

# EARLY CHILDHOOD CARE AND DEVELOPMENT (0 - 6 years)



## Trainers' Manual

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CHRISTIAN CHILDREN'S FUND, National Office, Bangalore, India

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**(0 - 6 years)**

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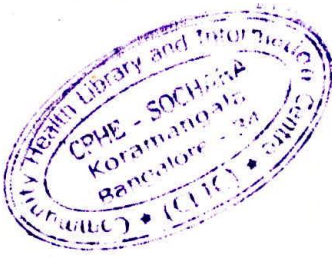
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# **INTRODUCING CHRISTIAN CHILDREN'S FUND**

Christian Children's Fund is an International nonprofit, nonsectarian, humanitarian organization, founded in 1938, dedicated to serving the needs of children worldwide through person-to-person assistance programs.

Christian Children's Fund is a human development agency. Its programs are people centered rather than service centered because its concern is the development of children and families. Programs are implemented in ways that enhance human development; the process of implementation is as important as are the results of implementation. People are approached within their own cultural and environmental context. This context is valued, given dignity and utilized as a tool in their development. Programs start where people are, move only as people are willing and use existing talents and resources.

In the mid to late 1960's the focus and approach of CCF changed considerably. The need for long-term, developmentally oriented programs emerged and CCF started to help needy children within their own families as well as those without families. This initiation of community-based programs transformed CCF into a human development organization dedicated to the total development of the child within the context of healthy families and communities.

At present CCF is assisting over 500,000 children and families in 33 developing countries. Fund resources are raised by developed countries such as USA, Canada, Germany, UK, Denmark, France, Taiwan, Korea, Japan, Hong Kong and Australia, which function as International support offices. CCF has consultative status with United Nations Economic and Social Council (ECOSOC) and UNICEF. CCF holds memberships in the American Council for Voluntary International Action (INTERACTION), the International Council of Voluntary Agencies and CHILDHOPE.

## **CCF in INDIA**

CCF in India celebrated its 25 years of meaningful existence in 1991. At the moment nearly 90,000 children and families are served by the National Offices in Bangalore and New Delhi. In



India, CCF operates in partnership with 160 local Non-Governmental organizations engaged in human development process. Our programs are planned and implemented from an integrated approach which considers the total development of the participants, i.e., survival, physical, social, intellectual, spiritual and economic needs. CCF has a planning strategy which takes into account the developmental needs of our country as specified in National Five-year Plans.

### **Geographical Coverage**

In India, Christian Children's Fund has two National Offices, one at Bangalore and the other at New Delhi catering to the needs of children in six Southern States and eight Northern States, i.e., Karnataka, Tamil Nadu, Maharashtra, Andhra Pradesh, Goa, Orissa, Bihar, Delhi, Gujarat, Haryana, Madhya Pradesh, Rajasthan, Uttar Pradesh, West Bengal as well as the Union Territory of Pondicherry. Most of our projects are operating in urban slums, remote rural areas, tribal colonies and drought-prone areas where the need is the greatest.

CCF in India caters mainly to the poorest of the poor. Physically and socially disabled children are being assisted through NGOs affiliated to CCF. This includes children of widows, refugees, minority groups, backward castes, devadasis, children on the streets, court committed children, visually and orthopedically handicapped children, children affected by natural calamities and disasters, children of women prisoners, etc.

### **CCF Five-Year Plan**

CCF's present Five-Year plan in India focuses on the recent Declaration and Action plan of the World Summit for children. Program priorities are survival, protection, participation and development of disadvantaged children of our society. Gender equality, needs of Girl children, environmental issues and economic self-sufficiency of the families take centre stage of our activities in the next decade. People's Participation in planning, implementation, monitoring and evaluation will be further strengthened to ensure sustainable development.

Some of the programs facilitated by CCF have won national and regional acclaim. To name a few, Rehabilitation of children of Devadasis in North Karnataka, Children of women prisoners in Bangalore, Children of Tibetan settlement in Mundgod, Children of cobblers in Tamil Nadu, Street children of Bombay, Cyclone

victims of Andhra Pradesh, these are some of the children in crisis situations being assisted by our Bangalore office. CCF strongly advocates the UN Convention on the Rights of the Child and encourages NGOs to act as pressure groups.

Over the last 25 years, more than 100,000 children have been assisted to become useful citizens of society. Thousands of families have been supported to improve their socio-economic status. CCF has been working in close relationship with the Governmental Schemes and programs in the areas of Immunization, Early Childhood Education, Health Care, Nutrition, Economic programs, Non-formal Education, Vocational Training and Guidance, etc. The national priorities are always borne in mind in the planning process at CCF.

In short, CCF functions as a catalyst helping to bring together all available resources to benefit a child, his family and community without discrimination of caste, colour or creed. This secular and human development approach of CCF, often working with Governmental initiatives, plans and programs, has resulted in the recognition of CCF as an organization which enhances human dignity, communal harmony, National integration and International understanding.

I am happy to mention here that as one of the major Goals of the nineties, our Program Department took up the challenge of strengthening Early Childhood Care and Development activities in the target communities. It was increasingly evident that the parents and primary care givers need to be continuously educated in the Child Development aspects. This Trainers' Manual is a first step in this direction.

Let me congratulate our Program Staff especially I. J. Soans, Program Manager and Rosaline George, Program Co-ordinator for initiating this process and facilitating the publication of this Manual. I also thank all the other people involved in this endeavour, within CCF and outside.

I consider this as a unique contribution by the CCF Bangalore National Office to all those who are interested in Early Childhood Care and Development and hope that this becomes an important tool for improving the quality of life of children entrusted to our care.

**C. S. Gojer**

National Director

Chairperson - Child Development Consultative Committee



## **PREFACE**

The purpose of CCF is to “serve the needs of children world wide” Through its Global program strategy it attempts to assure the survival and enhance the development of children in a holistic sense. It is committed to the improvement of the quality of each child’s life within the context of family, community and culture. Opportunities for the child to grow - physically, socially, emotionally, intellectually, spiritually, vocationally and in terms of economic and environmental security - are the essence of what CCF programs seek to offer. It seeks to promote them in ways that empower those assisted — children and parents — to direct their self-development in socially beneficial ways.

Most of CCF programs have focussed on school age children; one goal of the Child Development initiative is to extend the focus downward to include younger children. In many locations this is first accomplished by serving the ‘older’ preschool child; the four and five year olds who may be enrolled in preschools and prepared for primary school. Work with children 0-3 is less familiar, and thus for many programmers more of a challenge. Younger children need different program emphasis; programs tend to be home based rather than center based and are more likely to focus on educating the caregiver rather than educating the child directly. The mass of evidence which describes the crucial importance of the first three years demands that we override these difficulties and focus at least some of our program efforts on the youngest children. Our National program of ICDS reinforces this focus on children under six.

### **Importance of educating of “Caregivers”**

In the context of CCF, children are being served by various programs and strategies. One of the major efforts is to initiate program which provide ‘services’ directly to children which impact their physical, social, mental, intellectual and cognitive development.

This has been made possible by Child Development Centres, promotion of pre-schools, experimenting with home day care centres, and most frequently as an ‘add on’ program to the already existing community based programs.

There is a growing realization and awareness among all Child Development organizations that building the capacities of



primary caregivers is a vital aspect of Child Development which has not been given needed emphasis. CCF also has been trying to educate and train Project staff, Social workers, Pre-school supervisors and Para-professionals in this endeavour.

Making permanent changes in the parents' attitudes, behaviours and knowledge has a more dramatic and long lasting impact not only on the child but also on older and younger siblings. Compared to outsiders, parents and older siblings as primary caregivers have an advantage of being a permanent, and long lasting part of the child's life which also underlines the basic fact that parents are the child's first and most important teacher.

### **Developments leading to this Manual**

The importance and need for strengthening our program focus on Early Childhood Education and Development became clearer after the International Conference 'Childhood in the 21st century' at Hong Kong in July 1989 which was attended by me along with Program staff of other Asian countries. This was followed by a consultation between CCF's activities related to children between ages 0-6 years. One of the major recommendations emerging out of this conference was the need to educate caregivers and community and empower them with the knowledge of Child Development. It also called for simple, widely applicable and easily adaptable Child Development Modules and indicators.

Another major development was the Asia Regional Conference in 1991 at Chiangmai, Thailand, which was attended by our National Director and Management staff, where one week was exclusively reserved for discussion on 'Child Development in Asian Context'. At this conference also 'Educating Caregivers' was a major issue for deliberation where creating awareness, changing attitudes and improving Child Development practices emerged as the vital aspects of Parent Education.

As an off-shoot of this, in February 1992, representatives from each region, namely Asia, Africa and Latin America met at Richmond, USA, for developing basic messages for Child Development (0-6) with the guidance of Ms. Nancy D Colletta, a well known Child Development expert. I had the opportunity to represent five Asian CCF offices in this exercise which laid down

basic simple messages for parents and primary care-givers in general.

This Trainers' Manual is a result of these earlier efforts, initiatives and CCF's long-standing experience in Child Development. It is a co-ordinated effort of CCF office, its affiliated NGO partners and intensive consultation and dialogue with experts in Child Development field from various Government and Voluntary organizations committed to Child Development.

We are fully aware of the fact that there are hundreds of books written by eminent authors and publications by experts in Early Childhood Development. In this Trainers' Manual, we have attempted to bring together information about Child Development and basic messages which lead to an integrated development of a child with special reference to emotional, psychological and cognitive aspects.

I would like to thank all the members of the Consultative Committee and Task Force who have been closely involved in providing inputs to this Manual. Special mention should be made of Mr. C. S. Gojer, our National Director for his encouragement and the teamwork of my colleagues in the Program Department. This publication would not have been possible without the untiring and dedicated efforts of Ms. Rosaline George who not only co-ordinated all the activities but also compiled and consolidated the manual.

It is hoped that this will prove beneficial to all those who are deeply committed to improving the quality of life of children and have a multiplying effect leading to locally acceptable and culturally appropriate Child Development initiatives and practices all over the country. May this Manual facilitate strengthening parenting skills of parents, help siblings and other care givers recognize the specific developmental needs of younger children not only physical, basic needs of food, health care and protection but also need for interaction and stimulation, affection, security, value formation and learning through exploration and discovery.

**I. J. Soans**

Program Manager

Convenor - Child Development Consultative Committee

Convenor - CDTP Task Force

**MESSAGE FROM  
Dr. Paul F McCleary**

The family is the primary factor in the successful development of children. There is no substitute for the support and love that a family provides to a child. Sometimes it is necessary and important to assist a family to develop the ability to fulfill its role in the life of the child. Parenting skills and the means to be a parent are not gifts automatically acquired along with a marriage certificate.

There is a role for the community and significant others in the child development process. Supportive and affirming persons contribute to a child's development and understanding of basic values and meaningful relationships.

Affiliated program staffs and the professionals in the community have the responsibility to ensure that parents and youth can provide an environment which enriches the developmental process of children. This Trainers' Manual is a provision of our Bangalore Office to ensure that all families have the opportunity to develop their children fully.

We wish you all well in this process.

**Dr. Paul F. McCleary**  
President  
Christian Children's Fund  
International Office, Richmond, U.S.A.



**MESSAGE FROM**  
**Ms. Sarah Manning**

When CCF began its efforts to improve the developmental state of children in its programs, we constantly asked the question: who should be the target of the program? Who should be the target of the program? Who should have the skills to improve the developmental status of the children?

Obviously the answer was always "the parents," but a dedicated effort was needed to identify the essence, the basic truths in the child development curriculum. A methodology was needed to translate these truths to practical, simple lessons that could become a part of parents' thinking. The sustainability factor required that child development knowledge and practices become routine and the accepted parenting skills of families.

The Bangalore Office and its Advisory Task Force have attempted to capture this methodology in this Trainers' Manual. It will lead to the sharing of knowledge with parents and will leave with parents knowledge and skills that will ensure the development of children into the future.

The International Office of Christian Children's Fund applauds the efforts of our staff, their expert advisors, but also the willingness of parents to become active participants in learning new skills and reviving forgotten ones.

**Ms. Sarah Manning**  
Asia Regional Coordinator  
Christian Children's Fund  
International Office, Richmond, USA

**MESSAGE FROM  
Dr. Joy Carol**

Child and Family Services commends the serious and sustained initiative of the Bangalore Office of the Christian Children's Fund in the development and publication of the Child Development Training Manual for parents. BNO has recognized the need to educate parents since mothers and fathers are the first the most important teachers of children. Working with parents to promote the healthy child rearing practices not only contributes to positive developmental outcomes, but also functions to prevent unwanted outcomes. This training manual represents an important program enterprise, and I congratulate the BNO for bringing this project to fruition.

**Dr. Joy Carol**  
Director  
Child and Family Services  
CCF International Office  
Richmond, USA

**MESSAGE FROM  
Dr. Malati Das**

The Christian Children's Fund has embarked upon a most laudable project viz. the development of a Child Development Training Package for parents. As an organization dedicated to 'serving the needs of children worldwide through person-to-person assistance programs', the CCF has an admirable track record in identifying and supporting the needs of a community that is vulnerable. Childhood has been extolled by poets and philosophers as a period of innocence and receptivity to the beauties of nature and the finer impulses of the human heart. Yet millions have been robbed of childhood by the ravages of war, pestilence and famine. Others face exploitation and abuse.

A child needs the nurturance and protection of parents. Yet while teachers, doctors or social workers go through a period of training, parents must rely on instinct and experience to perform a task that is very challenging. The CCF has stepped into the breach by preparing a training package for parents, encompassing the physical, emotional and psychological needs of children. It is a module that my department, which implements the Integrated Child Development Scheme, will find very useful.

I congratulate the CCF on this project and wish it well in its future endeavours.

**Dr. Malathi Das**

*Secretary to Government*

*Department of Women and Child Development*

*Government of Karnataka*



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# INTRODUCTION

Child-rearing has never been an easy assignment and today it is harder than ever. The world seems to be changing faster and children are growing up under much different circumstances, children and parents face greater pressures, immense emotional stresses, higher competitions in all areas. Bringing up children, that is, building lives, takes time, patience, tolerance, love, self-sacrifice, work and coping with changing challenges.

Recognising the fact that parents/child care givers need assistance to strengthen parenting skills, Organizations working for the welfare and development of children, are making greater efforts to work directly with parents and communities to empower them with knowledge that will lead to increase of child survival and development opportunities.

As one of its significant strides in the field of Early Childhood care and Development, Christian Children's Fund, National office, Bangalore, is happy to develop 'Training Package for Parents' in ECCD, and the present Book 'Trainers' Manual' has been the first step in the Training Package. This encompasses an Integrated approach to Child Development and involve all the areas of ECCD: Survival and good health, cognitive, emotional, ethical and social growth.

## **Purpose of Child Development Training Package/Manual**

1. To strengthen CCF's activities related to children between ages 0-6 years.
2. To educate Parents/older siblings who are the primary caregivers of children between 0-6 years, through creating awareness, changing attitudes and improving child development practices.
3. To strengthen parenting skills of parents and to help siblings and other caregivers in their efforts towards Integrated Child Development.
4. To develop simple, acceptable and applicable Child Development training package relevant to our culture and context.
5. To develop a C.D. training package which could be used in training child care givers (0-6 years) especially parents, siblings, pre-school teachers/animators, community members.
6. To develop specific messages in C.D. which includes physical, social, emotional, intellectual, spiritual aspects with an emphasis on Value formation.

## **Process of preparing Child Development Training Package**

### **1. Task Force:**

A Task Force was formed to work towards preparing the Child Development Training Package (CDTP) for parents. This team consisted of Program Staff of National Office, Bangalore and selected members from the projects.

Mr. I. J. Soans, Program Manager, Convener, CDTP  
Ms. R. George, Program Co-ordinator, CDTP Co-ordinator  
Mr. N. Sai Kumar, Program Co-ordinator, Member  
Mr. S. Benjamin Franklin, Program Co-ordinator, Member  
Ms. S. Thomas, Secretary, Program Department, Member  
Ms. G. Amalarani, Superintendent, Rayapuram Slum Development Society, Bangalore  
Mr. M. Ramaswamy, Superintendent, People's Trust Rural Development Project, Bangalore  
Ms. Pauline, Program Staff, St. Michael's Children's Home, Bangalore  
Ms. Anita, Program Staff, Holy Angel's FHP, Madras  
Ms. Sarojini, Program Staff, Grama Siri, Bapatla, AP.  
Mr. Vijayakumar, Program Staff, Nilgiris Adivasi Welfare Association, Kotagiri, TN  
Dr. V.S. Sridharan, Pediatrician, Special invitee, Vivekananda Girijana Kalyana Kendra, B. R. Hills, Mysore  
Mr. Kantharaj, Artist, People's Trust Rural Development Project.

### **2. Strategies used by the Task Force (Working Committee):**

Meetings/discussions as a team.  
Discussions at the field level, project level with the staff, parents and children.  
Consultation with the professionals on Child Development.  
Consultation with the Institutions engaged in Child Development - both Government and Non-Governmental organizations.  
Reference of papers, books, publications on Child Development.  
Writing, receiving and consolidating the material.

### **3. Pre-testing of the Training Package**

Child Development Task Force pre-tested the chapters of the Trainers' Manual at the field level.

- a) The groups pre-tested with were: groups of Parents, Parent leaders, Health workers, Social workers, Pre-school teachers/Supervisors and Animators. Suggestions from Professionals/Experts in the field of Child Development were incorporated.
- b) Some of the methods used for pre-testing were: Meetings, Discussions, Stories, Questionnaires, Posters/ Pictures, Demonstrations, Experiences of parents, etc.

#### **4. Three stages in the Child Development Training Package for Parents.**

- a) Child Development Trainers' Manual (the present book)
- b) Trainers' Training:  
Selected Trainees will be trained by the Committee (Task Force) with Professionals/ Experts: The selected trainees will be CCF affiliated Project Staff/ Board Members/Parent Leaders/ Teachers/Older Siblings. The group will become the trainers of parents. Trainers' Manual will be used for the training.
- c) Training of the Target Group:  
Selected trained groups will in turn train the parents (target group) at the projects/field level. Hand Book for parents will be used during the trainings.

#### **5. Child Development Training Kit will consist of (at the final stage):**

- a) Trainers' Manual, which will be used in the initial training of trainers.
- b) Hand book for parents (comprising of Pictures, Posters, Exercises, Games, etc.)
- c) Translation: Trainers' Manual and the Hand Book prepared in English by CCF National Office, Bangalore will be translated into local languages by the Regional CCF Inter Projects Co-ordinating Committees (CCF-IPCCs).

#### **6. Child Development Training Package Consultative Committee (CDTP-CC):**

Professionals/Experts from various fields related to development were invited to assist us with their advice and guidance to prepare this Manual.

The members have contributed their expertise and experience with eagerness and enthusiasm into preparing this Training Package Trainers'



Manual. We are extremely benefitted by their contributions.

Mr. C. S. Gojer, National Director, CCF, National Office; Chairperson, CDTP-CC, Bangalore

Mr. I. J. Soans, Program Manager, Convener, CDTP-CC

Mr. Rupen Das, CCF Advisory Board Member

Ms. R. George Program Co-ordinator; Secretary, CDTP-CC

Mr. N. Sai Kumar, Program Co-ordinator

Mr. S. Benjamin Franklin, Program Co-ordinator

Dr. A.E. Gopal, Regional Director, NIPCCD, Bangalore

Mrs. Banu, Asst. Director, Dept. of Women and Child Welfare, Govt. of Karnataka

Mr. Kakanawar, Asst. Chairman, Karnataka State Social Welfare Advisory Board

Mrs. L. Subrathnam, Chairperson Karnataka State Council for Child Welfare

Ms. Kamala, Director, Early Childhood Education Program, DSERT

Dr. Shobha Srinath, Head of the Dept., Child Psychiatry, NIMHANS

Dr. Marie Mascarenhas, Director, CREST

Dr. Usha Srinath, Head of the Dept. of Pediatrics, M.S.Ramaiah Medical College

Mr. Chandrakanth, Co-ordinator, All India Radio, Bangalore

Mrs. R. Krishnaswamy, Director, Spastic Society of India

Mrs. B. Nagaraja, Development Journalist, UNESCO & UNDP

Mr. Ashish Sen, Media Co-ordinator, Media Centre, Bangalore

## **A Note to Trainers**

- Trainers' Manual provides only guidelines and messages in strengthening the child care services. For further guidance in any area, concerned Experts/Professionals could be contacted.
- A trainer should know the existing environmental situation of the locality and people.
- The application of this manual may differ from place to place and from community to community. Eg: Breast-feeding may be given more emphasis with working mothers rather than tribal mothers who feed children for two years.



- Trainer could utilize the Regional language Manuals (translated version of this Manual) during the training for effective communication.
- 'Handbook for Parents' will be prepared in Regional languages to be utilized during the training of target population, parents and older siblings.
- Trainer should make his own notes for training through discussion, study, observations and methodology, etc.
- Trainer could use various methodologies to disseminate messages. Eg: Discussion, Posters, Charts, Flashcards, Panel board, Stories, Songs, Dramas, Roleplays, Sharing of experiences, live examples, Audio/Video Cassettes, Slides, etc.

