experts, regarding the structure, functions, powers etc.of the Commission proposed to be set up.

- In May 1990, the Bill was introduced in the Lok Sabha.

- In July 1990, the HRD Ministry organized a National Level Conference to elicit suggestions regarding the Bill. In August 1990 the government moved several amendments and introduced new provisions to vest the commission with the power of a civil court.

- The Bill was passed and received accent of the President on 30th August 1990.

- The First Commission was constituted on 31st January 1992 with Mrs. Jayanti Patnaik as the Chairperson. The Second Commission was constituted on July 1995 with Dr. (Mrs.) Mohini Giri as the Chairperson. The Third Commission was constituted on January 1999 with Mrs. Vibha Parthasarathy as the Chairperson. The Fourth Commission was constituted on January 2002 and the government had nominated Dr. Poornima Advani as the Chairperson. The Fifth Commission was constituted on February 2005 Dr. Girija Vyas as the Chairperson. The sixth Commission was constituted on August 2011 with Mrs. Mamta Sharma as the Chairperson. The seventh commission has been constituted in 2014 with Ms. Lalitha Kumaramanglam as Chairperson.

5. One Stop Crisis Centre or the Nirbhaya Centres

In India, the victim are often shunted from hospitals to police stations to courts without any kind of sensitivity to her traumatised state of mind and sometimes even denied the rights to treatment and to file a FIR. In light of these factors, the Justice Verma Committee, set up after the 2012 Nirbhaya gang-rape case, called for establishing One Stop Crisis Centres to cater sensitively to the immediate medical, legal, and psychological needs of the survivors. The Union ministry of women and child development initially planned 660 one-stop crisis centres across the country. But later, the government slashed the budget and sanctioned only 36

centres to be built on a pilot basis. The first Nirbhaya centre has come up in Raipur, Chhattisgarh. This centre also has a 24-hour helpline service for distress and rescue calls. Emergency response and rescue services with linkage with existing mechanisms like 108 emergency service is expected to lead to timely help for victims. Women and Child Development Minister Maneka Gandhi has announced that the centres for the states of Uttarakhand, Meghalaya, and Madhya Pradesh will be functional this year, while work is being started for the centres in Nagaland and Assam.

6. Ministry of Women and Child Development: The Department of Women and Child Development was set up in the year 1985 as a part of the Ministry of Human Resource Development to address the needs of the women and children in the nation. In 2006 it was upgraded from a Department to a Ministry of Women and Child Development. The mandate of the Ministry is the holistic development of Women and Children. It has the authority to make plans, policies and programmes, enacts/ amends legislation with regard to the target group. It also guides and coordinates the efforts of both governmental and non-governmental organisations working in the field of Women and Child Development. The Ministry has 6 autonomous organisations: **National Institute of Public Cooperation and Child Development,** National Commission for women, **National Commission for Protection of Child Rights (NCPCR),** Central Adoption Resource Agency (CARA), Central Social Welfare Board, and Rashtriya Mahila Kosh.

The **Ministry of Women and Child Development** is headed by Smt. Maneka Sanjay Gandhi, Cabinet Minister. The activities of the Ministry are undertaken through six bureaus.

- **ICDS,** Food & Nutrition Board, World Bank, Training

- Child Welfare & Child Protection, Information Technology, Co-ordinations, Hindi & Parliament

- **Child Prostitution** & Gender Budgeting

- Statistical Unit, Plan Research, Monitoring & Evaluation

- Financial Advise

- Women Development and Welfare, Vigilance & Administration

Programmes and Schemes that fall under the jurisdiction of the MWCD are:

1. Integrated Child Development Scheme (ICDS)

2. Integrated Child Protection Scheme (ICPS)

3. Wheat Based Nutrition Programme (WBNP)

4. Nutrition Programme for Adolescent Girls (NPAG)

5. Rajiv Gandhi National Creche Scheme For the Children of Working Mothers

6. CARA

7. CHILDLINE services

8. An Integrated Programme for Street Children

9. Balika Samriddhi Yojana (BSY)

10. Scheme for Working Children in need of care and protection

11. Initiatives to combat trafficking of Women and Children There are a few child related institutions that are associated with the MWCD

i. **The Central Social Welfare Board:** is a national institution that was started in 1953 to promote services for women and children. Though originally part of the government administration is was registered as a charitable organisation in 1969. The CSWB is involved in welfare extension projects, border projects, mahila mandals, etc.

ii. **National Institute of Public Cooperation and Child Development (NIPCCD):** is a national organisation dedicated to voluntary action research, training and documentation of all issues concerning women and child development. The institute has four regional centres: Guwahati, Bangalore, Lucknow and Indore. One of the main functions of NIPCCD is to train personnel involved in ICDS.

➢ **Non-Governmental Organisations**

1. **Azad foundation**

Azad foundation focuses on women who continue in abusive relationships because of their financial dependence on their husbands. The New Delhi-based organisation trains women in professions traditionally closed to them and helps them achieve financial independence.

Women undergo a half-year training course, which includes topics such as self-defence, women's rights, sexuality and reproductive rights, effective communication, grooming and most importantly, driving, which will become their future vocation. The organisation's sister concern, Sakha Consulting Wings, provides employment to these women as cab drivers and thereby, safe chauffeur and car hire services to their female clients.

Set up in May 2008, the foundation has expanded its reach, and opened offices in Jaipur, Indore, and Kolkata.

2. **Bharatiya Grameen Mahila Sangh**

Bharatiya Grameen Mahila Sangh or BGMS (National Association of Rural Women India) was founded in 1955, and is a non-political and non-sectarian national organisation with branches all over India, in 14 states and union territories. It is affiliated with the Associated Country Women of the World (ACWW), the world's largest organisation for rural women, which in turn is a consultative body for such reputed international organisations such as UNESCO, WHO, and ILO.

The goal of BGMS is the welfare, and empowerment of women and children. The organisation creates Mahila Mandals (women self-help groups) across villages in its areas, for women empowerment and education.

BGMS has a short stay home for destitute women who have been ill-treated by their husbands, in-laws or other family members, and find themselves without any home. They are provided with vocational training and jobs to support themselves. Elderly women, who have nobody to look after them, can also find

a home in BGMS. They are provided with food, medical care, and recreational facilities.

3. ICRW

International Center for Research on Women is an organisation headquartered in Washington DC with regional offices in New Delhi and Mumbai. ICRW was founded with the belief that when women have opportunities to improve their lives, everyone benefits. When women earn an income and control what they do with it, their children are more likely to finish school, their families eat better, they stay healthy and the entire community thrives. But the reality is that women face issues like violence, child marriages, lack of education and resources. ICRW carries out research that identifies barriers to economic and social stability of women and designs evidence-based plans for program designers, donors and policymakers that empower women. ICRW talks to women directly and helps their voices be heard.

4. Helplinelaw.com

Launched in the year 2000, Helplinelaw.com offers online legal services. The organisation initially catered to the Indian market and then moved into the international market lawyers in 2004. It now has presence in 217 countries. Helplinelaw focuses on providing legal information, contact information on qualified and credible lawyers and law firm references to the users in any part of the world it caters to. All information available on this portal is in easy-to-understand language focussed on laymen rather than the lawyers. They claim to screen all lawyers and law firms before listing them. Women who are in need of legal help for say dowry harassment or divorce are likely to find the discrete nature of a legal consultation by phone or email very reassuring, especially in a volatile home environment

5. Aasra

Aasra is a crisis intervention centre for the lonely, distressed, and suicidal. Their confidential helpline is answered by professionally trained volunteers. So, whatever the caller's concerns are, she can be rest assured that she will receive

non-judgmental and non-critical listening. The centre's mission – "We aim to help prevent and manage mental illness by providing voluntary, professional and essentially confidential care and support to the depressed and the suicidal". Callers can phone in or meet their volunteers or even write to be assured that a warm, caring, empathetic response is available.

6. **CARE**

Care is a not-for-profit organization working in India for over 65 years, focusing on alleviating poverty and social injustice. They do this through well planned and comprehensive projects in health, education, livelihoods and disaster preparedness and response. The overall goal is the empowerment of women and girls from poor and marginalised communities leading to improvement in their lives and livelihoods. During FY 2016-17, CARE India directly reached out to 25 million people through 40 projects across 12 states, covering more than 90 districts. CARE focuses on the empowerment of women and girls because they are disproportionately affected by poverty and discrimination; and suffer abuse and violations in the realisation of their rights, entitlements and access and control over resources. Also, experience shows that, when equipped with the proper resources, women have the power to help whole families and entire communities overcome poverty, marginalisation and social injustice.