This Trainers' Manual on Early Childhood Care and Development also promotes and advocates both at National level and local communities, protection of the Rights of the Child as set forth in the UN Convention. Developing this Trainers' Manual has involved much time, hard work, a lot of energy from several people, NGOs and Experts. I wish all the Partner organizations of CCF and all the Agencies involved in Child Development can utilize this Manual in training parents/child caregivers towards integrated development of children 0-6 years.

Let us remember that the right of every child is the responsibility of every adult. In every child who is born under any circumstance, let us remember that the potentiality of the human race is born again and our terrific responsibility towards human life increases once more. Let this Manual be a tool to achieve this goal.

**Mrs. Rosaline George**

Program Co-ordinator, CCF, BNO  
Child Development Training Package Co-ordinator

## **ACKNOWLEDGMENT**

We would like to acknowledge the support and encouragement received by many people in successful completion of this Early Childhood Care and Development (ECCD) Trainers' Manual.

We acknowledge with gratitude the suggestions and guidance received by the members of Professional Committee (Consultative Committee). Each one of them have contributed much to this effort through their expertise and time.

We acknowledge the hard work put in by the members of the Task Force represented by our Partner NGO groups. Their contributions and input have been invaluable.

Thanks are due to our well wishers at CCF International Headquarters at Richmond, Virginia, U.S.A., especially Dr. Paul F. McCleary, President, Dr. Margaret McCullough, Vice President, Ms Sarah Manning, Asia Regional Co-ordinator, Mrs. Cora Espiritu, Mrs. Marta Quinonez, Mr. Jason Schwartzman and Dr. Joy Carol for their timely guidance and encouragement in this endeavour.

We acknowledge the guidance received from Dr. Nancy Coletta, Consultant and Dr. Judith Evans, Consultant, U. N. Secretariat, Consultative group on ECCD, UNICEF/UNESCO.

Our special thanks are due to Mr. C. S. Gojer, National Director, C.C.F. National Office, Bangalore for his constant encouragement, support and guidance throughout the process of preparing this Trainers' Manual.

Our thanks are due to all the Managers, Staff of Program Department and all the Staff of Bangalore National Office.

We acknowledge the efforts of Mr. J. F. Soans and his team for the design, layout and printing this Manual.

Our thanks to Mr. Mohan, artist of the Design Centre and Mr. Kantharaj, artist of People's Trust Rural Development Project, for contributing illustrations to this Manual.

**Child Development Training Package  
Task Force**

## **RESPONSIBLE PARENTHOOD**

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## RESPONSIBLE PARENTHOOD

Every year over half a million women die from problems related to pregnancy and child birth, leaving behind over a million motherless children.

Most of these deaths could be prevented by proper planning and responsible parenthood.

Both father and mother are equally responsible and important for safe motherhood and total development of the child. The mother and child alone constitute about 70% of the total population of the developing world. For achieving and ensuring the safety of this 70% of the population, the following factors must be considered.

### Age at Marriage:

AT THE TIME OF MARRIAGE

**Girl should be above  
18 years of age**

**Boy should be above  
21 years of age**

### Age of Conception

**a) Girl below 18 years of age is  
at high risk if she conceives.**

#### WHY

- A Girl is not physically ready to bear children before the age of

18 because her body is still being developed and all her energy is needed for this.

- Child born to a girl before 18 years of age is more likely to be born too early or weigh too little at birth or sustain brain damage.
- Child may die in the first year of life.
- Mother's health is at a very high risk.

**b) Women above 35 years  
of age are at risk if they  
conceive**

#### WHY

- Health risks of pregnancy are very high.
- Risk at child birth increases.
- Mother's health and child's health may face serious problems (mother may develop illness, may die/child may be born with defects, may die)

### Space between births

**There should be two to three  
years gap between one child  
and the other.**

#### WHY

- Breast-feeding may cease if the mother gets pregnant. Breast feeding is needed for physical and emotional bonding.

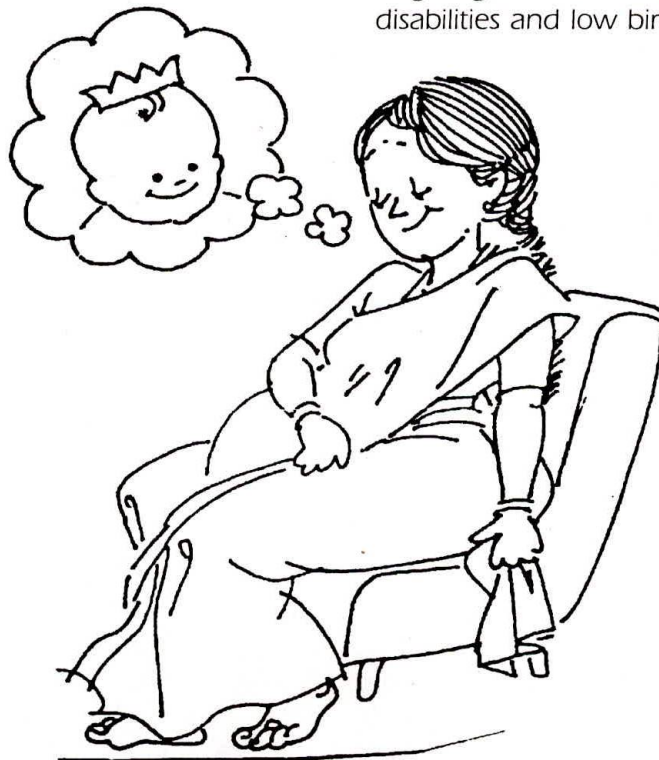
- Children born too close together do not usually develop well physically or mentally.
- They may be born with low birth weight, likely to fall ill more often leading to death in the first year of life.
- For a child below 2 years of age, a new baby is a threat since the mother stops breast feeding, has less time to look after him and pay less attention when he is ill, and he fails to grow and develop properly.
- Too close a pregnancy is a risk to mother's health because her body approximately needs two years to recover from pregnancy and child birth.

## Number of Pregnancies

**Mother should not bear more than four children.**

### WHY

- It is a great risk to the life and health of both mother and child.
- Repeated pregnancies, child birth, breast feeding and looking after children exhausts the mother and her health suffers.
- There could be an increased risk of serious health problems such as anaemia, heavy loss of blood.
- There could be increased chances of giving birth to babies with disabilities and low birth weight.





## **Nutrition & Health of the mother-to-be**

Safe and successful child bearing depends most of all on nutrition, health and readiness of the mother-to-be. Remember that pregnant women, unborn babies and nursing mothers are vulnerable to the effects of malnourishment and ill health.

### **WHAT SHOULD BE DONE?**

The husband and the family should ensure that a pregnant woman/nursing mother

- Has variety of the best food available in the family
- Has good and nutritious food every day containing Iron and Calcium
- Avoids abortions. It is dangerous.
- Gets advice on breast-feeding & spacing
- Avoid medicines unless absolutely needed and prescribed by the doctor.

- Has regular antenatal check-up.
- Takes good rest and relaxation - sleep, exercise, listening to music
- Gets emotional support, love and affection
- Has positive attitude towards the child
  - Feeling the child in the womb
  - Talking to the child in the womb
- Does not smoke tobacco, drinks alcohol nor uses drugs.

## **Health check-up during pregnancy**

**Regular Health check-up during pregnancy is very important**

### **WHY**

- Many of the dangers of pregnancy and child birth can be avoided.
- Woman can receive help in time through the doctor/health worker:



- Checking for high blood pressure which is dangerous to mother and child.
- Blood & Urine test needed
- Giving tablets for anaemia
- Giving advice if there is health problem.
- Checking the progress of pregnancy and referring to hospital for child birth.
- Checking if the baby is growing properly.
- Giving two injections (TTs) to protect mother and child against tetanus.
- Giving health education on child birth, breast feeding and family planning.

### WHY

- Because she knows how to keep the birth clean and reduce risk of infection.
- how to cut the cord clean and safe.
- when to call on more expert medical help or to refer to hospital.
- what to do if the baby does not begin to breathe straight away.
- how to help the mother to start breast feeding immediately after the birth.
- how to dry and keep the baby warm after delivery.

## Trained Person's assistance

**A trained person (dai/health worker/doctor) should assist at every birth**



## Balanced Diet for Pregnant Woman

(Average Woman doing moderate to heavy work)



Leafy and other Vegetables  
(150-250 grams per day)  
Milk (250 ml per day)  
Meat, Fish, Egg (Non-vegetarian)\*

Fruits  
Pulses (65 grams per day)  
Oil & Fat (35 grams per day)  
Cereals (550 grams per day)

\*Suggested substitution for Non-vegetarian:

50% of pulses (30 grams)

= 1 Egg or 30 gms of meat per day and additional 5 gms of fat or oil.

## **Warning signs**

### **Warning signs before Pregnancy**

- if interval of less than 2 years since the last child birth.
- if mother is less than 18 years or more than 35 years of age.
- if mother has four or five children already.
- if the previous baby's birth weight was less than 2 kilograms.
- if previous birth was difficult or caesarian or premature.
- if mother has previously had a miscarriage, or an abortion or a still birth.
- if mother weighs less than 38 kgs before pregnancy.
- if mother measures less than 145 cms in height.

### **Warning signs during Pregnancy**

- Failing to gain weight during Pregnancy
- Paleness of the inside of the eyelids or tongue.
- Unusual swelling of legs arms or face.

### **Warning signs which mean get help immediately.**

- Bleeding from the vagina during pregnancy.
- Severe headaches
- Severe vomiting
- High fever
- No gain in weight or loss of weight.



### **Key Messages**

- 1. Avoid pregnancy before a girl is 18 and after the woman is 35 years.**
- 2. Always breast-feed your child, up to one year is ideal.**
- 3. Never have more than four pregnancies - two are ideal.**
- 4. Space between one child and the other should be at least two years.**
- 5. Pregnant women/Nursing mothers need more food and nutritious food.**
- 6. Regular health check-up is required during pregnancy.**
- 7. Trained persons should assist at every birth.**
- 8. Know the warning signs. They are critical to both the mother and the child.**

### **Understanding of the Chapter**

1. The first pregnancy must be delayed until at least the age of .....
2. The health risks of pregnancy and child birth begin to increase after the age of .....
3. The ideal space between two pregnancies is at least .....years
4. Breast feeding is necessary because it facilitates .....
5. The ideal number of children is .....
6. Pregnant women need ..... food and ..... rest during pregnancy
7. As soon as a woman believes to be pregnant she should go to ..... for health check up.
8. .... injections must be given to protect the mother and her new born child against tetanus.

## KEMPAMMA'S TALE

Jademadamma and Jadeya had five children. Kempamma was their youngest child. She was born when her mother was already 42 years old. So she was a very weak child and had a lot of health problems. She had four older brothers.

Kempamma somehow grew up to be a fifteen year old girl. Her mother was already 57 years and so her parents were in a great hurry to marry her to a young lad Mada who was hardly 18 years old.

The local health worker Lakshmi came to know about this and advised Jademadamma against this early marriage. She told her that Kempamma was just a child. She should wait till Kempamma was at least 18 years old. But her parents did not listen to her. So Kempamma and Mada were married and began to live in the next village.

The health worker Lakshmi again met the newly married couple and asked them to delay the first pregnancy till Kempamma was at least 18 year old. Kempamma was very shy and did not even understand what Lakshmi was saying.

One year later, health worker Lakshmi came to know that Kempamma had become pregnant soon after marriage but after a few months she had delivered a preterm baby with a very low weight. The baby-soon died. Lakshmi again went

to Kempamma's house and advised her as before. Kempamma looked weak, pale and thin. After a few months at her mother's house she went back to her husband.

Two years later health worker Lakshmi met Jademadamma on her way to work. Jademadamma told her that Kempamma had aborted once and had one more preterm low birth weight baby which also died soon after delivery.

Lakshmi met Kempamma in her village and told her once again not to get pregnant for at least 2 more years to regain her health. Now Kempamma understood what Lakshmi was saying. It was for her own health's sake and for the baby's health. But her husband Mada did not bother much. He wanted a child. He ill-treated Kempamma, did not feed her properly. Once again Kempamma became pregnant. She grew very weak and pale. She had to work in the field under hot sun. She had only one meal a day. Mada did not bother at all about her health. He was very happy that Kempamma was going to have a baby. Kempamma did not go to the health worker. She developed swelling in her face, legs and hands. At the time of delivery, she developed fits and unfortunately both the mother and the baby died during delivery. Mada was very sad and lonely and was left without a family. □

**Questions to the reader:**

1. Could Kempamma's life have been saved? How?
2. If you had been Kempamma's mother what would you have done?
3. If you had been Kempamma's husband what would you have done?
4. What is the moral of this story?

*(This is not a fictitious story. Millions of Kempamma's die every year due to ignorance. If only they had heeded the advice, they would have lived healthy lives.)*

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## **CHILD DEVELOPMENT PHYSICAL**

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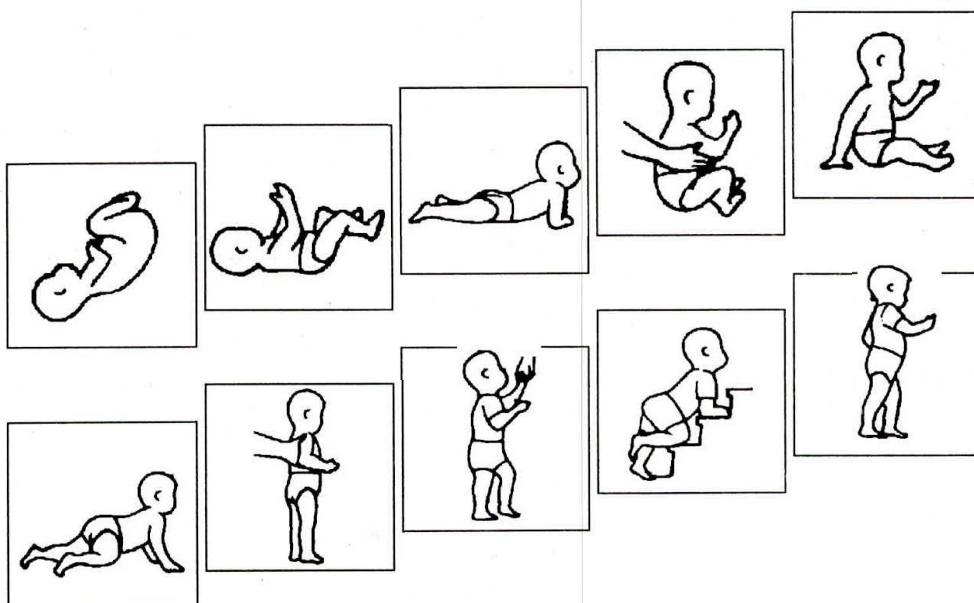
## CHILD DEVELOPMENT PHYSICAL

### Introduction

The term Growth refers to increase in physical size of the body. The word development refers to increase in skill and function. Growth and development should be consid-

ered together as the child grows and develops as a whole. For the sake of convenience and understanding physical growth is dealt with separately here.

Growth is a continuous process. When a seed grows into a seedling and then into a plant we say that it is growing. A plant's regular growth depends upon the quality of the soil, water, sunlight, fertilizer, absence of disease, continued removal of weeds, etc. Similarly when a small baby gains weight, grows in height, begins to roll over, sits up and walks, we say that the child is growing. Optimum child growth occurs only with adequate food, absence of illness and a caring, nurturing social environment which provide full attention to the growing baby.



## Factors affecting Growth



Among all these factors, Nutrition and illness play a very important role, both these factors are under control of the parents to a large extent.

### Nutrition

Adequate Nutrition is needed for proper growth. The effect of Nutrition starts right from the time of conception. The pregnant mother needs good and nourishing food for the foetus. Insufficient food intake at this stage will result in retardation in growth of the unborn child. (Refer chapter on 'Responsible Parenthood').

### BREAST-FEEDING

- Breast milk alone is the best possible food and drink for a baby 0-6 months.
- It contains sufficient water needed even in hot/dry climate, to quench thirst.
- It helps to protect the baby against diarrhoea, cough, cold and other common illnesses
- Frequent breast-feeding both day and night, helps to delay the return of menstruation and so helps to postpone next pregnancy (of course, it is not reliable for family planning)
- Babies should start to breast feed as soon as possible after birth (one hour after the delivery)



- Thick yellowish breast milk (called colostrum) produced after birth should be given to the baby. This protects the baby against infection.
- Mothers need help when they first start to breast feed from a woman who has successfully breast-fed.
- Crying does not mean baby needs other food. It means baby needs to be held and cuddled
- Working women need to be given time to breast-feed the baby (in creches & workspots)
- Child's father, family, neighbours, friends, health workers should help and encourage the mother to breast-feed the baby.
- Frequent sucking is needed to produce enough breast milk for the baby's needs
- Sucking is necessary to stimulate the production of more milk.
- It helps to stop the breasts from being swollen or painful.
- Demand feeding (crying for milk) day/night is good for the baby and the mother.
- Topping of breastmilk with cow's milk or milk powder leads to less production of breast milk.
- If cannot be breast-fed, milk squeezed from mother's breast, given in a cup is better than bottle.
- Breast milk of another mother in time of need is good.
- Clean cup sterilized is better than bottle and teat which cannot be sterilized well.
- In need, cow's milk/ milk powder solution should be boiled, cooled and given (It should not be too thick or too watery.)
- Breast-feeding should continue well into the second year of a child's life and for longer if possible.
- It is a source of energy and protein and helps child in second year since it crawls, plays and walks.
- When the child is ill, it needs breast milk, particularly when he has no appetite for other foods.
- By the age of 4-6 months, child needs other foods in addition to breastmilk.

#### **DISADVANTAGES OF BOTTLE-FEEDING**

- Bottle feeding can lead to serious illness or even death
- It does not protect the baby against diarrhoea & other diseases.
- It can cause illness such as diarrhoea unless bottle and teat are sterilized in boiling water before each feed.
- It does not contain all the nutrients of mother's milk

**Special note:**

The position of the baby on the breast is very important.

Signs that the baby is in a good position for breast-feeding are:

- baby's whole body is turned towards the mother,
- baby takes long, deep sucks,
- baby is relaxed and happy,
- mother does not feel nipple pain.

Bad sucking position is the cause of problems such as

- Sore or cracked nipples
- not enough milk
- refusal to feed

**BREAST  
MILK IS THE  
BEST MILK**



### SUPPLEMENTARY FOOD FOR BABIES (3-12 MONTHS OLD)



- ♦ Mother's milk is the best for the baby
- ♦ But breastmilk alone cannot meet the baby's needs after six months
- ♦ Start familiarizing him the taste and texture of other foods that he will eventually need for normal growth and development.



## SUPPLEMENTARY FOOD FOR BABIES 3 - 12 MONTHS

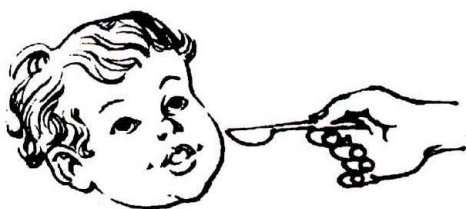
For all age groups: Cows milk, Buffalo milk skimmed, boiled, cooled and given					
3 - 6 months	7 - 8 months	9 months	10 months	11 months	12 months
1 tbsp. mashed Papaya	1 tbsp. finely diced Papaya	2 tbsp. finely diced Papaya	2 tbsp. sliced Papaya	2 tbsp. bite-sized Papaya	2 tbsp. bite-sized Papaya
2 tbsp. mashed Banana	2 tbsp. finely diced Banana	2 tbsp. finely diced Mango	2 tbsp. sliced Mango	4 tbsp. bite-sized Mano	1 Banana
1 tbsp. mashed Mango	2 tbsp. finely diced Mango	2 tbsp. finely diced Mango	2 tbsp. sliced Mango	4 tbsp. bite-sized Mango	1/2 Mango (bite-sized)
1/2 egg yolk (boiled)	1 whole yolk (boiled)	1 whole yolk	1 whole egg	1 whole egg	1 whole egg
2 tbsp. porridge (Ragi)	4 tbsp. porridge 4 tbsp. soft cooked rice	1 cup porridge 8 tbsp. cooked rice	1 cup porridge 10 tbsp. cooked rice	1½ cup porridge 12 tbsp. cooked rice	2 cups porridge 15 tbsp. cooked rice.
½ tsp. fat	1 tsp. fat	1 tsp. fat	1 tsp. fat	1 tsp. fat	1 tsp. fat
1 tbsp. vegetable soup	2 tbsp. mashed vegetables	4 tbsp. mashed vegetables	4 tbsp. chopped vegetables	5 tbsp. chopped vegetables	6 tbsp. chopped vegetables
	<b>Non-vegetarian</b> 2 tbsp. finely ground meat 2 tbsp. flaked fish	2 tbsp. chopped meat 3 tbsp. flaked fish	1 tbsp. chopped meat 1 tbsp. flaked fish	2 tbsp. thinly sliced meat 2 tbsp. flaked fish	3 tbsp. thinly sliced meat 3 tbsp. flaked fish
<div> <div> Note: tsp : Tea spoon tbsp: Table spoon </div> <div> <ul style="list-style-type: none"> <li>- Plenty of milk should be given to all age groups.</li> <li>- Fruit juice could be given to babies above 5 months.</li> <li>- Seasonal fruits in small quantity could be started.</li> <li>- Boiled and cooled water should be given to drink.</li> </ul> </div> <div> Source: Food &amp; Nutrition, FNRI Publication No.23 </div> </div>					

## Tips on giving new foods to Babies

1. Test the readiness of the baby to accept new foods by placing a teaspoon between his lips when he is four months old. If he accepts, give 1/2 teaspoon required - milk/fruit juice.

2. a) Start new food (Refer previous page) little by little.

b) Never start two new foods at the same time. Start with one, give a space of few days and then start another.



3. Give water between feeds to provide enough liquids to remove waste from his body and to help regulate body functions.

4. Show pleasure when giving new food by smiling, talking, holding him close. This will make him like to eat variety of foods

5. Teach the baby to drink water and other liquids from a cup at about 7-8 months of age. This avoids feeding bottle usage infections.



6. Give finely chopped or mashed food (mashed rice/vegetables); when baby starts teething, hard toast/biscuits could be given.

7. Offer bland foods to the baby - Highly salted food may injure kidneys.

- Too much sugar and sweet may lead to tooth decay / refusal of other foods

8. Handle baby's food properly

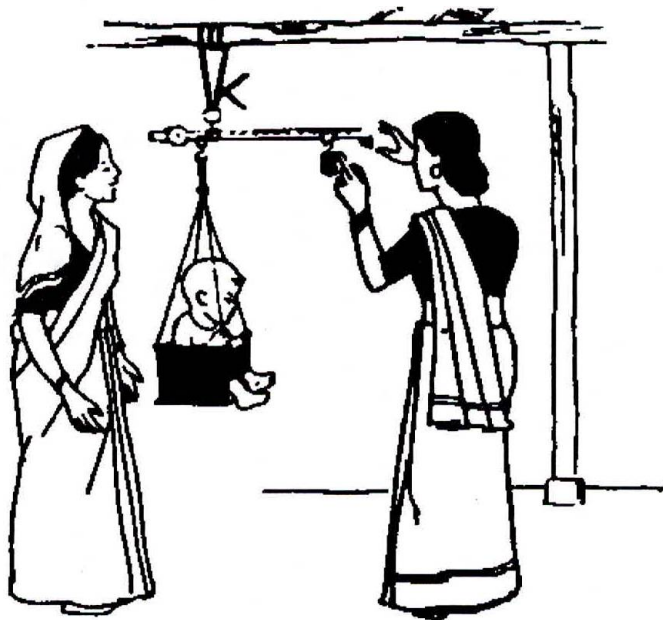
a) Wash hands with soap and clean water before handling baby's foods. Dirty finger nails carry germs and eggs of worms which can cause worm infection.

b) Use clean utensils and keep food away from flies and insects.

c) Boil liquids and cook food thoroughly.

9. Feed baby with only freshly cooked foods, fresh vegetables and fruits freshly peeled.

10. Avoid giving left over foods to babies.
11. Divide the recommended amount of supplementary foods into several feedings during the day.
12. Weigh the baby every month to follow up his growth to check his health.





## FOODS FOR 1 - 6 YEAR OLD CHILDREN



- ◆ The kind and amount of food the child eats will affect his physical and mental well being.
- ◆ This is the time when child needs adequate and good food to grow and build his body; to give energy for play and to fight common infections.
- ◆ This is the time when food habits are formed in the child. Therefore, introduce the child early to good nutrition habit. Eg: Habit to eat all vegetables, fruits, cereals, etc.
- ◆ Child needs to eat three full meals a day, with snacks in between (fresh fruits and cooked snacks are better than candies, soft drinks or ice creams)
- ◆ Child needs to be taught at home proper conduct, manner of eating and table manners.
- ◆ Good nutrition helps to keep the child healthy, happy and physically fit as well as mentally alert.

**FOODS FOR 1-6 YEAR OLD CHILDREN**

<b>1-3 Years</b>	<b>4-6 Years</b>
<ul style="list-style-type: none"> <li>• 2 1/2 cups cooked rice and</li> <li>• 6 level tsp. sugar for milk/</li> <li>• 5 tsp fats and oils</li> <li>• 2 cups of milk</li> <li>• 1 whole egg</li> <li>• 1/4 cup nuts/beans cooked</li> <li>• 1/2 cup cooked green leafy and yellow vegetables</li> <li>• 1 banana/1/2 of other fruits like mango (Vitamin C rich fruits)</li> <li>• Fish: 1 pc., meat/poultry: 4 - 6 pcs.</li> </ul>	<ul style="list-style-type: none"> <li>• 3 1/2 cups cooked rice and other cereals</li> <li>• 7-8 level tsp sugar for milk and other fruit juices</li> <li>• 6 teaspoon fats and oils</li> <li>• 3 cups of milk</li> <li>• 1 whole egg</li> <li>• 1/2 cup nuts/beans cooked</li> <li>• 1 cup green leafy and yellow vegetables</li> <li>• 1 Banana/one whole fruit like mango (Vitamin C rich fruits)</li> <li>• Fish/meat/poultry (Fish: 2 pcs. meat/poultry: 8 - 10 pcs.)</li> </ul>

**Note:**

Boiled and cooled water should be given to drink.

Seasonal fruits should be given.

These foods could be spread over through the Day:

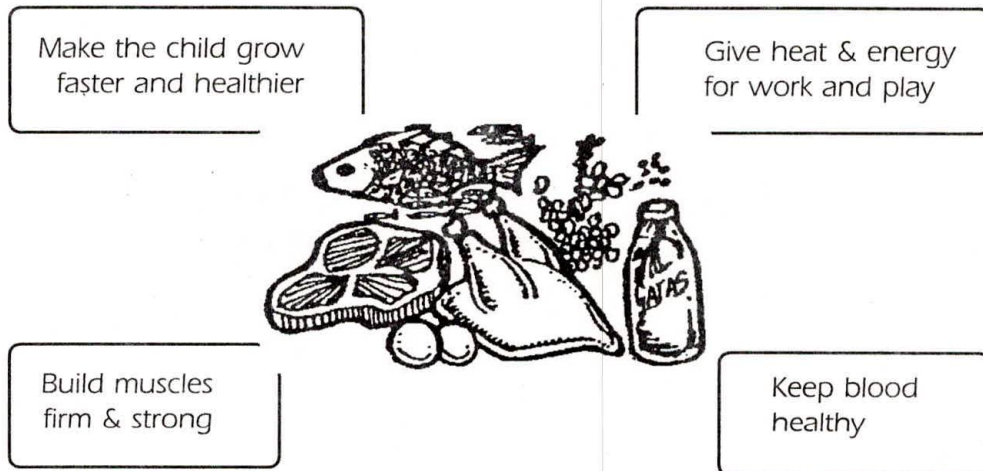
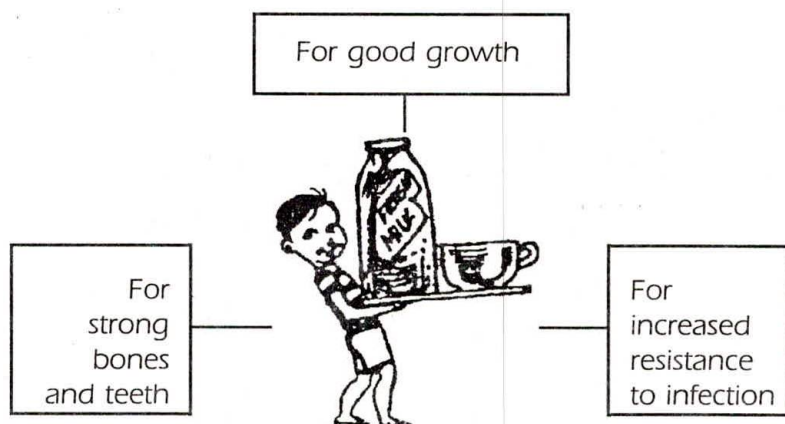
Breakfast - Snack - Lunch - Snack - Supper

Source: Food & Nutrition, FNRI Publication No.23

## For your Information

### 1. BODY BUILDING FOODS:

- a) Milk
- b) Fish, meat, poultry, eggs, dried beans



- ◆ Start with mashed meat, flaked fish, boiled egg and gradually to sliced/chopped and then to bite-sized pieces.
- ◆ Serve these with rice
- ◆ Soups, patties, balls could be prepared
- ◆ Use fresh ones and cook well



## 2. ENERGY FOODS

a) Rice, cereals, other starchy food

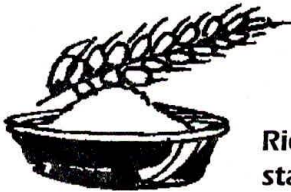
b) Fats and oils

Energy foods like rice, cereals, starchy foods keep the child active.



Fats and Oils

Fats help to keep the skin smooth and help the body make use of vitamins.



Rice and other starchy foods

Fats, oils give the child heat and energy.

- ◆ Use sufficient rice, cereals starchy food like potatoes
- ◆ Use fats/oils in snacks, Eg: oil, butter, ghee, these make food tastier.

## 3. REGULATING FOODS

a) Vegetables

b) Fruits

For Good Growth

For good eye sight



For keeping away cold & infections

For keeping the body fit

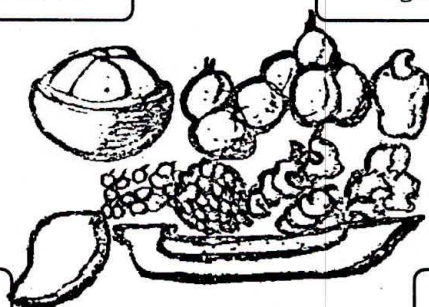
Vegetables

For clean skin & glossy hair

- ◆ Use plenty of green leafy and yellow vegetables
- ◆ Make meals attractive with different colours, size and shapes of vegetables
- ◆ Serve with pleasure and watch the child eat. Smile, talk, laugh while he eats.

Fruits give a variety of nutrients for good health

To help the body fight against infection



For preventing easy bruising

**Fruits**

For keeping gums healthy

- ◆ Child needs fruits for good health
- ◆ Give the child citrus fruits (Vitamin C) like Papaya, Mango, Orange, Lime and other seasonal fruits
- ◆ Fresh fruits are good for snacks or desserts
- ◆ Give fruits juice, fruit shaped into cubes, balls, rings and whole fruits
- ◆ Serve fruits that are fresh, ripe, free from cuts and injuries

### **Tips on Good Nutrition**

- Make body-building foods like fish, meat, eggs, dried beans, regulating food like fruits, green leafy and yellow vegetables in the right consistency.
- Attend to the food needs of children first before serving the other members of the family.
- Weigh the child every month to follow up growth and to check his health.
- Wash hands with soap and water before preparing and serving food to the child.
- A sick child needs special nourishment to fight infection. Attend to him specially and give him safe and nutritious food. Consult a doctor immediately.
- Protect family's food from rats, flies, cockroaches and other insects by covering them always.

**Good Nutrition leads to a happy, healthy and useful family.**

## Immunization



**Immunization is Vaccines injected or drops given by mouth to the child to protect him against six major killer diseases:**

- 1) Tuberculosis
- 2) Diphtheria
- 3) Whooping cough (Pertussis)
- 4) Tetanus
- 5) Polio
- 6) Measles

### IMMUNIZATION SCHEDULE

When to give	Diseases to be immunized against	Dosages vaccine	How to give
At Birth	Tuberculosis	BCG	Skin
6th week 10th week 14th week	Diphtheria + whooping Cough, Tetanus & Polio	1 DPT + 1 Polio 1 DPT + 1 Polio 1 DPT + 1 Polio	DPT-Intramuscular, Polio oral
9 Months	Measles	Anti measles	Subcutaneous
16-24 Months	DPT & P	Booster Dose	Intramuscular, Oral
5 Years	Diphtheria	D T Dose	Intramuscular

## Points to be remembered under Immunization

- It protects the child against six killer diseases

- Un-immunized child will become ill and may die; if it survives, it will weaken the child

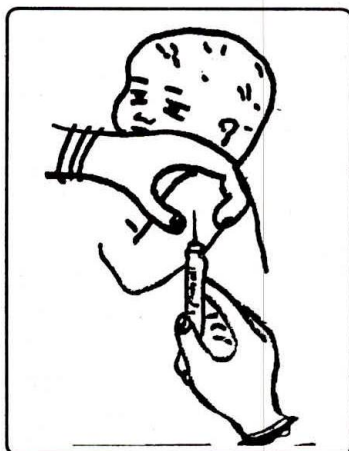
- All immunizations should be completed in the first year of child's life

- It is important to give full course of immunization in time. Otherwise vaccines may not work

- Child should be taken for immunization 5 times in one year

- at birth T.B.
- at 6 weeks DPT, Polio
- at 10 weeks " "
- at 14 weeks " "
- after 9 months - measles

- It is safe to immunize a sick child who had fever, cough, cold or diarrhoea.



- Child may cry, develop fever, a rash or a sore. Don't worry. If it continues for more than 3 days, refer to doctor

- Polio affected child will be affected for life

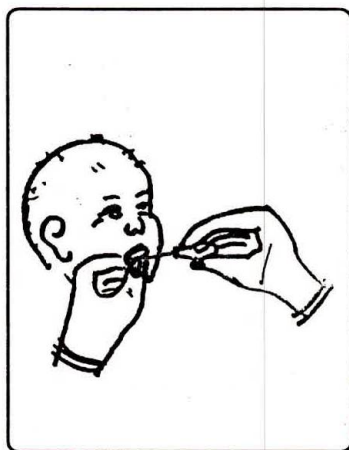
- Tetanus germs grow in dirty cuts and the infected person dies if not immunized.

- Measles are dangerous after the child is 9 months because natural protection inherited from mother ceases by then.

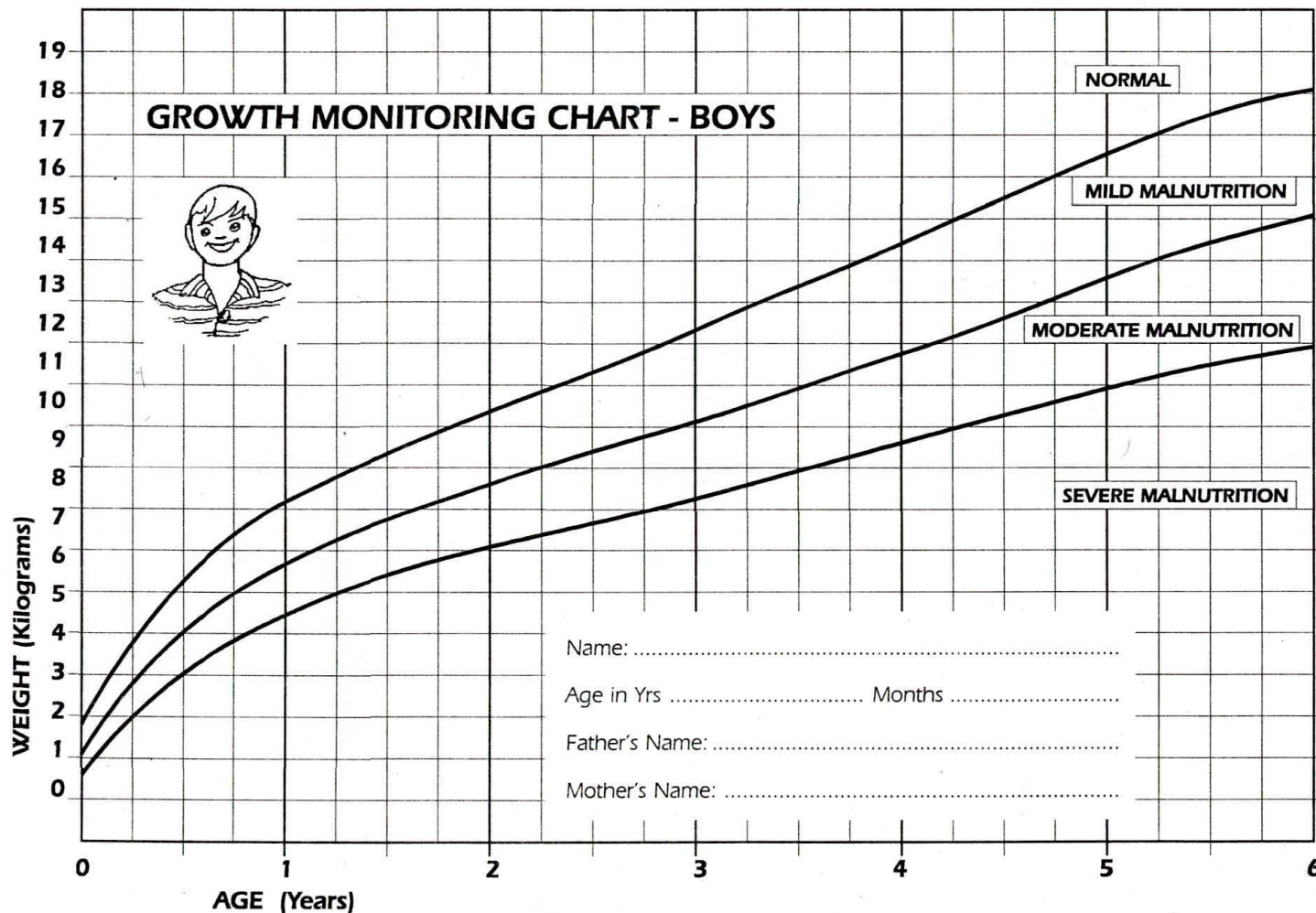
- Mother's milk (colostrum) is a natural immunization against common diseases

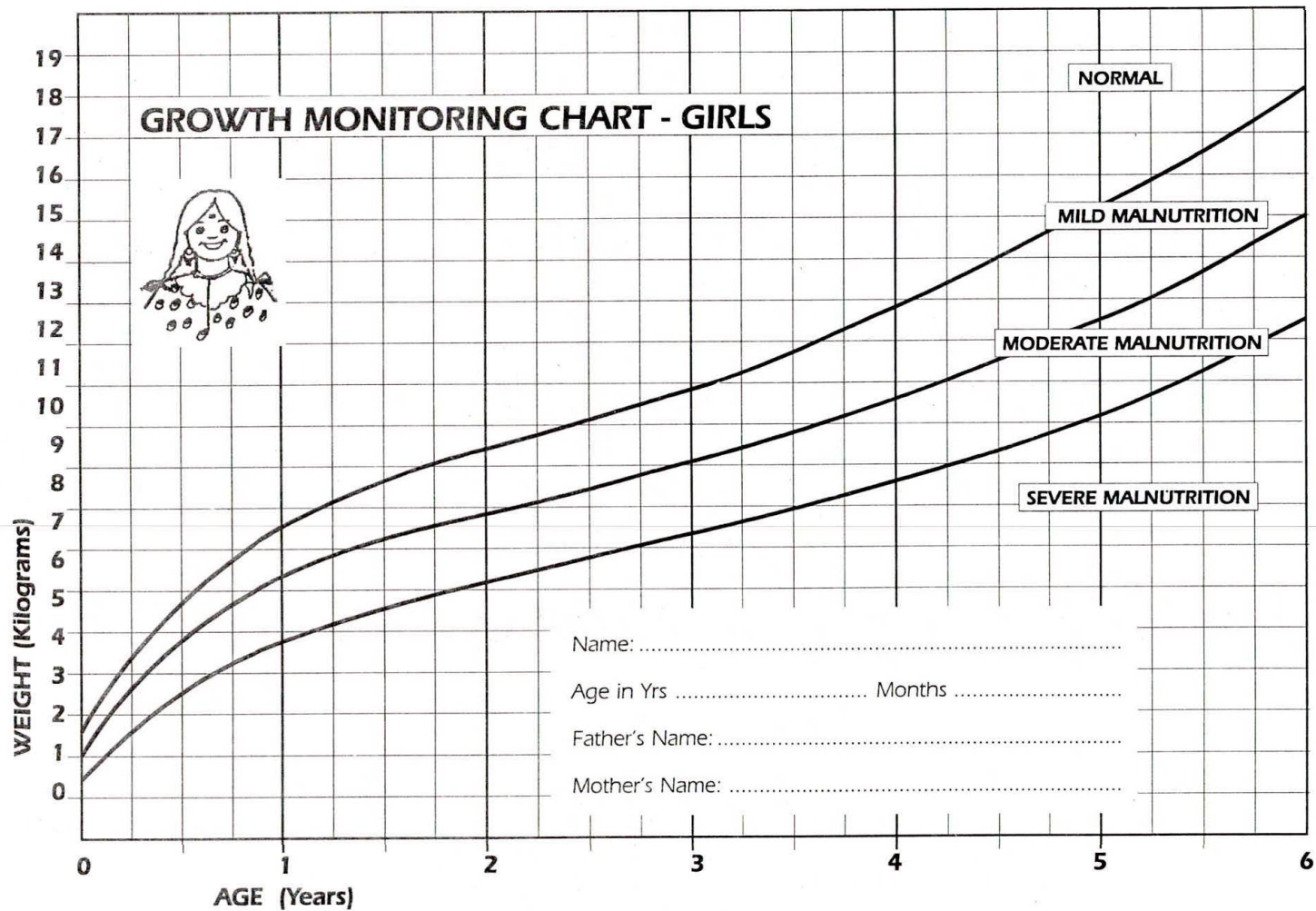
- Every woman between the ages of 15 and 44 should be immunized against Tetanus

- A woman should be immunized before, during and after pregnancy occurs.