CARE India helps alleviate poverty and social exclusion by facilitating empowerment of women and girls from poor and marginalised communities. It focuses on developing the potential of women and girls to drive long lasting equitable changes. We strategically emphasize on promoting quality healthcare, inclusive education, gender equitable and sustainable livelihood opportunities and disaster relief and preparedness. Our efforts are focused to fight against underlying causes of poverty and ensuring a life of dignity for all women and girls from the most marginalised and vulnerable communities, especially among Dalits and Adivasis.

7. **Akshara**

Akshara works closely with young women in educational institutions, working

class neighborhoods, Destitute homes, hostels and work place. Akshara believes in confronting all forms of discriminations and emphasising on an equal and just society. Akshara is working towards ending violence against women. At akshara, all of us want to create – and participate in – a society where all women can live a violent-free, dignified life with no discrimination. Akshara focuses on empowering women and girls. With education, productive work and resistance to violence in their lives, they can be strong and independent contributing members to society.

They have a **three-dimensional vision for change:** changing hearts and minds of young women and men, impacting public attitudes, and reforming systems that deny gender justice. They carry out this mission through a variety of programs. And it doesn't end at Akshara. There's much more happening to make India a gender just country.

8. **Bhartiya Grameen Mahila Sangh**

Bhartiya Grameen Mahila Sangh founded in 1955, is a non political and non seatrain national organization with branches all over India in 14 states and union territories. It is affiliated with the associated country Women of the world (ACWW) , the world's largest organization for women which in turn is a consultative body of UNO , UNECO, WHO and ILO

Objectives :

1. To undertake intensive work among rural women with a view to set up and secure better conditions to satisfy their immediate educational, health, social and economic needs towards the attainment of progressive betterment of standard of living.

2. To federate existing organisations working for rural women and to take steps to establish new Grameen Mahila Samitis and Mandals in the states, districts, blocks and villages of India.

3. To cooperate with other national organisations in tackling rural problems pertaining to agriculture, cottage and small scale industries, rural health, housing and home science extension.

4. To undertake pilot projects to encourage rural women to become trained minded, to stimulate cooperative societies and take such measures as will help the creation and assertion of local leadership.

Bhartiya Grameen Mahila Sangh (BGMS) has developed into a full-fledged national organisation with 18 state branches all over India. Most of its state branches now have district samitis, block samitis and mahila mandals and are carrying out independent activities and projects of their own. Some of their activities are Maternal and Child Care, Family Welfare, Socio-economic Programmes, Balsevika Training Programme, Adult Education, Kitchen Gardening, Balwadi and Creches, Poultry Farming, Farm Women Training Programme, Nutrition Demonstration and Education, Exchange of Farmers Programme, Compost Demonstration Camps, Seminars and Group Programme. Its Beneficiaries are Rural Women ,Children Handicapped and Aged Person

The organisation has also set up homes for the blinds and aged.

9. **Mahila Dakshata Samiti** founded in 1978, is a Non Government Organization , Non party , Non- sectarian national body of women. The samiti zealously works for the cause of women Empowerment and Child Education and Protection. Its Beneficiaries are Poor Women. The samiti has been playing a key role in spreading awareness among women of their rights at all levels.

Objectives :

1. To inculcate among women, particularly those of poorer classes, an awareness of their political, social and economic rights and inculcate in them a spirit of self-reliance and independence.

2. To uphold and safeguard the rights of women as guaranteed by the constitution.

3. To works for:

(i) The implementation of the right of equality granted' to women to enable them to participate fully and equally with men in every sphere of life and

(ii)   Consumer protection.

4. To carry out research into problems affecting various aspects of life particularly of women and children.

5. To carry out research into problems affecting various aspects of life particularly of women and children.

6. To cooperate with and/or affiliate with and/or accept affiliation from other associations doing similar work in India or in other countries.

Programmes/Services: The Samiti is a non-party, non-sectoral body of women from all sections of society which strives to exercise vigilance and fight against corruption, injustice, social evils affecting women and children in particular and society in general through its four sub-committees. These are :

(a)   Consumer Protection

(b)   Anti-dowry

(c)   Status of Women and,

(d)   Information and Publicity

26.5   SUGGESTED FURTHER READING

Sood, M.Swaroop, N. and Batra, A. (1992).Voluntayr Organisations working for Children and Women. NIPCCD, New Delhi.

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