## IMMUNIZATION AND PROPHYLACTIC DOSES

### I. Anti Tuberculosis (BCG):

First Dose:

At birth or few days after birth

Date: .....

### II. Triple Antigen

First Dose: Between 3 to 6 months

Date: .....

Second Dose: 2 months after 2nd dose.

Date: .....

Booster 1: Between 18 to 24 months

Date: .....

Booster 2: Between 5 to 6 years

Date: .....

### III. Poliomyelitis      Date

First dose .....

Second dose .....

Third dose .....

### IV. Vitamin-A Massive

Every six months between 1 to 5 years of age

1                      5

2                      6

3                      7

4                      8

### V. Others

Name                      Date

1. If the child's body weight falls within the 'Severe Malnutrition' band, the child should be referred to the nearest Primary Health Centre.

2. If the child's body weight falls within the 'Moderate Malnutrition' band, it indicates that the child is moderately malnourished. The mother should be motivated through education to give more food to the child.

3. If the child's weight falls within the 'Mild Malnutrition' band it indicates growth retardation. The child should be given food supplement.

4. If the child's weight falls with the 'Normal' band it indicates that the child is normal.

**Note:** The growth charts are prepared based on well-to-do Indian children.

## CHILD HEALTH CARD

Household No.: .....

Child's Name: .....

Date of Birth: .....

Date of first contact: .....

Father's occupation: .....

Mother's occupation: .....

Siblings:

S.No.	Name	Age	Sex	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Remarks

Source: National Institute of Nutrition, Hyderabad

## Nutritional Assessment of Children

### WEIGHT FOR AGE (BOYS & GIRLS) ICMR STANDARD

AGE	<b>BOYS</b>			<b>GIRLS</b>		
	Normal Wt (kgs)	65%	75%	Normal Wt. (kgs)	65%	75%
Less than 3 months	6.2	4.0	4.7	5.2	3.4	3.9
3 months +	6.7	4.4	5.0	6.5	4.2	4.9
6 months +	7.2	4.7	5.4	7.2	4.7	5.4
9 months +	7.4	4.8	5.6	7.3	4.7	5.5
1 year +	8.4	5.5	6.3	7.9	5.1	5.9
2 years +	10.1	6.6	7.6	9.5	6.2	7.1
3 years +	12.0	7.8	9.0	11.1	7.2	8.3
4 years +	13.5	8.8	10.1	12.8	8.3	9.6
5 years +	14.9	9.7	11.1	14.1	9.4	10.8
6 years +	16.1	10.5	12.0	16.1	10.5	12.0



## **Key Messages in Breast-feeding and Nutrition**

1. **Breast milk alone is the best possible food and drink for a baby in the first six months of life**
2. **Babies should start to breast feed as soon as possible after birth**
3. **Frequent sucking is needed to produce enough milk for the baby's needs**
4. **Breast-feeding helps to protect the baby against diarrhoea, cold, cough and other common illnesses.**
5. **Bottle-feeding can lead to serious illness and death**
6. **Breast feeding should continue well into the second year of a child's life and for longer if possible.**
7. **By the age of 6 months the child needs other foods in addition to breast milk.**
8. **Introduce one new food at a time to babies.**
9. **Give water between feeds to provide enough liquids to remove waste from his body.**
10. **Give finely chopped mashed food.**
11. **Offer bland food, avoid highly salted food and sugary food.**
12. **Feed the child only fresh food, vegetables and fruits.**
13. **Introduce the child early to good nutrition habit**
14. **Child needs to eat three full meals a day with snacks in between.**
15. **Give body building foods and energy foods for healthy growth and energy.**
16. **Good Nutrition helps to keep the child healthy, happy and physically fit and mentally alert.**



### **Key Messages in Immunization**

- 1 Immunization protects against several dangerous diseases. A child who is not immunized is exposed to various diseases and runs the risk of becoming disabled for life.**
- 2 Immunization is urgent. All the Immunization should be completed in the first year of life.**
- 3 Child may develop fever or rashes after Immunization. Refer to doctor if it continues for more than three days.**
- 4 It is safe to immunize a sick child**
- 5 It is important to give full course of Immunization in time, otherwise vaccines may not work.**
- 6 Every woman between the ages of 15 and 44 should be fully immunized against tetanus.**

### **Key Messages in Child Growth**

- 1 The most accurate and sensitive measure of growth is weight gain.**
- 2 From birth to age three, a child should be weighed every month. If there is no weight gain for two months, something is wrong. Refer him to a doctor.**
- 3 A growing child is a healthy child.**
- 4 A sick child should be under the supervision of a doctor.**

## Understanding of the Chapter

### NUTRITION 3 months - 6 years

Identify the types of food/vegetables/fruits/cereals under the following group:

Body Building Foods ..... ..... .....	Energy Foods ..... ..... .....
Regulating Foods ..... ..... .....	Cereals ..... ..... .....
Common Seasonal Fruits ..... ..... .....	Green Leafy Vegetables ..... ..... .....
Yellow fruits / Vegetables ..... ..... .....	Other Vegetables ..... ..... .....

Note: This could be done on a chart using pictures.

### BREAST-FEEDING / IMMUNIZATION /GROWTH

1. The best possible food and drink of a baby in the first six months of life is .....
2. The baby needs other foods in addition to breast milk only after the age of.....
3. A growing child needs food ..... times a day.
4. A sick child should be under the supervision of a .....
5. All the immunizations must be completed before the age of .....
6. The most accurate and sensitive measure of growth is.....
7. From birth to the age of 3 years the baby must be weighed.....

## **SOCIAL DEVELOPMENT**

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## SOCIAL DEVELOPMENT

Development in Socialization begins from the womb. Early social experiences play a dominant role in determining the baby's future social relationships and patterns of behaviour toward others. It is "the Home" that lays foundation to baby's life for later social behaviour and attitudes.

It is important to note that it makes a big difference to babies as to who attends to their needs from the moment of birth although around the age of six weeks, babies begin to respond to persons socially. Eg: Smile, look, turn the head, etc.

### Personal & Social Developmental Rhythm

#### 0 - 6 MONTHS

- Cries in hunger or discomfort & gurgles when contented.
- Gets distressed by sudden loud noises but is quietened when picked up and talked to. Chuckles when happy, and screams when annoyed.
- Recognises mother and members of the family.



#### PARENTS' ROLE

- Attend to the child when he cries, wet, soiled. Hold the child close or on lap, give love and affection and a sense of warmth through physical contact.
- Rock the child to and fro when upset, sing lullaby.
- While breast-feeding, stroke, sing and talk to the child.
- Ask the family members to hold the child and play with him
- Respond to smiles and cooings
- Take the child out, let him look around.

N.B. If there is an older child, he/she may resent the baby. Parents need to give attention to this fact, and prevent sibling jealousy. Preparation for new baby should start when the mother is pregnant.

### 6 - 12 MONTHS

- Recognises known people
- Turns when called by name
- Understands simple commands, Cries when other child gets attention.
- Turns away from strangers
- Gets troubled when mother leaves him alone.



### PARENTS' ROLE

- Hug the child, hold him close, show that he is loved
- Attend to the child when he is hungry, sleepy, wet. Talk to the child while feeding, make-up stories on food and tell them.
- Play with the child
- Introduce family members and objects by name "grandma" "aunty", "uncle", "door", "table", "spoon", etc.
- Take the child out so that he gets used to different people and surroundings.



## 1 - 2 YEARS

- Uses name to refer to self
- Participates in songs and rhymes by uttering a few words accompanied with action.
- Obeys simple commands and follows simple instructions.
- Responds to other children by smiling.
- Does not share toys with anyone, is very possessive.
- Expresses need to use toilet by self.



## PARENTS' ROLE

- Encourage the child to interact with all the family members and recognise by names.
- Encourage him to greet visitors (namasthe), to talk and play with them.
- Encourage him to eat by himself and drink water by himself even if he spreads it around.
- Encourage him to play by himself with toys. Only watch that he does not get hurt or puts things in the mouth.
- Encourage him to play with other children (of the same age) at home and outside.
- Take him out shopping and show him things around and calling by their names.
- Praise and appreciate the child when he makes effort - walking, talking, climbing, etc.
- Give toilet training. Ask him to tell you when he wants to use the toilet. Wash him after he uses the toilet.





## 2 - 3 YEARS

- Helps in dressing and undressing
- Feeds self and handles plate, glass and spoon.
- Washes hands, face and feet by himself
- Expresses wishes/needs.
- Greets people by himself.
- Plays with other children and interacts with them.



## PARENTS' ROLE

- Encourage the child to use toilet or specialised area to defecate.
- Teach him to wash hands and feet after using toilet.
- Encourage him to dress and undress by himself.
- Encourage him to eat by himself
- Encourage him to help in the household chores. Eg: Getting a glass of water, bringing a plate, folding clothes, etc.
- Praise and appreciate the child whenever he does any work
- Take the child to relatives/ friend's houses and talk about 'uncle', 'aunt', 'grandparents'.
- Never force him to sing or do something before others
- Take him to park, river, zoo, etc., and talk about them
- Encourage him to play with other children/neighbours and share toys and things.
- Do not put too many demands and expect instant obedience when he is busy. Wait patiently.
- Have some simple rules and abide by them. Eg: If he asks for a knife, refuse to give and explain why.
- When he throws temper tantrums, wait for sometime, calm the child, talk to him and attend to the demand. Carry him immediately if he is hurting himself or others.



### 3 - 4 YEARS

- Likes to play with other children by accepting, responding and sharing toys.
- Interacts with all family members and neighbours.
- Calls known people by name and relation.
- Dresses and undresses independently.
- Takes up small responsibilities.



### PARENTS' ROLE

- Call the child by name, and talk by using proper gender
- Encourage him to play and share toys/food with others
- Encourage him to mix up with others - neighbours, relatives and friends
- Encourage him to help in the household chores and run errands in the house
- Set a routine for the child's toilet activities - defecating, brushing the teeth, etc.
- Encourage him to bathe by himself. Teach by scrubbing the body and pouring water.
- Encourage to dress by himself. Wait patiently even if he takes time.
- Encourage him to actively participate in festivals and celebrations.
- Entrust responsibilities and praise him when he does it. Eg: Looking after a sibling, helping to fetch water.
- Prepare him if a new child is expected and do not ignore him after the child arrives.
- Praise him if he does well. Correct him gently when he does wrong.
- Avoid beating, scolding, shouting or criticizing in front of others.
- Prepare the child to go to Pre-school/Balwady/Nursery by talking about it.

**4 - 5 YEARS**

- Helps in simple household chores
- Follows simple rules regarding cleanliness
- Buttons up clothes correctly and puts on shoes/slippers correctly
- Uses toilet and washes by himself and brushes teeth independently.

**PARENTS' ROLE**

- Pay attention when the child eats. Teach the use of utensils. Correct him gently when he spills food. Praise when he eats properly.
- Teach him to wash hands before and after meals.
- Teach him the names of persons, things, places and ask him to repeat after you.
- Give him a small space (a corner, under a tree or a cot) and scrap material (boxes, cans, sticks, clothes, etc.) to play 'house' game.
- Sing songs, rhymes, tell stories.
- Give opportunities to play plenty of games and do not interfere when there is a fight among children. Calm them down slowly.
- Teach him to treat the guests with good manners.
- Answer all the queries about relatives, friends and people.
- Encourage him to assist in house work.
- Accept negative behaviour, find the cause and deal gently but firmly.



## 5 - 6 YEARS

- Performs all self-tasks like washing, bathing, dressing, combing, using toilet.
- Helps in household activities.
- Participates actively in all gatherings, ceremonies, festivals.
- Follows rules of co-operative games.



## PARENTS' ROLE

- Encourage the child to perform self-help tasks like washing, eating, dressing, using toilet.
- Encourage the child to help in house work - sweeping, watering plants, etc.
- Involve the child in celebrations: to decorate the house and outside with papers, flowers, rangoli etc.
- Encourage the child to fetch/buy things from nearby shops.
- Encourage the child to be polite, tolerant, considerate and kind: Eg: in helping the elders, small kids, the sick, pet animals.
- Encourage the child to develop hobbies like collecting stamps, feathers etc.
- Encourage the child to play 'co-operative games' with others, and to accept 'winning' or 'losing' equally well.
- Narrate stories, talk about the school
- Answer all his whys and hows calmly and affectionately.





## Family Relationship in Early Childhood



With Mother & Father



With sisters & brothers



With Peer group (same age)



With relatives: aunt, uncle, cousins and with grandparents.

**Family has the most important socializing influence on every child. This includes mother, father, siblings, grandparents and relatives.**





**Father & Mother  
in good terms**

- Relationship between mother and father is equally important as the relationship between parents and child.



**Parents spend time  
with children**

Parents should spend more time with the child - feeding, eating, playing, talking, hugging, teaching, etc. They should be more democratic than autocratic/authoritarian. They should provide loving homes than just a child care centre.



**Sisters/brothers, cousins**

Sibling relationship is important in child's life. Sibling jealousy/rivalry should be handled carefully by parents. Parents should prepare siblings to love the child and take care of the child, play with the child. Child imitates siblings in both appropriate and inappropriate behaviour. Therefore proper guidance should be given: sharing, learning from quarreling, protecting, guiding, etc.



### **Grandparents with the child**

Grandparents' love and affection affects child's socialization. They should not be permissive nor too strict. They should spend time with the child, tell stories, talk and sing, take the child out and assists him to learn.

Child understands that parents and child are one unit and belong to each other.

Child understands values parents and grandparents.

## Peer Group Relationship in Early Childhood



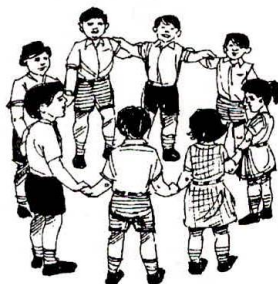
Learns to co-operate  
and mingle with others.



Gets attached and  
learns to love others.



Learns sharing (toys & eatables)  
Feels free and happy  
in the company.



Peer group  
(Children of same age group)  
influence child's socialization.

Learns to abide by  
rules (games)



Imitates their action,  
talk, dressing.



Learns values  
telling truth, accept defeat, success.



## Tips to develop Social Skills

- Social growth of a child is closely related to the value systems of people with whom there is constant contact.
- Early social behaviours found in all babies are: crying, looking at the face and smiling, understanding facial expressions, Imitating, babbling and language, play and curiosity and attachment.
- Child should know why parents act/react and say particular things in given situations.
- Once parents have determined what behaviour is acceptable, they should stick on to that rule. It is appropriate to say "we do not say that in this house", "we do not do that in this house".
- Children generally react exactly as we expect them to. Raise the expectation level and with coaching, explanations and practice, children will respond positively.
- Parents should provide a model for the child. Child hears, sees, observes and assimilates the world around before he uses the language. Be careful of what is spoken or done before the child.
- Children observe the parents and adults and imitate them. Family members' actions therefore are important and value based.
- SOCIAL LEARNINGS SHOULD BE EMPHASIZED IN THE HOME SITUATION:
  - Children should be caring and kind.
  - Children should be responsible and accountable for their actions
  - Children should be allowed to express their feelings in appropriate ways.
  - Children should be allowed to learn from making mistakes and from making good judgements.
- Achievement motivation increases in a child when parents teach values, reward achievement and set high standards and be exemplary.
- Achievement motivation decreases in a child when parents are authoritarian, domineering and demand overly value obedience and compliance.
- Aggression increases in a child when parents are aggressive themselves, harsh punishment is used, living conditions are crowded and when social rules say that aggression is all right.



### Key Messages

- 1 Development of Socialization begins from the womb.
- 2 Relationship of father and mother between themselves should be warm and healthy.
- 3 Parents should spend more time with the child.
- 4 Sibling relationship with the child is important. It should be guided positively.
- 5 Foster grandparents' love and relationship, it helps in security and value building.
- 6 Relationship of the same age group children should be encouraged to learn values like sharing and co-operation.
- 7 Social learnings should be emphasised in the home situation.
- 8 Achievement motivation increases in a child when parents teach values, reward achievements and be exemplary in the practice of values

### Understanding of the Chapter

Match the following:

A	B
Cries in hunger or discomfort and gurgles when contented	5 - 6 years
Recognizes known people and turns when called by name	3 - 4 years
Uses name to refer to self, does not share toys and is very possessive	0 - 6 months
Helps in dressing and undressing, and expresses wishes/needs	4 - 5 years
Likes to play with other children by accepting, responding and sharing toys and calls known people by name and relation	1 - 2 years
Helps in simple household chores, uses toilet and washes by himself	2 - 3 years
Participates actively in all gatherings and follows rules of co-operative games (Socialization)	6 - 12 months

## **SOCIALIZATION THROUGH PLAY**

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## **SOCIALIZATION THROUGH PLAY**

### **Babyhood Play**

- PLAY during Babyhood years is greatly influenced by the baby's physical, motor and mental development, and play itself helps develop physical, motor and mental development.
- Babyhood play has no rules and regulations; it is free, spontaneous, without preparation, as and when they wish.
- Babyhood play is more often solitary than social, with little interaction with others - no give and take.
- Babyhood play can be carried out with any object that stimulates curiosity and exploration; regular toys are not needed.
- Babyhood play is characterized by repetition and little variation (Again and again they play the same thing, with the same object).

## Common Play Patterns in Babyhood



### Sensory Motor Play

Kicking, bouncing, wiggling, moving fingers and toes, climbing, babbling and rolling

Parents should allow them to enjoy these, but see that they do not harm themselves in any way.

### Exploration Play

Babies explore their bodies by pulling their hair, sucking fingers and toes. They shake, throw, bang, suck and pull the toys.

Parents should keep the baby's body clean so that the child enjoys the play.

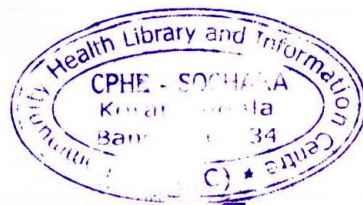


### Imitative Play

During the second year, babies imitate actions of adults - reading, writing, sweeping, etc.

Parents/family should enjoy the imitation and praise him for it.

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### Make-believe Play

During the second year, babies treat their toys as if they were real: dolls, stuffed animals, toy vehicles, etc.

Family should play with the babies and help them to enjoy the play.



### Amusements

Babies enjoy looking at pictures and Television. They like to be sung to, talked to and read to.

Parents/Family should sing to them, talk to them, read to them, tell stories, show pictures and explain.



### Games

Babies like to play games like hide and seek, chasing with the parents, grandparents and siblings.

Family should initiate babies to play such games.



### IMPORTANCE OF PLAY DURING BABYHOOD

- Encourages creativity and gives opportunity to do things in an original way later on.
- Gives information about the environment: people, things and places.
- Provides enjoyment, otherwise babies become bored and spend time in crying for attention.
- Develops self-confidence and ability to co-operate with others later on; develops problem solving ability.

## Play in Early Childhood (2-6 YEARS)

- Early childhood is called "the Toy stage" because children use toys in one form or the other.
- This age group considers toys as real animals, objects, people.
- Play prepares them to later childhood and adult life. Therefore it should not be considered as a waste of time.
- Play gives rule, system, cooperation and social values; it should be encouraged.
- Sex appropriateness of toys is seen in this age. Girls choose more of home toys (cooking), boys choose more of outdoor toys (truck), though both play with everything. This depends upon the society children live in.
- Number and type of toys depend upon socio-economic status of families: what the families can provide.
- Highly intelligent children like to play creative games - doing something original with the toys; this depends also on the guidance and encouragement. Other children play for enjoyment. This also should be encouraged.

### Play patterns in Early Childhood



#### Toy Play

Toys are personified in the initial stages.

Family should provide all kinds of toys and let the children build, break, create....

#### Dramatization/Make-believe Games

Toys are played with imitating life reality. Later, children play make-believe games - acting as a teacher, robber, hero, etc., as heard/seen on T.V. or stories.

Adults should encourage them and enjoy these games.



### Constructions

Blocks, sand, mud, clay, beads, paints, paste, scissors, crayons, etc., are used to make/imitate/construct what they see.

Family should provide scrap material to children and appreciate and praise when things are made.

### Games

During the fourth year, child likes to play with peers (same age group). Such games could have simple rules of co-operation/social adjustment.

### Reading

Children like to be read to, to listen to stories, to look at pictures - these have special appeal to them.

Parents should tell stories, read fairy tales/stories on animals and things.

### Movie, Radio, Television

Children like to listen to radio, watch movies and television.

Parents should allow them to listen to radio, provide cartoon shows and movies meant for small children on T.V. programs related to children. Parents should ensure that violence and sex related movies/programs are not viewed by children. Parents should ensure that play time of children is not sacrificed for TV viewing.



### Key Messages

- 1 Play occupies an important role in babyhood/childhood years - "The Toy Stage".**
- 2 Play enhances the personality of the child during early years towards his total development.**
- 3 Play develops social adjustments in the child and prepares him for independent and co-operative life in future.**
- 4 Parents should encourage children to play, provide them toys, tell stories and appreciate their creativity.**
- 5 Family should play with the children, encourage them to play with the siblings and other children.**

### Understanding of the Chapter

Say if the following sentences are right or wrong. Correct them if they are wrong:

1. When the child plays, adults should see that he does not harm himself (     )
2. Parents should not keep the child's body clean so that he enjoys the play (     )
3. Babies do not like to imitate the action of the adults (     )
4. Families should not play with the babies (     )
5. Babies like to play games like 'hide & seek', 'chasing' (     )
6. Babies do not enjoy watching Television or listening to music (     )
7. Play gives information to the child about people, things and places.
8. Play does not develop self-confidence to co-operate with others.

### Play in Early Childhood

9. Families should provide all kinds of toys to children (     )
10. Adults should not encourage or enjoy make-believe games of children (     )
11. Children like to play constructive games with sand, beads, paint, clay, etc. (     )
12. Parents/Family should avoid telling stories or read fairy tales (     )
13. Children during the fourth year can play games with the same age group, with rules of co-operation (     )
14. Parents should allow children to watch TV without restriction (     )
15. Children at play is a waste of time (     )



## INTELLECTUAL & COGNITIVE DEVELOPMENT

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## INTELLECTUAL & COGNITIVE DEVELOPMENT

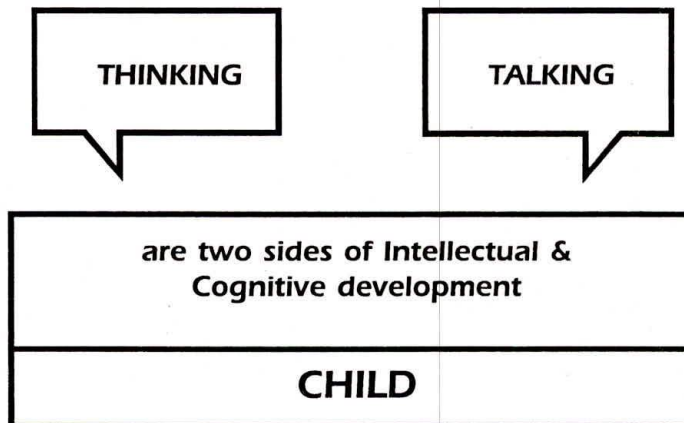
### Introduction

Intellectual development includes the development of language skills and thinking skills.

Cognitive development includes thinking, perceiving, remembering,

forming concepts, generalizing and abstracting as well as general Intellectual activity.

It is the ability to adapt to environment.



## Language Skills

- Every normal child **LEARNS TO TALK**.
- **LANGUAGE** is the Communication System we use to relate ideas and thoughts through the comprehension and usage of words, phrases and sentences.

### (1) **CRYING**

begins as soon as a child is born. Baby cries differently when hungry, in pain or sick. Parents should attend to cries for it is very important to make the child feel he is cared for.

### (2) **BABBLING**

Increases till the eighth month after which there is beginning of word sound. Parents should enjoy the sounds, respond and keep talking to the child.

### (3) **GESTURING**

Child gestures and gives signals for everything. Parents should observe and respond accordingly. Eg. outstretching arms to be picked up, moving arms, legs when it is tired and yawning and closing eyes when sleepy.

### (4) **PHYSICAL CONTACT**

Child communicates to the mother whether he is tensed or relaxed or in pain or uncomfortable or happy while breast-fed, being carried or asleep or restless. Parents should observe and read the signs and communicate with the child accordingly.



### **BEFORE A CHILD CAN TALK, HE COMMUNICATES WITHOUT WORDS**

### (5) **EYE CONTACT**

Child looks straight into the eye when faces are before him. Sadness, happiness, pain, fear are expressed in the eyes. Parents should maintain eye-to-eye contact and talk to him lovingly.

### (6) **EMOTIONAL EXPRESSION**

Parents should be attentive to child's expression and respond, relaxed when happy, tensed when in fear or wet or uncomfortable.

# **EARLY CHILDHOOD EDUCATION**

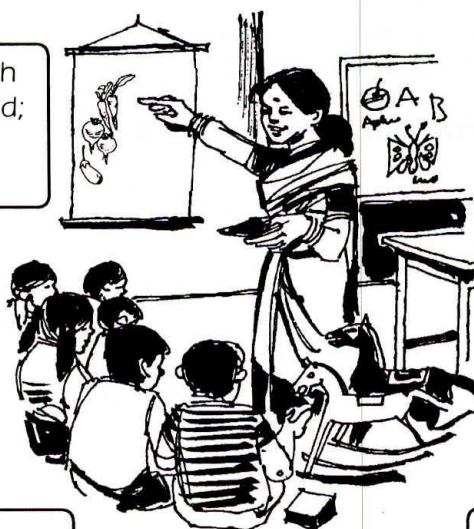
**(for the use of Parents and Teachers)**

## **Why is Early Childhood Education needed?** **(Pre-School/Balwadi/Anganwadi)**

- Provides opportunity for the overall development of the child.

- Child's growth 3-6 years is rapid; it needs special attention.

- Helps the mothers to keep their children in a safe place.



**PRE-SCHOOL**

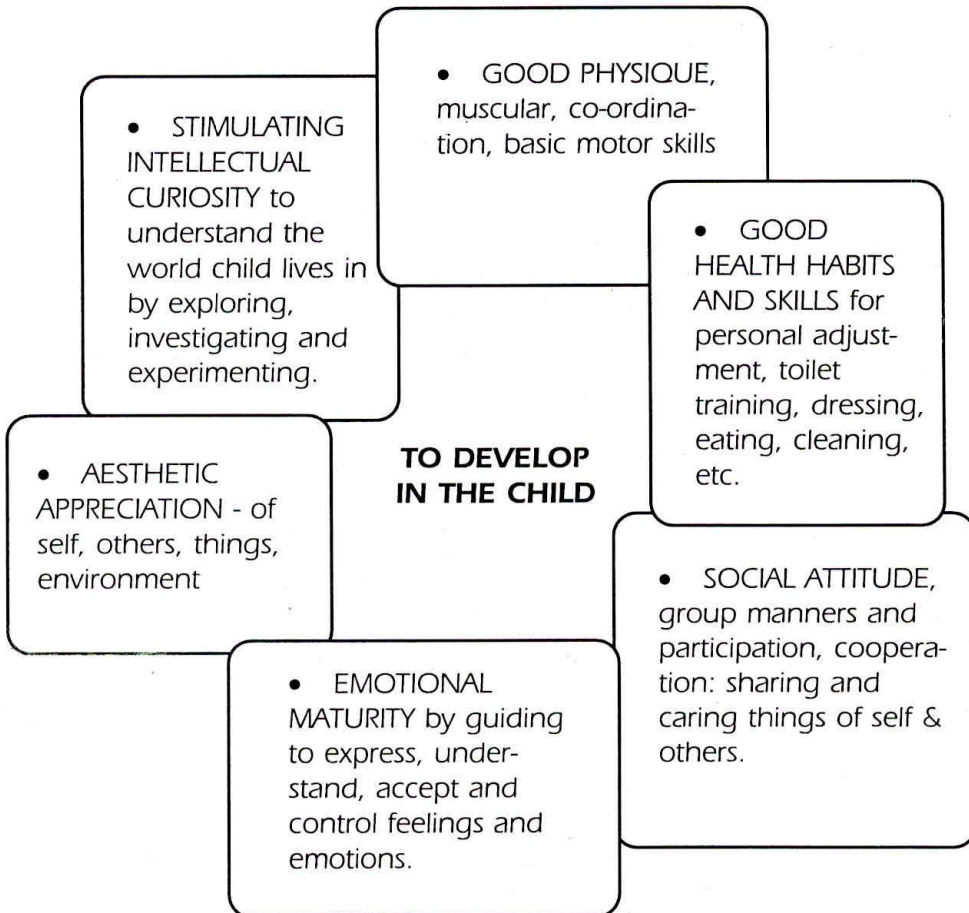
- Prepares the child for school education Pre-reading & writing skills.

- Provides opportunity for social/cognitive/language development of the child.

- Provides play ground for the child to develop through play.



## Objectives of Pre-School Education



## Object based activity in Pre-Schools\*

♦ Intellectual activities include expressing creativity and constructivity - learning concepts and learning fundamentals of reading, writing and arithmetic.

Eg: Curiosity of the child can be satisfied by allowing him to ask questions and explaining the seasons and weathers that we have in our country, use of water, colour of rainbow, collection of natural things such as plants, stones, flowers, insects, etc. For pre-school children understanding, explaining season should be done at a very elementary level as their logical thinking is not mature.

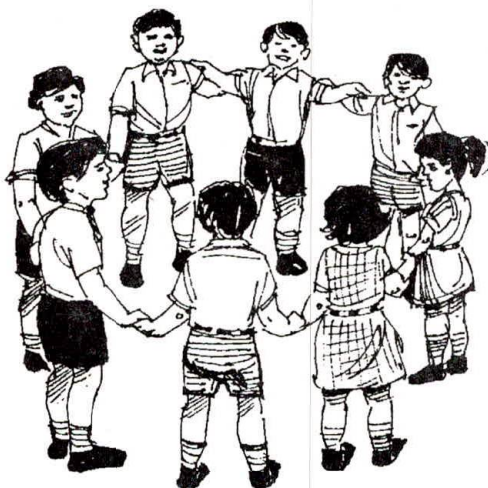
Another example could be in situations where child can actually see the change and process: drawing attention to the

immediate environment, allowing exploration and experimentation. The teacher participates with the child and gives such information that is comprehensible by the child.

♦ To encourage in the child independence and creativity by providing them with sufficient opportunities for self-expression and facility for hands-on manipulation and construction. Clay is a good example.

♦ To develop in the child the ability to express his thoughts and feelings in fluent, correct and clear speech.

♦ To develop in the child social adjustment through co-operation, sharing, relating with others in the group.



---

\*This section could be for the use of teachers in Pre-schools.

## The Child learns in Pre-School\*

♦ Matching and discrimination of shades of colour, sounds textures, weights. Involves much handling and interaction with actual objects.

♦ Arrangements of objects in order of increasing size and different shapes

♦ Care of plants and animals

♦ Ability to take care of one-self (washing, dressing, toilet training)

♦ Counting

♦ Development of motor skills for writing

♦ Learning the sounds of letters

♦ Development of attention/ concentration.



\*The first thing a child learns by looking at objects / pictures is 'how familiar it is to me' i.e., identifying common things - then looking for details and questions what is new.

## Material and Equipment for Pre-Schools



**Painting:** Powder/paints of various colours

**Paper:** Large sheets of different shapes/colours/sizes

**Brushes** of various sizes

**Crayons** of bright colours/different sizes.



**Clay** mixed with different flours/colours

**Dough:** Flour and salt (cooked) mixed with water, coloured with vegetable dyes

**Plasticine** (modelling clay) of different colours.

**Water** for water play. Plastic containers/jars/bottles/jugs of various sizes and shapes



**Bricks** Large/Small blocks, pieces of flat wood for building blocks.

**Domestic Play Dolls** of various sizes, House, House material, doll clothes/wraps.





**Park Corner:** A corner to arrange park and materials for park - plants, benches, etc., (plastic, natural wherever available)

**Hospital Corner:** Bed with blanket, sheets, stethoscope, bandages to play doctors, nurses, etc.

**Doll washing:** Rubber dolls, wooden dolls with bowls of water towels to dry the dolls



**Farm sets:** Toys of cattle, plough, etc.

**Traffic sets:** Material, Signal lights, Police

**Furniture,** puzzle, hammer toys, beads, picture matching.

**Collage:** Collection of various materials of ribbon, paper, gum, scissors, paper with sticky nature.



**Waste material/Scrap:** Cotton rolls, cloth pieces, cartons, cardboard, boxes, wheels, Caps etc.

**Book Corner:** Various picture books.



**Music Corner:** A corner with instruments made by locally available material, toy instruments, paper, picture instruments, wherever possible musical instruments could be brought for demonstration occasionally.

**Outdoor Activity:** Walking, watching, observing, touching and feeling, experiencing: Water, plants, tree trunk, flowers, stones, nets, walls, walking on steps, pipes, ladder etc.



**Note:**

- a) Adult child caretaker/trainer should know that there are diverse reactions to the same situation due to differences in age / home background.
- b) Stimulating the child to think, to act, to respond is important since it enhances child's cognitive development.

## Role of Parents in Pre-School Activity

- Follow the developmental rhythm at appropriate time, providing support to the child to grow.
- Keep growth monitoring chart and discuss with the teacher about it.
- Parent-Teacher meetings should be arranged for discussing about:
  - Developmental characteristics of children
  - Behavioural problems/referrals if any problems
  - Suitable play material/assisting to prepare them from locally available material.
  - Proper food habits of children/ how to prepare nutritious food out of locally available food stuff
  - Healthy environment/how to provide safe environment to children.
- Contact local agencies and avail services for children and Pre-School: Hospitals, Child Welfare Agencies, etc.
- Obtain collaboration of the community to participate in programs and to provide facilities to assist child growth: parks, community centres, sports, etc.

## Teacher and Children

- Teacher should have complete knowledge of Child Development and use this knowledge to guide children's behaviour.
- Teacher should provide an environment/arrangement of room that encourages children's self-discipline.
  - Make sure there are no safety hazards
  - Store toys/equipment on low shelves
  - Give children chance to make up rules
  - Prepare children for changes in advance
  - Arrange materials and furniture to encourage appropriate behaviour
  - Plan child-initiated activities for most of the day.
- Teacher should use positive methods to guide individual children.
  - Allow children to learn from their experiences
  - Redirect children to acceptable activities
  - Securely hold a child who is screaming or thrashing
  - Use simple, positive reminders to restate rules
  - Know when to ignore inappropriate behaviour.



- Teacher should help children understand and express their feelings in acceptable ways.
  - Make it easier to wait for a turn
  - Redirect an angry child to a soothing activity
  - Tell a child that you accept his/her feelings
  - Use firm words and tones to help children understand how someone else feels
  - Model acceptable ways to express negative feelings
- Teacher's words are important to provide positive guidance. (Eg: When a child screams/pushes another child harshly/is upset or throws things, etc.)
- Teacher should set clear and simple rules and limits and communicate clearly to children and enforce them consistently (Eg: "Blocks are for building and not throwing, wash hands before eating snacks, or lunch, go down the slide one at a time", etc.)
- Teacher should respond to challenging behaviours - look for the reasons for such behaviour and respond appropriately, accept their feelings and help them.
- Teacher is a friend, guide, model, counsellor and school is children's second home. Therefore, teacher should love the children and help them lovingly.

## **Role of the Teacher with the Family / Community**

- Teacher should communicate with the family members often to exchange information about their child at home and at the centre.
  - Encourage parents to drop in at the centre
  - Share some good news about the child and routine activities.
  - Use information about child's interest provided by parents.
  - Suggest ways that parents can extend 'learning' at home
  - Learn each parent's name and something about them as a way to build trust.
- Teacher should provide a variety of ways for family members to participate in their child's life at the center.
  - Give parents opportunities to make decisions about child's activities.
  - Ask them to help you include their culture in school activities.
  - Set up workshops on topics of their interest.
  - Find innovative ways to help working parents who are unable to come during working hours.
- Teacher should provide support to families.
  - Support families under stress.



- Use familiar terms while talking to them.
  - Listen to their problem and refer them to appropriate assistance.
  - Interpret child's behaviour, find out reasons if there are problems and refer to counsellors.
  - Help them understand that child's development is a process and cannot happen overnight.
- Teacher should maintain good relationship with community members and involve them in activities and collaborate with other child welfare agencies - health, education, nutrition, etc.
  - Teacher should maintain appropriate records for each child, programs for follow-up.
-

### **Key Messages**

- 1. Early childhood education provides opportunity for social, language and overall development of the child.**
- 2. It helps the child to develop good physique, motor skills, personal adjustment, appreciation of self and others, understanding of the environment and expression of self.**
- 3. The child learns the above through play, group games, songs, stories, actions, dramas, outings, using materials/ equipment, etc.**
- 4. Parents should follow the child's growth, developmental rhythm regularly in collaboration with the Teacher.**
- 5. Parents, Teacher and the Community should come together and work for the development of children through programs, collaboration with agencies, etc.**

### **Understanding of the Chapter**

- a) Write the names of materials, equipment and articles that could be utilized for Pre-School children in the School and at Home.
  - b) Give reasons why Early Childhood Education is important for your child.
  - c) Visit a nearby Balwadi/Pre-school and spend time understanding how it operates.
-

## **EMOTIONAL / PSYCHOLOGICAL DEVELOPMENT**

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## EMOTIONAL / PSYCHOLOGICAL DEVELOPMENT

### Tasks or Issues in Each of Several Age Periods

Age in years	Issues or Tasks
0 - 1	Biological regulation, harmonious dynamic interaction; formation of an effective attachment relationship.
1 - 3	Exploration, Experimentation, and mastery of the object world (caregiver as secure base); Individualization and Autonomy; responding to external control of impulses.
3 - 5	Flexible self-control; self-reliance; initiative; identification and gender concept; establishing effective peer contacts - empathy.
6 - 12	Social understanding - equity, fairness; gender constancy; same sex friendships; sense of 'industry' competence; school adjustment.
13 +	Formal operations - flexible perspective taking, "as if" thinking; same-sex friendships; beginning heterosexual friendships; emancipation; identity.

Source: Sroufe & Rutter, 1984



## Attitudes that affect growth

### PRE-NATAL

Attitudes of parents, siblings, grandparents are important. This affects the development of the child. Unfavourable attitudes towards the birth of the child either by the mother or father and other family members affects mother's attitudes which in turn has an effect on the unborn baby in the womb. Favourable attitudes will favour normal development during the prenatal period.

Eg: Mother becomes upset, nervous at the thought of the birth of a girl child and not a son as expected by the family.

The child grows physically, mentally and emotionally within the womb. Everything that happens in the outside world affects the baby within the womb.

### Psychological Hazards

- 1) Traditional beliefs - that the mother controls the sex of the unborn baby.
- 2) Maternal stress - fear of getting a handicapped child.
- 3) Unfavourable attitude of significant people (mother, father, siblings and grandparents)

Eg: not wanting a child  
- Preference for a child of a particular sex

## INFANCY

### Psychological Hazards

- a) Traditional beliefs about birth

Eg: Time/season of birth  
(auspicious / inauspicious)

- b) Helplessness

Parents becoming nervous to take care of the baby especially in the case of the first born, affects the child.

- Parents should learn to take care of the child
- Be confident in responding to the child

- c) Individuality of the Infant

Child reacts differently to different situations.

Eg: crying at night, feeding time.

- Parents should accept child's reactions as they are and adjust to it and help the child to adjust to situations.

- d) Developmental lag

Some children develop slower than others.

Eg: Weight does not increase, may not be active, may be delicate.

- Parents instead of becoming anxious in handling the child, should talk to child, rock it, hold it and stimulate the child instead of keeping the child quiet.

- e) New Parent Adjustment

Physical change and fear and tension in the mother, arrival of a new child, father's anxiety may add to child's adjustment problem.

- Parents should be aware of it and learn to handle the new feelings and situation.

Eg: Feeding the child, dressing, cleaning, etc.

f) Unfavourable attitude of the family people like grandparents, aunts, uncles, siblings too affects the child.

g) Names given to children are important. Names too common, too unusual, names used by both sexes that are difficult to pronounce, too identical with an ethnic race, embarrassing nicknames, etc. may affect the child's development.

## PERSONALITY

Personality describes a broader range of individual characteristics, mostly having to do with the typical ways each of us interact with the people and the world around us, whether we are gregarious or shy, whether we plunge into new things or hold back, whether we are independent or dependent, whether we are confident or uncertain - all these characteristics (and many more) are usually thought of as elements of personality.

- a) Each individual is born with characteristic patterns of responding to the environment and to other people.

Eg: Adaptability to new experiences.

- b) Temperamental characteristics persist through childhood and into adulthood. Temperament affects the way one responds to people and things, and conversely/in turn, affects the way others respond to him. An understanding environment can help modify difficult temperamental characteristics.

- c) Behaviour is strengthened by reinforcement.

Eg: Mother's response to the behaviour of the child either through reward or punishment affects child's behaviour.

- d) Children learn not only behaviour but also ideas, expectations, internal standards and self concepts.

Eg: Telling children to be generous may have very little response from children but showing them to be generous by helping others will lead them to be generous.

## Stages of Development proposed by Erikson (0 - 12 YEARS)

Age in years	Quality to be developed	Some tasks and activities of the stage
0 - 1	<b>Basic trust</b> (versus basic mistrust)	Trust in mother or Central caregiver and in one's own ability to make things happen. A key element in early secure attachment.
2 - 3	<b>Autonomy</b> (versus shame, doubt)	Walking, grasping, and other physical skills lead to free choice; toilet training occurs; child learns control but may develop shame if not handled properly.
4 - 5	<b>Initiative</b> (versus guilt)	Organise activities around some goal; becomes more aggressive and assertive; likes the parent of opposite sex and conflict with the parent of the same sex may lead to guilt.
6 - 12	<b>Industry</b> (versus inferiority)	Absorb the basic culture, skills and norms, including school skills and tool use.



## Child's Emerging Sense of "Self"

5 - 9 months	Interested in mirror image
9 - 12 months	Understands the relationship between his own movement and the movement in the mirror.  Eg: He may wave at the mirror. Child sees himself as being able to cause things to happen by his movement.
12 - 15 months	Can use a mirror to locate people or objects in space. Grasps that other people cause their movements just as he causes his own.
15 - 18 months	If shown pictures, can distinguish between self and others, can point to himself, can reach a spot on the nose.
18 - 24 months	Child can state his own name, can distinguish between a picture of himself and another boy of his age.
Exercise	<ul style="list-style-type: none"> <li>a) MIRROR and practical explanation of the above facts.</li> <li>b) Explain the implication.</li> <li>c) Ask the parents to explain.</li> </ul>

**One of the signs that a child has understood his own separateness is that he recognises himself in a mirror.**

2 - 4 years	Child focuses particularly on age, size, and gender, noting ways in which people differ - old/young, big/small, boy/girl, and places himself somewhere along each dimension or in one category. The child thinks of himself as either big or small, old or young.
4 - 5 years	Pays attention to the outside appearance of objects rather than to their enduring, inner qualities, so he also describes himself with reference to his visible characteristics - what he looks like, what he plays with, where he lives, what he is good at or bad at doing.
5 - 7 years	Child can give quite a full description of himself including size, age and gender.



## Self Esteem

Good self-image development leads to high self-esteem. High self-esteem leads to high achievement.

Adults are responsible for this - to give good self-image and self-esteem to the child.

- Child should be given positive strokes continuously, i.e., appreciate him for his efforts, good word, smile, tell him that he is loved and wanted.
- Teach the child to discover his talents, abilities and appreciate them. Adults should tell these to him and praise him before others.
- Motivate the child to 'achievement' from young age. Eg: Walking, running, talking, habits, etc., also need motivation. Later on allow him to learn and achieve independently although supervision is necessary at every stage.
- Only self-esteem will help the child to esteem others for what they are and what they do.

## 15 WAYS TO HELP CHILDREN LIKE THEMSELVES

1. Reward children. Give praise, recognition, a special privilege or increased responsibility for a job well done. Emphasize the good things they do, not the bad.
2. Take their ideas, emotions and feelings seriously. Do not be indifferent to them.
3. Define limits and rules clearly, and enforce them. But do allow leeway for your children within these limits.
4. Be a good role model. Let your children know that you feel good about yourself. Also let them see that you too can make mistakes and can learn from them.
5. Teach your children how to deal with time and money. Help them spend time wisely and budget their money carefully.
6. Have reasonable expectations for your children. Help them to set reachable goals so they can achieve success.
7. Help your children develop tolerance toward those with different values, backgrounds and norms. Point out other people's strengths.
8. Give your children responsibility. They will feel useful, and valued.
9. Be available. Give support when children need it.
10. Show them that what they do is important to you. Talk with them about their activities and interests. Go to their games, parents' day at school, drama presentations, awards ceremonies.
11. Express your values, but go beyond "do this" or "I want you to do that". Describe the experiences that determined

your values, the decisions you made to accept certain beliefs, the reasons behind your feelings.

12. Spend time together. Share favourite activities.
13. Discuss problems without placing blame or commenting on a child's character. If children know that there is a problem don't feel attacked, they are more likely to help look for a solution.
14. Use phrases that build self-esteem, such as "Thank you for helping" or "That was an excellent idea !" Avoid phrases that hurt self-esteem: "Why are you so stupid?"; "How many times have I told you?"
15. Show how much you care about them. Hug them. Tell them they are terrific and that you love them.

### **DEVELOPING THE DECISION-MAKING ABILITY**

- Give your children opportunities to practice making decisions, such as choosing the site of a family outing or dividing the chores fairly.
- Show your children how to weigh their options, gather necessary information, consider alternatives and potential outcomes of the decisions they make.

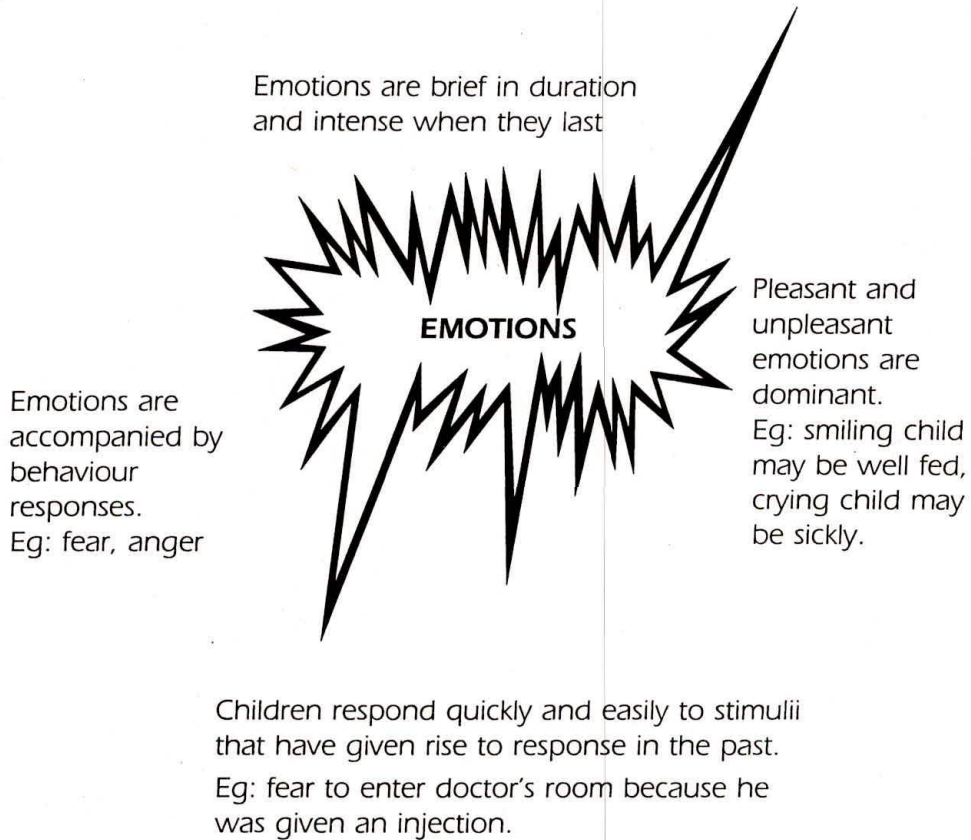
- Help children understand that decisions have consequences both for themselves and others.
- Show children that putting off dealing with problems and not making a decision when one is needed can be as bad as making the 'wrong' decision.
- Even if you are not sure what kinds of decisions your children will make, believe that they are mature enough to handle them; give them the chance to try making some decisions. This will help both you and your children know that they are ready to decide for themselves.
- Accept your children's decisions as long as these aren't dangerous. Remember, no decision is perfect. Support your children's ability to make them. Understand that many of these decisions will be based on their personal tastes and needs and may, therefore, not match the decision you would have made for them.
- Lay ground rules or limits for decision making. If children want to do something that is clearly harmful or unacceptable, explain why you cannot allow them to act on their decision.
- Keep in mind: Children who exercise some control over their lives have higher self-esteem. The ability to make decisions prepares them to become responsible and happy adults.

## Development of Sex-Role Behaviour

1. Children as young as 2 or 3 show sex stereotyping in their toy choices. Eg: little girls play with dolls or games like stringing beads or cooking. Boys play with guns, trucks, carpentry tools etc.
2. Children begin to choose playmates of the same sex from the early age of 3. About 60% of the spontaneous play groups consists of same sex groupings.  
Eg: Girls choose girls' group/ Boys choose boys' group to play.
3. By the age of 5-6, children begin to pay more attention to the behaviour of same sex than opposite sex playmates and this influences their behaviour and attitudes.  
Eg: Girls notice and try to imitate the dress the other girls wear, how they behave, talk, etc. Boys do the same from other boys.
4. Traditional and specific family sex-role concepts, sex-typing influences and determines the self-esteem of children as boys and girls.  
Eg: Male job specificity. Female job specificity.
5. Division of labour within the family, i.e., of father and mother affects child's sex-role behaviour.  
Eg: Working mothers who spend less time with children and work outside and at home give different picture of role expectation to the child.
6. **Environment has a major role to play in sex stereotyping. It is the society/family that gives this role to boy and girl, i.e, boy should behave this way and girl should behave that way.**



## Common Emotional Patterns in Children





## A few Common Emotions in Babyhood

Common Emotions	Causes/Stimulii	Expression
<b>Anger</b>	<ul style="list-style-type: none"> <li>• Not letting them to do what they want.</li> <li>• Interference with attempted movements</li> </ul>	Screaming, kicking the leg, waving the arms, biting anything within reach, holding breath and throwing themselves on the floor, etc.
<b>Fear</b>	<ul style="list-style-type: none"> <li>• Loud noises, strange persons/objects/Situations/dark rooms, animals</li> </ul>	Crying, holding breath, clinging to those nearby, withdrawing from the situation.
<b>Curiosity</b>	<ul style="list-style-type: none"> <li>• Anything new or unusual</li> </ul>	Facial expression tensing the facial muscles, opening the mouth, protruding tongue. May grasp the object, shake, bang, suck them.
<b>Joy</b>	<ul style="list-style-type: none"> <li>• Joy is stimulated by physical well being.</li> </ul>	Smiling, laughing, moving hands and legs, gurgling, shouting.
<b>Affection</b>	<ul style="list-style-type: none"> <li>• Parents, caretakers and those who play with them become objects of affection.</li> </ul>	Hugging, patting, kissing, responding with smile, gurgling.

## A few common Emotions in Childhood

Common Emotions	Causes/Stimuli	Expressions
<b>Anger</b>	<ul style="list-style-type: none"> <li>• Conflicts over play things</li> <li>• Thwarting of wishes</li> <li>• Attacks from another child</li> </ul>	Temper tantrums by crying, screaming, stamping, kicking, jumping up and down, striking.
<b>Fear</b>	<ul style="list-style-type: none"> <li>• Unpleasant memories / experiences</li> <li>• Stories, Pictures, Radio T.V.,</li> <li>• Movies that are frightening</li> </ul>	Panic, running away, hiding, crying, avoiding situations
<b>Jealousy</b>	<ul style="list-style-type: none"> <li>• Arises when child thinks that parental interest and attention are shifted towards a new sibling or any other member.</li> </ul>	Seek for attention thru bed-wetting, pretending to be ill, being naughty.
<b>Curiosity</b>	<ul style="list-style-type: none"> <li>• Arises at anything new that they see and also about their own bodies and bodies of others.</li> </ul>	Sensory motor exploration (seeing, feeling, touching, etc.) asking questions, expressing what they feel in words.
<b>Envy</b>	<ul style="list-style-type: none"> <li>• Become envious of the abilities of other children or the material possessions of another child</li> </ul>	Complaining about what they themselves have. Verbalise wishes to have what others have.
<b>Joy</b>	<ul style="list-style-type: none"> <li>• Derive joy at such things as sense of physical well being, sudden unexpected noises, playing pranks on others, accomplishing what seemed difficult to them.</li> </ul>	Smiling, laughing, clapping hands, jumping up and down, hugging the person or object that made them happy.
<b>Grief</b>	<ul style="list-style-type: none"> <li>• Loss of any one or anything they love or that is important to them: person, pet, toy etc.</li> </ul>	Crying/weeping, disinterest in normal activities, loss of appetite (no interest to eat)
<b>Affection</b>	<ul style="list-style-type: none"> <li>• Children learn to love people, pets, objects that give them pleasure/joy.</li> </ul>	Hugging, patting, kissing. Later on expressing love in words.

**Note:**

- a) **Parents should be aware and recognise these expressions as normal emotions in children.** Only when they are extreme/beyond control, they should be considered with seriousness.
- b) **Parents should talk/discuss about emotional issues with children in a simple manner.**  
Eg: Sibling envy, death of a pet dog, death of a dear one etc., could be discussed with children with simple explanation.

---

### **Key Messages**

1. **Attitudes of Parents and the family towards the child during Pre-natal period and Infancy stages affect the growth of the child.**
2. **Each child is born with individual characteristics and responds differently to different situations/environment.**
3. **Child's sense of 'self' starts at birth. Good self-image development is necessary for good self-esteem and high achievement.**
4. **Parents should be aware of sex-role behaviour of girls and boys which begins even by the age of three.**
5. **Some of the common emotions in children are fear, anger, curiosity, joy, affection, grief, envy, jealousy. Parents should recognise these as normal emotions. Only when their expressions reach the extreme, they should be considered with seriousness.**

## Understanding of the Chapter

**Match the following:**

<b>A</b> <b>(Emotions)</b>	<b>B</b> <b>(Expressions)</b>
Anger	Smiling, laughing, jumping
Fear	Seeking attention through bed-wetting, pretending to be ill, naughty.
Curiosity	Hugging, patting, kissing
Joy	Asking questions 'why', 'how'
Jealousy	Crying, loss of appetite
Grief	Panic, running away

**Say if the sentence is correct. Give reason why if it isn't.**

1. Emotional/Psychological Development of the child is not as important as physical development (     )
2. Attitudes of parents, especially of the mother affects the baby in the womb (     )
3. Attitudes of the family - Parents, siblings, grandparents towards the child does not affect the growth of the child (     )
4. Name given to the child is very important since that gives him identity (     )
5. Every child is not different from the other child in thinking, behaving and responding.
6. Every child is a unique being with his own characteristics, traits and behaviour (     )
7. Adults are not responsible to give good self-image and self-esteem to the child (     )
8. Common emotions in Babyhood/Childhood such as fear, joy, anger, curiosity, affection should be responded to by parents to assist the child (     )
9. Parents should not be models to the child in love, affection, good behaviour (     )
10. Whatever the child becomes in future already begins at home. Parents should form good values in the child from birth. (     )



## **FAMILY LIFE EDUCATION**

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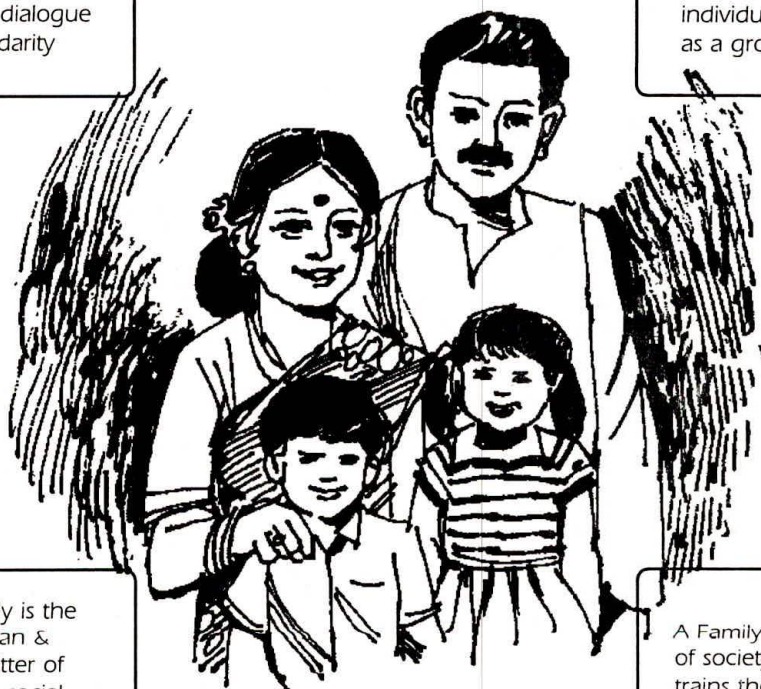
## FAMILY LIFE EDUCATION

### Family

A Family life is an experience of unity & sharing: respect, giving & receiving, acceptance, availability, generosity, service, dialogue and solidarity

A Family is a group of related people living together loving, caring sharing and understanding one another.

A Family is a Home which provides relationships and experiences to the child and parents to develop individually and as a group

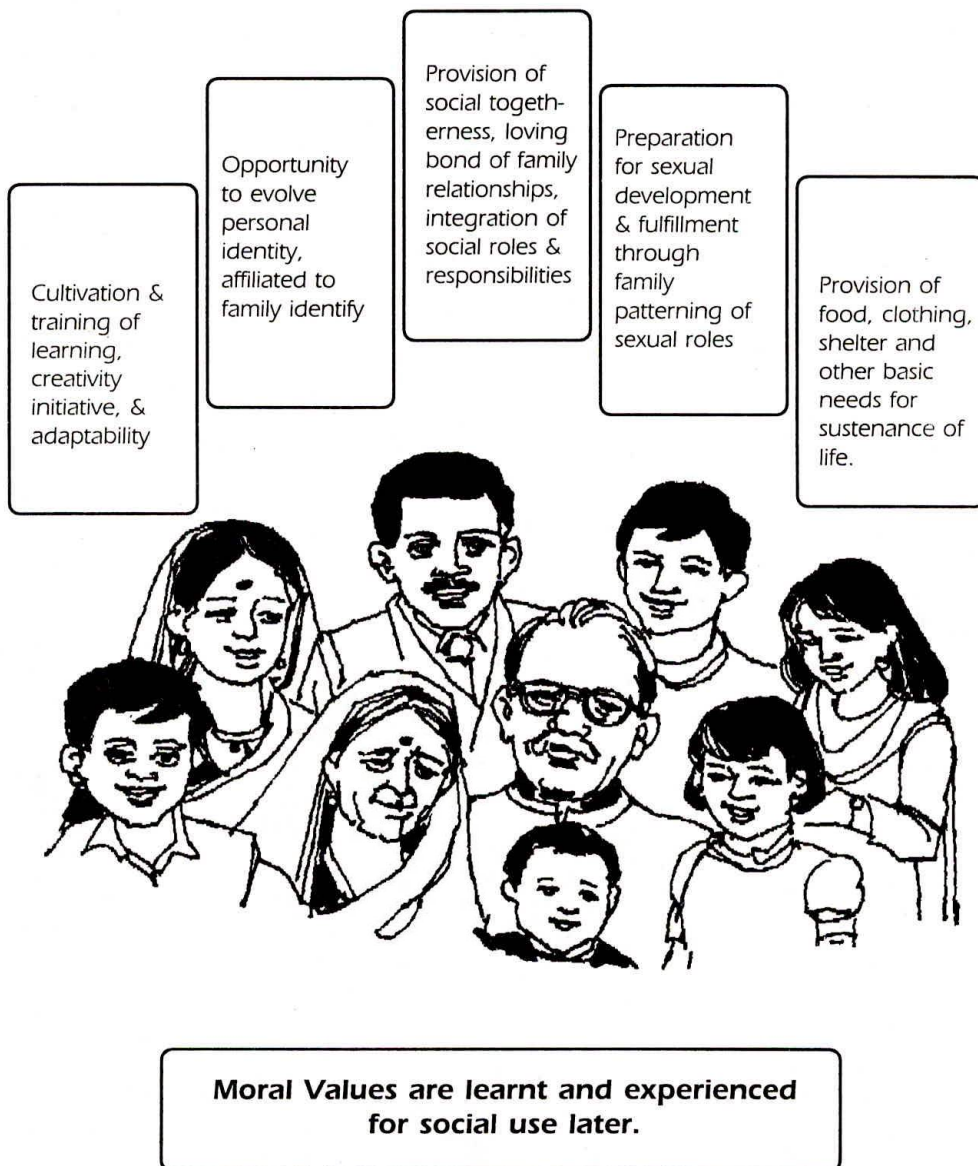


A Family is the custodian & transmitter of Values: social, moral spiritual values, appreciation, adjustment, encouragement, tolerance, persistence, teamwork, service, discipline.

A Family is the natural environment for every child to grow.

A Family is a unit of society which trains the members/ citizens, in social values & nourishes them constantly towards the development of society.

## Social Functions of the Family



## Why Family Life Education?

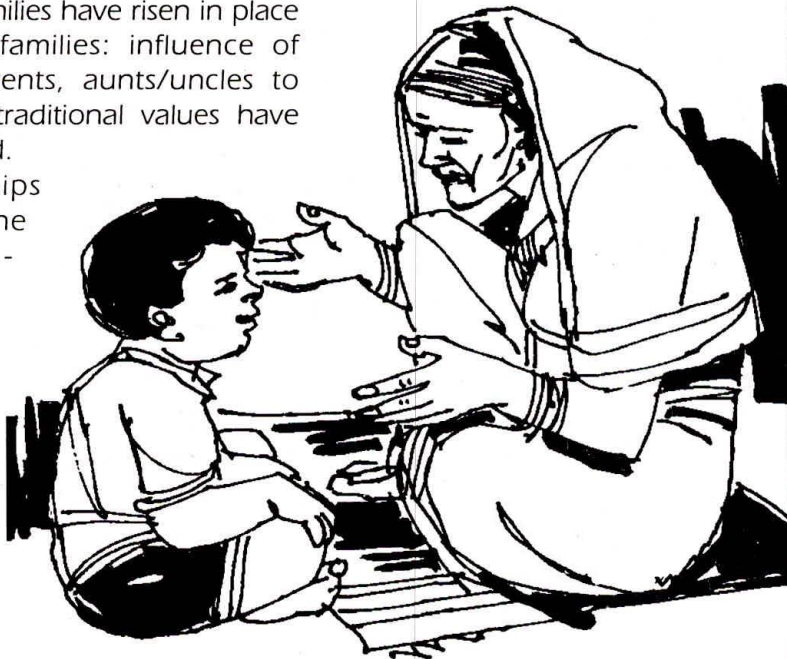
Family is confronted with too many challenges and changes such as transition from rural to urban society, increased industrialization leading to urban insecurity, too much wealth to a few and poverty to many, over growth of population, working mothers having no time for the family. Great importance is given to materialism with exposure to media - radio, T.V., Cinema, Press, etc. - which bring conflicting ideas and confusion about modernization. Education system does not prepare a person to live a harmonious life, and above all, value systems are deteriorating. More specifically, the effects of these changes are :

- Nuclear families have risen in place of joint families: influence of grandparents, aunts/uncles to transmit traditional values have decreased.
- Relationships within the family - husband and wife,

parents and children, among children, pose conflicts due to various reasons: no time for each other, pressure of work, etc.

- Families have to cope with various problems that upset the family: new opportunities, greater demands from society, etc.

FAMILY LIFE EDUCATION becomes a NECESSITY for the family to learn to adjust and meet the changing needs to take up the responsibility of each other's growth in the family.





## What is Family Life Education?

FAMILY LIFE EDUCATION is an EDUCATION IN VALUES AND RELATIONSHIPS

- It inculcates sound system of values with correct priorities.
- It helps the youth to acquire skills necessary to develop and maintain satisfying and stable relationships.
- It prepares young people to live a 'full and harmonious life'.
- To provide education on personality, sexuality, normal growth and development to young people.
- To prepare the youth for marriage\* and responsible parenthood.
- To attempt parent education through counselling.
- To give the individual the skills in forming relationships for socialization.

## Aims of Family Life Education

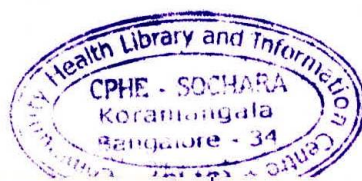
- To supplement the education given by the family
- To develop good character/ personality in the adolescent
- To provide a good moral and spiritual code, conducive to healthy living.
- To fill the gap (in school/college/ workshop) wherever parents

Audio-visual aids, exercises, group games, counselling could be used to achieve the above aims.



\* Refer Chapter on Responsible Parenthood

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## Relationships

**Good relationships in the family is very essential for the child's growth and development**

Husband/Wife with each other

Child and the Peer group

Neighbours/Community

Child and grandparents/relatives

Mother & Father with child

Mother and child

Father and child

Child and Siblings



All these relationships play a major role in child's life as he grows.

Eg: Time spent by the father with the child is as important as mother with the child.

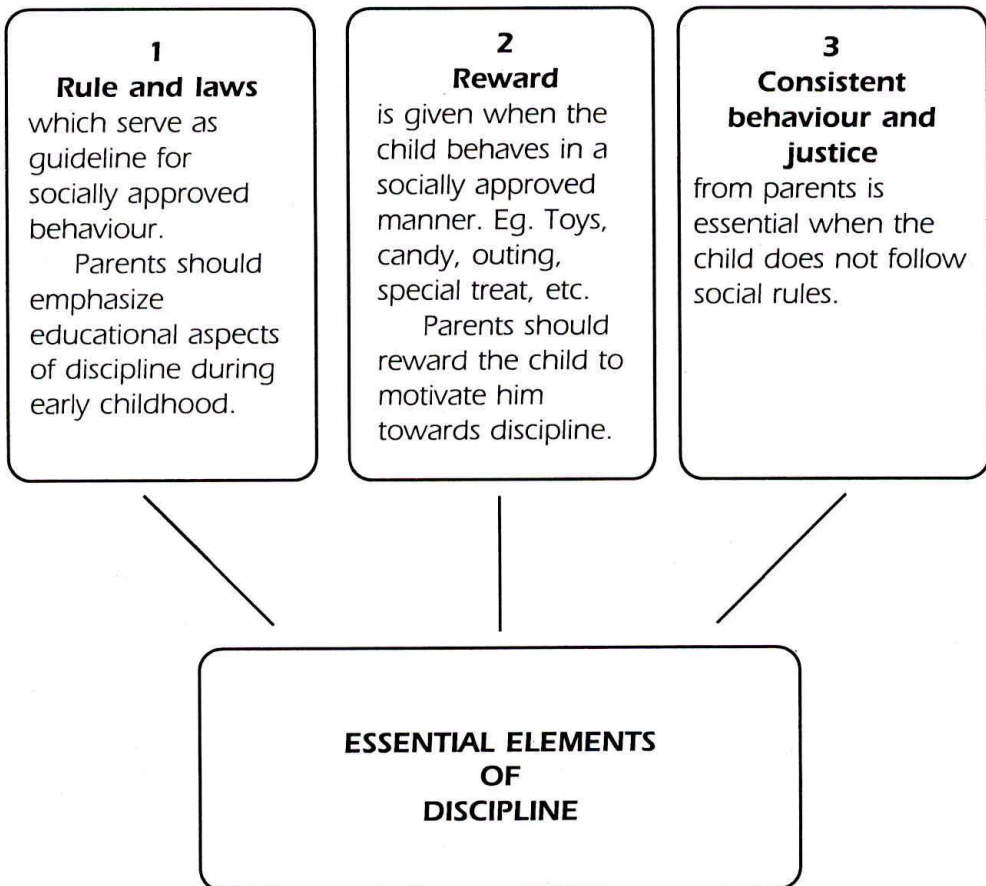
- Siblings should be taught to love the child and vice versa.
- Grandparents should be allowed to transmit values in traditional mode or form. Eg: Fairy tales, folk songs, etc.
- Peer group should be encouraged to react with the child and the child to co-operate with the group.
- Parents should treat both sons and daughters equally in all aspects.



## Discipline

**Discipline is Society's way of teaching children the moral behaviour approved by the social group.**

Its goal is to let children know what behaviour is approved  
and what is disapproved  
and to motivate them to behave in accordance with these standards.







### **PRINCIPLES OF GOOD DISCIPLINE**

- Be just and consistent to all and to each child
- Make sure the child knows what behaviour is expected of him.
- Get the child's attention before giving him directions
- Give only directions which you are willing to enforce immediately (If you don't mean it, don't say it)
- Intervene early, before the behaviour gets out of hand
- Follow disobedience with immediate action
- Give second chance. Always warn the child of consequences.

**In case of bad behaviour express disapproval. Never reject the child, or withdraw love.**

**- Nancy Colletta, Ph.D.**

### **REMEMBER**

**Discipline should be warmth and love oriented!**

## Types of Discipline & Effects of Discipline on Young Children

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### TYPES OF DISCIPLINE

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#### Authoritarian Discipline

- Parents impose rules
- Child is not told why those rules are imposed
- Child is punished harshly when he disobeys or breaks the rules.
- If the child obeys as his 'duty', he is rewarded. This leads to child expecting reward for doing any duty later on.

**This is UNHEALTHY discipline**

---

#### Permissive discipline

- Parents let the child do what he wants.
- Rules are not taught.
- Willful breaking of rules is not corrected.
- If the child does well, it is not noticed much.

**This is UNHEALTHY discipline**

---

#### Using Dialogue



- Parents form rules and guidelines of social approval/disapproval
- Child is told why the rules are made
- If child feels unfair, he is allowed to express, he is listened to
- Blind obedience is not expected
- When the child breaks the rules willfully, he is punished related to the action, not with threat but with love and firmness
- Praise and social recognition is given as a reward for attempts to conform to social obligation.

**This is HEALTHY Discipline**

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## EFFECTS OF DISCIPLINE ON YOUNG CHILDREN

EFFECTS ON BEHAVIOUR	EFFECTS ON ATTITUDES	EFFECTS ON PERSONALITY
<b>Authoritarian Discipline</b>		
Child is overly obedient in the presence of adults but aggressive in peer relationships. Eg: Beating, destroying, non-cooperative behaviour.	Child feels he has been treated unfairly by adults.	Due to punishment, child becomes sullen. Child's personal and social adjustment is poor.
<b>Permissive Discipline</b>		
Child becomes selfish. Disregards others' rights and privileges. Becomes aggressive / isolated / unfriendly.	Child resists authority in school/outside. Feels that the parents should have corrected him/warned him that not all adults accept indisciplined behaviour.	Due to absence of correction when child breaks rules or non-acknowledgement when he follows a rule, child becomes stubborn, negative and sullen. He is poor in personal and social adjustments.
<b>Using Dialogue</b>		
Child learns to follow social norms and restrains from what is wrong (as taught by parents.) Child is considerate towards other children and respects their rights.	Child may resist the authority when corrected, but it is temporary. He accepts and does not resent. Child respects all adults in authority and develops good attitude.	Child knows why he is punished and accepts it as a lesson for future (to follow social rules). Child's personal and social adjustments are good. Child realises that discipline is 'helping' rather than 'hindering' his personality.

## **Parental Role in Family Life Education / Sex Education**

### **PARENTS AMONG THEMSELVES**

- Parents should realise that their sex relationship as husband and wife is sacred, precious and very important.
- They should have enough and proper knowledge on sex/sexual relationship, bodily changes, adjustment, etc.
- Parents should realise that healthy relationship between them is very important in family life - friendship, love, trust, understanding and forgiveness.



- Person-to-Person relationship filled with respect should matter in day-to-day living and not indifferent or business-like relationship.
- Parents should know that they are providing a future Model for their children.
- Each one should respect and promote the role of members to grow healthily: Woman as wife, mother and working lady; man as husband, father and working man.
- Both husband and wife should participate in household work (includes daily chores).
- Parents should encourage healthy friendships and be fully aware of child's companions.
- They should become aware of sexually transmitted diseases/ AIDS and be faithful to each other.
- Parents should take up whole heartedly the responsibility of bringing up children and assist children in their total development.
- Home is the first and best school for Sex Education.

### **PARENTS WITH CHILDREN**

#### **Parents should**

- Teach the children to respect their body
- Develop healthy attitude towards the members of the opposite sex.





- Allow them to ask questions freely and answer them directly and in a simple manner without telling a lie.
- Be children's friends rather than masters or only providers.
- Guide the children at right age gradually to become independent, responsible and mature.
- Be models in behaviour, respect, love, understanding and other values.
- Emphasise that chastity in speech and behaviour enhances sexual development,
- Emphasise that pornography is destructive.
- Emphasise that sexuality is personality - masculinity or femininity and that it is a gift from God.

**Parents should involve children both boys and girls in domestic work and give them dignity of human labour.**

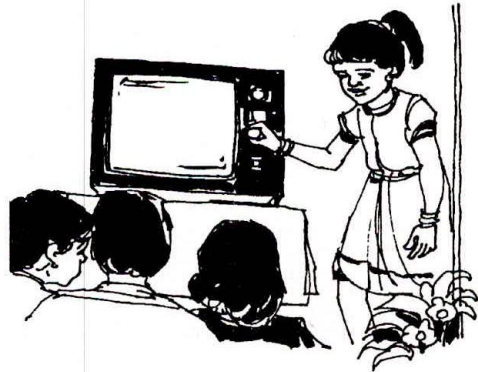
- They should treat the sons and daughters equally and provide opportunity to grow - Vocational/career guidance and training, choosing friends, forming good habits, etc.
- They should assist children to form good self-image and self-acceptance.
- They should neither overprotect children nor let them do whatever they want but guide them to utilize freedom appropriately, i.e., to choose what is good and right.
- They should encourage sharing and dialogue where children express their feeling, attitude and thought. Only then could they be guided.
- Love and acceptance by Parents





are what matters most in children's lives - these should be given abundantly.

- It should be realised that child's relationship with mother and father depends upon the relationship of parents with the child and with each other.
- This demands that effective communication is necessary for healthy relationship within the family - words, gestures, attitudes, smiles, looks, touch, appreciation, encouragement, challenge, etc.
- Use of Radio, T.V., Tape Recorder, Newspapers, Magazines, etc., should be checked and guided; otherwise children will be misled and resort to information from outside.



- Cultural patterns, Religious attitudes differ from place to place. Parents should be aware of these and teach children and help them to adjust.
- Parents should encourage thrift and simplicity in day to day living.
- Parents should actively discourage smoking and drinking by educating their children about unhealthy habits.
- Family outings are very necessary to encourage "togetherness."

**Parents could attend courses on Sex Education/Family Life Education organised by the Projects, Agencies and assist themselves and children.**

### **Key Messages**

- 1. Family is a Home where related people live together, transmit values, provide basic needs, experience unity, love and sharing and assist each other/child to grow.**
- 2. Family gives identity to child in society, social bond and togetherness, trains the child for future in all areas.**
- 3. Family Life Education is a need in this rapidly changing world/family.**
- 4. It is an education in values and relationships.**
- 5. Parents are the Educators of Values.**
- 6. Good relationships in the family is essential for child's growth.**
- 7. Discipline is necessary for the healthy growth of a child in society.**
- 8. Rules and laws, reward and punishment are a part of Discipline - They should be handled appropriately.**
- 9. Types of Discipline and Effects of Discipline on children:  
Authoritarian Discipline & Permissive Discipline are unhealthy. "Using Dialogue" is Healthy Discipline.**
- 10. Sex Education is like Vaccination. It protects the child from exploitation and gives value to their sexuality.**
- 11. Parents should involve children - both boys and girls - in domestic work and teach them the dignity of human labour.**

## **Understanding of the Chapter**

1. Narrate one of the happy experiences, one of the sad experiences of your family. What was your response to them?
  2. List some of the common experiences of families, both joyful and sad. Discuss who are responsible for such occasions within the family.
  3. "Parents/families are Educators of Values" Do you agree?  
Discuss and share your views. Do you use and discuss news events and thus encourage opinions and views expressed?
  4. Give examples of
    - Authoritarian Discipline
    - Permissive Discipline &
    - Democratic Discipline / "Using Dialogue"Which one is the healthy discipline - Discuss.  
As a parent, which discipline are you practising/following?  
Which discipline would you like to follow?
  5. Give a situation and ask parents to deal with it (in the group)
-



## **DEVELOPMENT OF VALUES IN THE CHILD**

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## **DEVELOPMENT OF VALUES IN THE CHILD**

**(Physical, Moral, Spiritual)**

### **Values**

**"VALUE is defined as a belief upon which man acts by preference".**

**"We shape ourselves through our choices and bring form and line to our being, to our Person"**

**- Naipaul**

- Value is an attitude, a word that expresses intense human meaning such as life, love, respect, work, etc.

- Values guide our behaviour and put meaning into our existence.

- Values transcend facts, they are inherent in the structure of reality.

Eg: Holding a stone is a fact, but throwing at someone for good or bad becomes a Value.

- Values determine the manner in which we respond to the environment.

### **Age of Value Formation**

**NO CHILD IS BORN  
WITH A BLANK MIND**

- Values begin in the womb
- Value Education of the child starts in the womb



# **VALUES**

# **FAMILY**

is  
the Custodian and Transmitter of Values



**Child learns Values from the Parents/family.  
Child learns Values through the Parents/family**



- Parents are the first teachers for children. Children learn how to act from the Family
- Children need Values. If they do not get them from parents, they get them from outside



- The concept of 'right' and 'wrong' should be clearly given to children from the beginning.

- Positive attitudes should be instilled during the first six years of life.  
Eg: Respect, Sharing, Respect for body.



- Children should be encouraged towards worthwhile goals.  
Eg: work, achievement

- Below 6 years, children should be helped to make choices.  
Eg: Choice of friends, games, TV programs etc.



- Parents should be models of Values; they should practice what they say.  
Eg: Kindness, telling the truth.



- Parents should have healthy and positive attitude towards children and understand them and their feelings.



- Communication is the tool for understanding.  
Eg: Tell the child clearly and listen to the child attentively.

- Parents should answer all the curious questions of the child, that's how he learns and conforms to values.



- Parents should be thoughtful to the child, polite to the child and respect the child while teaching him.

Eg: need not shout while saying 'do this', parents should comfort him when he is hurt.

- Parents should appreciate the child whenever he follows/ understands Values  
Eg: Pat him when he respects/ greets others.



- Parents should reprimand and correct the child gently when he makes mistakes and does not follow a Value.

Eg: When he beats other children or is impolite to them.



- Parents are responsible to give the child individual Values such as honesty, truthfulness, etc., and social Values such as co-operation, sharing etc.

- Parents should teach good habits and good vocabulary to the child.

Eg: Giving, sharing; saying 'please', 'thank you', 'sorry' etc.



## A - Z Values

It is not easy to name and identify all the Values. Here is an 'Alphabetical List of Values' (you could add many more to the list), which should be inculcated in children, keeping in view their capacity to grasp.

### A

Affection  
Agreeing  
Achievement  
Ability  
Awareness  
Appreciation  
Adjustment  
Attitude

### B

Belonging  
Beautiful  
Being liked

### C

Care  
Cleanliness  
Compassion  
Competence  
Competition  
Companionship  
Courage  
Creativity  
Confidence  
Curiosity  
Co-operation  
Courtesy  
Choice

### D

Duty  
Daring  
Discipline  
Decision

### E

Empathy  
Efficiency  
Equality  
Education  
Effort  
Encouragement

### F

Faith  
Flexibility  
Freedom  
Friendship  
Faithfulness

### G

God loving  
Godliness  
Gratitude  
Generosity  
Greatness  
Genuineness  
Goodness

### H

Happiness  
Health  
Honour  
Humility  
Hygiene  
Humour

### I

Independence  
Integrity  
Initiative  
Insight  
Intimacy  
Imagination

### J

Justice  
Joy  
Jovial

### K

Knowledge  
Kindness

### L

Love  
Loyalty  
Laughter

### N

Neatness  
Nobility  
Niceness  
Nicety

### M

Manners  
Maturity  
Morality  
Money

### O

Openness  
Obedience  
Orderliness  
Obligation

### P

Patience  
Peace  
Patriotism  
Pleasure  
Perseverance  
Prayer  
Productivity  
Purity  
Participation  
Punctuality

**Q**

Quietness

**R**

Respect  
Relaxation  
Reward  
Religion  
Risk taking  
Reconciliation

**S**

Self worth  
Self confidence  
Self discipline

Service  
Security  
Sanctity  
Spontaneity  
Success  
Solidarity  
Salvation  
Solitude  
Survival  
Status  
Sincerity  
Strength  
Simplicity

**T**

Trust  
Tradition  
Thankfulness

Thoughtfulness  
Tolerance  
Team work

**V**

Value  
Vigour  
Valour  
Vitality

**U**

Unselfishness  
Unity  
Understanding  
Utility  
Usefulness

**W**

Worship  
Watchfulness  
Wisdom  
Work  
Workmanship  
Wonder

**XY**

Yearning  
Youthfulness

**Z**

Zeal  
Zest

### Parents are the Educators of Values

- ◆ Child below 2 years need a lot of personal contacts with parents/caretakers.
- ◆ Child 2-6 need teaching, guidance and models at home: they need not only love and affection, but also stories with values, pictures/models of good values.
- ◆ Songs, dance, music, gardening, reading, outing leave an impact on the child.
- ◆ Values have two faces: individual and social. Therefore, values we teach the child and what he sees should not be totally different.
- ◆ Teach children to love everyone at home - values are best taught by family members.
- ◆ Family should teach cultural, personal, social, spiritual and religious values for healthy and happy growth of the child.



**Parents/family should start teaching good values to the child from birth gradually starting from his own body.**



**HEAD**

Learn to respect  
Help him to think

**EYES**

Appreciate nature. See no evil.

**MOUTH**

Speak good words/truth. Utter no bad words.

**EAR**

Do not listen to bad words.

**HANDS**

Do good. Do not steal.

**LEGS**

Play games co-operatively.  
Do not kick others.

## Child is the Teacher of Values to Humanity

- Child brings God to humanity. He brings God's presence to us in a simple, attractive and astonishing way. By his birth, parents become co-creators of life and the source of life continues. Parents should respect this life and acknowledge the divine presence in the child.

- Child reveals God's presence in the family through love, peace, joy, trust, spiritual attitude. Parents should encourage, uphold and practise these values.

- Child teaches adults to be a friend without guile or duplicity. There is no generation gap in friendship. Parents/teachers should be friends always; only then child could be guided to accept and follow worthy values.



- Child speaks the language from life, love, truth that springs from the heart. It is the parents' duty to utter good words with the child, with one another and give a good vocabulary.



- Child's joyful sense of wonder and spirit of learning in every thing he sees (Eg: nature, things, people) should motivate family to learn the newness of life, provide opportunity to the child for new experiences and never let the child deviate through negativism.

- Child loves serenity, silence, peace, privacy. Family should sense this and spend time in prayer, reflection, quietude, speak of God's goodness.

- Child teaches to be harmonious, understanding, impartial, acceptable. Adults should learn these and

avoid violence, fighting, hatred and teach the child to adjust well in later life in peace and forgiveness.

- Child by nature is sober, he is a clean slate on which adults write. Adults should learn straightforwardness and never spoil child's mind by wrong ideas or mistrust etc.
- Child brings family together - Unity, brotherhood and sharing.

Family should spend time together: Eating, speaking, working, praying, family outings, fellowships that influence child's life.

- Children are sensitive, they observe a lot, learn and imitate adults. Adults should live what they teach the child - respect, love, honesty, hard work, kindness, generosity, etc.



### **Key Messages**

1. **Value begins in the womb. Value Education of the child starts in the womb.**
2. **Family is the custodian and transmitter of Values**
3. **Positive attitudes should be initiated during the first six years of life.**
4. **Children should be encouraged towards worthwhile goals**
5. **Children should be prepared for making choice of values.**
6. **Parents should be models of Values, they should practice what they say.**
7. **Communication to children should be clear enough and they should be listened to attentively.**
8. **Parents should appreciate the child whenever he follows/ understands Values.**
9. **Parents should correct the child gently when he makes mistakes and does not follow a Value.**
10. **Parents are responsible to give the child individual Values such as honesty, truthfulness and social Values such as Co-operation and Sharing.**
11. **Parents should teach good habits and good vocabulary to the child.**

### **Understanding of the chapter**

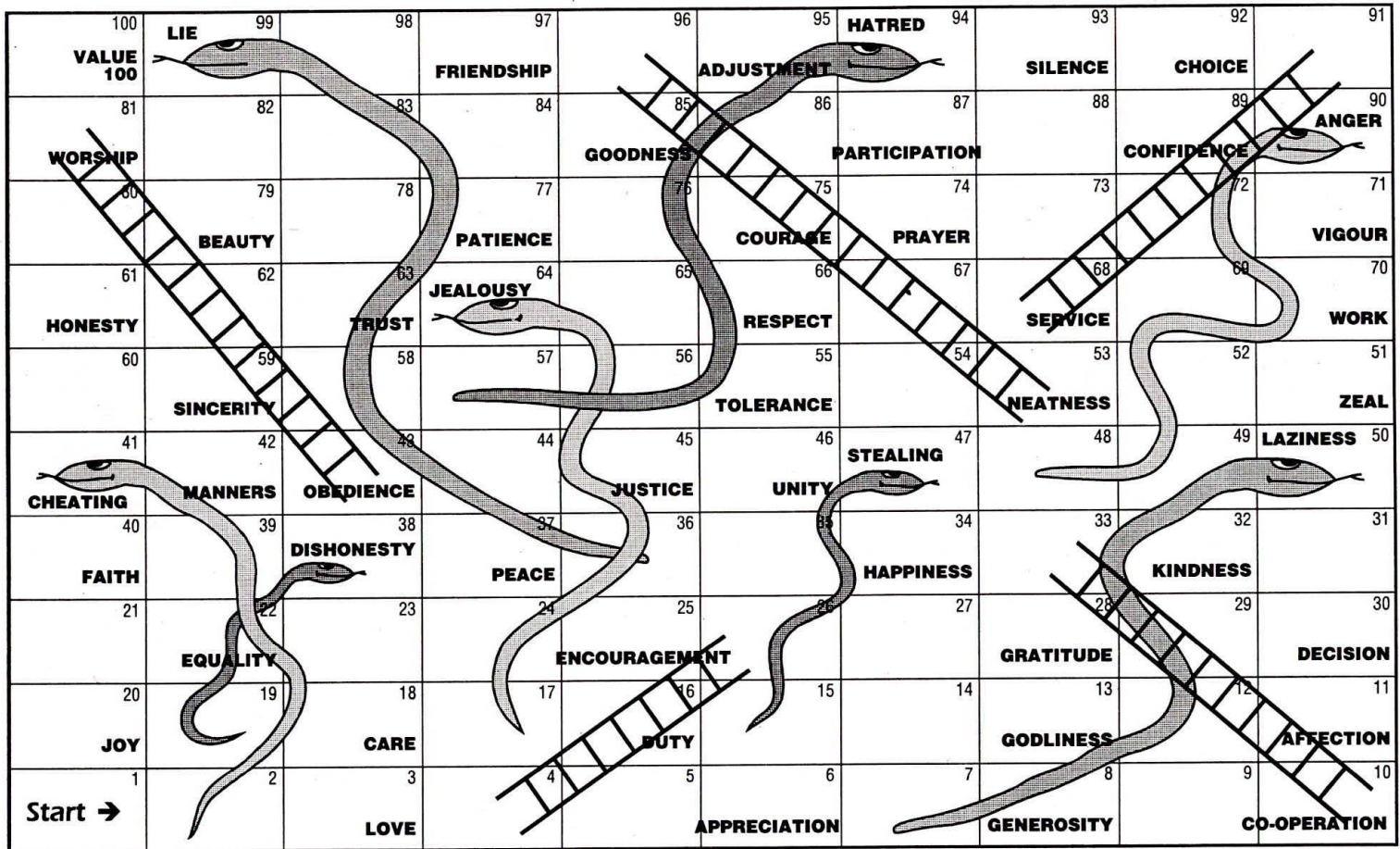
The simple game of Snakes & Ladders can be adapted to introduce children to positive Values and teach them that these values promote a healthy life and that negative attitudes are unhealthy. Alongside is an example of such a game, named **Climbing Values**.

#### **HOW TO PLAY**

Two or more children can play this game. Each player throws the dice in turn. Starting from Square 1 he moves his counter or pebble forward the number of squares shown on the dice. If the counter lands at the bottom of a ladder it goes straight up to the top of it; if it lands at the head of a snake it goes down to the snake's tail. The first player to reach Square 100 wins the game.



## Climbing Values (Snakes and Ladders game)





## **COMMON CHILDHOOD PHYSICAL ILLNESSES**

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## COMMON CHILDHOOD PHYSICAL ILLNESSES

### Symptoms and Coping Methods

ILLNESS	SYMPTOMS	HOME REMEDIES
<b>Cold &amp; Cough</b>	Running nose cough & sore throat	Boiled water to drink, breathe hot water vapour
<b>Diarrhoea</b>	Frequent watery motion	Oral rehydration Continue feeding Continue breast-feeding
<b>Fever</b>	Rising of temperature	Uncover the child. Give him lots of water.
<b>Skin infections</b>	Itching and lesions	Apply neem and turmeric paste and wash later.
<b>Fits</b>	High fever & convulsion	Refer Fits / Convulsion under Developmental Disorders.
<b>Eye discharge</b>	Collection of dirt in either of eyelids.	Wash eyes with clean water
<b>Cuts and injuries</b>	Bleeding out of the injured surface	Wash wound and clean with dettol and apply tincture.
<b>Ear Infection</b>	Pain/discharge	While feeding the baby keep him in tilted position. Care for the child as soon as he gets cough & cold.

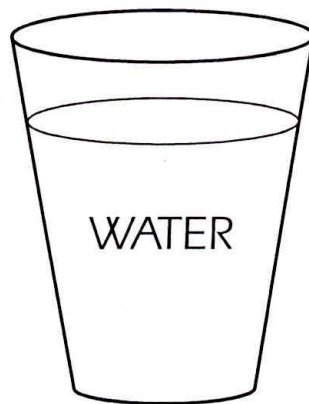


REFERRALS	SOME DO'S AND	DON'T'S
Pneumonia: Seek the advice of doctor	Give plenty of liquids; clear the blocked nose. Continue breast feeding. Keep the child warm. Immunisation and Vitamin A should be given to save child from Pneumonia.	Avoid overcrowding while sleeping.
Diarrhoea: Dehydration to be reported to clinic	Continue to breast-feed the baby. Continue to give ORS*.	Avoid solid and/or spicy food during diarrhoea.
High fever: To be taken to clinic.	Wash the body with cool water/sponge bath.	Avoid wrapping the child in tight clothes or blanket.
Severe skin infection to be taken to hospital	Bathe daily. Wash clothes of the infected persons in hot water.	Isolate the infected persons from healthy ones.
Fits: Take the child immediately to hospital/Child Guidance Centre	Stop the child from hurting himself. (Refer 'Fits' under Developmental disorders)	Don't stop the child from moving about.
Eye: Seek the advice of doctor.	Use clean linen to wipe the eyes.	Avoid rubbing of the eye.
In case of serious wound, take the child to doctor.	Wash the wound in running water.	Avoid applying any cream.
Ear: Take the child to a doctor & follow his advice.	Teach children to wipe and not blow their noses when they have cold.	Do not feed the baby lying on his back, as milk can go up to his nose and can cause ear infection.

\*Oral Rehydration Solution

## **Right use of Water will do more good than Medicines**

1. Diarrhoea, Dehydration
  - Drink plenty of water
2. Illness with fever
  - Drink plenty of fluids
3. High fever
  - Sponge the body with cool water
4. Minor urinary infection  
*(common in women)*
  - Drink plenty of water
5. Cough, Asthma, Bronchitis, Pneumonia,  
Whooping Cough
  - Drink lots of water and breathe hot water vapours  
*(to loosen mucus)*
6. Sores, impetigo, ring worm of skin or scalp, cradle cap, pimples
  - Scrub with soap and water
7. Infected wounds, abscesses, boils
  - Hot soaks or compresses
8. Stiff, sore muscles and joints
  - Hot compresses
9. Itching, burning or weeping irritations of the skin
  - Cold compresses.
10. Minor burns
  - Hold in cold water
11. Sore throat or tonsillitis
  - Gargle warm salt water
12. Acid, dirt or irritating substance in eye
  - Flood eye with cool water at once
13. Stuffed up nose *(blocked nose)*
  - Sniff salt water
14. Constipation, hard stools
  - Drink lots of water *(also enemas are safer than laxatives but do not over use)*
15. Cold sores or fever blisters
  - Hold ice on blisters at first sign.



## **Prevention of illnesses through Hygiene**

- ◆ Do not throw dirty water near the well.
- ◆ Wash your babies face at least once a day.
- ◆ Keep animals away from drinking water source.
- ◆ Cover food items to keep away flies.
- ◆ Cover the wells.
- ◆ Meat preparations should be cooked well.
- ◆ Store drinking water in a clean and covered container
- ◆ Wash hands after defecating, after washing the bottom of the child and before handling food
- ◆ Always drink boiled water
- ◆ Household refuse/dirt should be buried or collected in a dust bin for disposal later.
- ◆ Keep clean the vessels used to collect water.
- ◆ Always use latrines. In their absence, adults and children should defecate away from the house, common paths and water supply outlets.
- ◆ Use a clean cup to take water from container
- ◆ Avoid stale food.
- ◆ Keep animals out of the house.

---

### **Key Messages**

- 1. Right use of water will do more good than medicines.**
- 2. Illness can be prevented by keeping the house and the surroundings clean and in hygienic conditions.**

## Understand of the Chapter

### A. Match the following:

#### Illness (A)

1. Cold & Cough
2. Diarrhoea
3. Fever
4. Skin infection
5. Fits
6. Eye discharge
7. Cut and injuries
8. Ear discharge

#### Symptoms (B)

- Rising of body temperature
- Itching and lesions
- Collection of dirt in sides of eyelids
- High fever and convulsion
- Bleeding out of injured surface
- Running nose, Sore throat
- Frequent watery motions
- Secretion from the ear

### B. Tick right ( ✓ ) or wrong ( ✗ )

1. Do not give plenty of water when the child has diarrhoea ( )
2. Sponge the body with cool water when the child has high fever ( )
3. Hold in hot water when child has minor burns ( )
4. Do not make the child sniff salt water when nose is blocked ( )
5. For sore throat in bigger children, make them gargle with warm salt water ( )
6. Do not scrub the child with soap and water when the child has scabies, ring worm, sores ( )
7. Take the child to a doctor when the child has pneumonia ( )
8. Give cold soaks of compresses to a child infected with wounds, abscesses, boils ( )
9. Do not cover the wells ( )
10. Keep animals out of the house ( )
11. Store drinking water in an uncovered and dirty container ( )
12. Consume stale food and uncooked meat ( )
13. Wash hands before eating, after defecating, after washing the bottom of the child ( )
14. Keep the household refuse in a corner of the house ( )
15. In the absence of toilets, defecate away from the house, paths and water supply outlets ( )



## **COMMON CHILDHOOD MENTAL ILLNESSES**

### **Mental Health Problems In Children**

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# **COMMON CHILDHOOD MENTAL ILLNESSES**

## **Mental Health Problems In Children**

### **Why do problems arise in Children?**

All children experience some problems at one time or the other, in one form or the other.

### **WHAT SHOULD WE DO ABOUT THE PROBLEMS?**

- We should know about them.
- We should learn about them.
- We should find out the cause of the Problem
- We should refer the child if need be to appropriate Agency for assistance
- We should assist the child to get over the Problem/cope with the Problem
- We should ensure that 'follow-up' is done wherever required to assist the child to adjust to life normally

### **What are the causes of Problems?**

#### **1) CHILD HIMSELF**

#### **2) ENVIRONMENT**

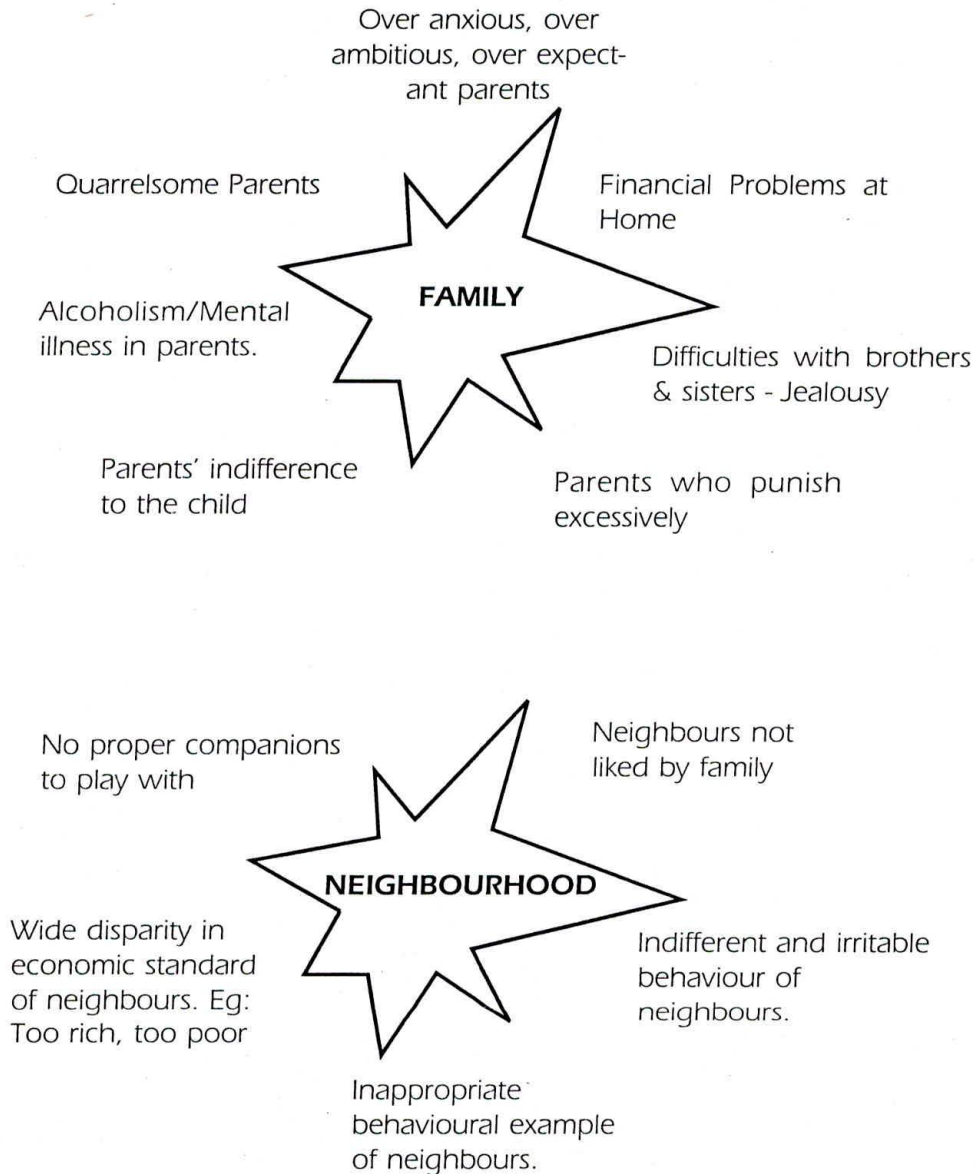
##### **1. Problems in the Child**

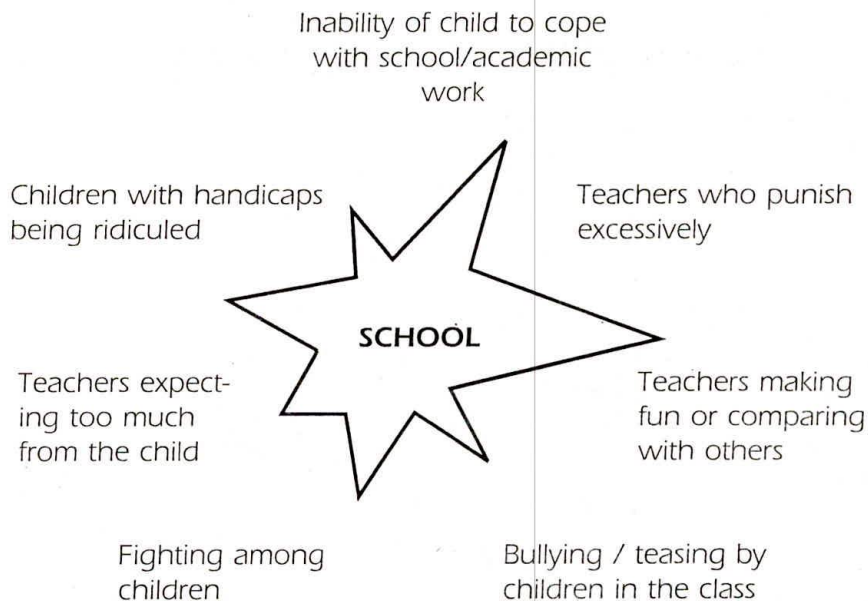
- Developmental disorders (including poor intelligence), acquired disorders due to serious illness and injuries.
- Sensory defects like deafness, blindness.
- Inherited a vulnerability which may cause problems; Eg: temperamentally less able to cope, timid, anxious.

##### **2. Problems in the Environment**

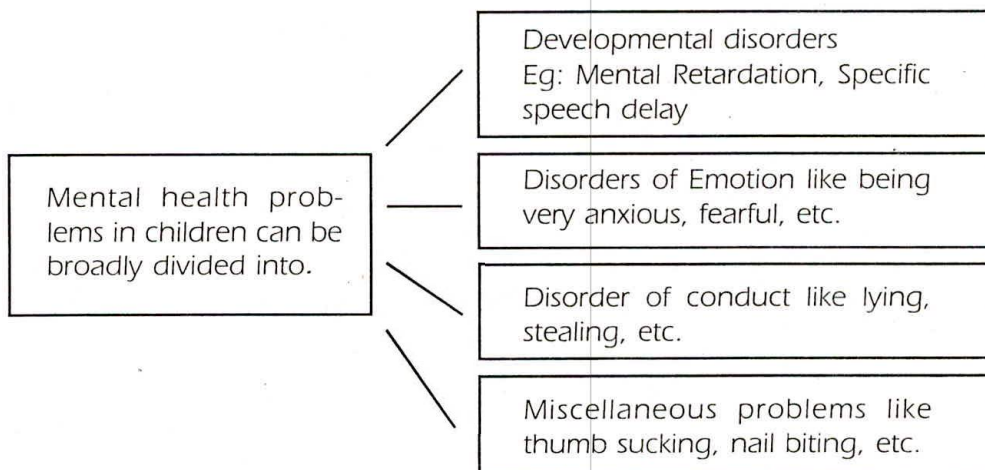
- FAMILY
- NEIGHBOURHOOD
- SCHOOL

## Causes of Mental Health Problems





### What are the mental health Problems in children?



Note: A given child may have more than one disorder.



## Mental Disorders

Note:

Remember many children can be anxious, fearful, depressed in different situations and then get over them easily. Here we are concerned with those who repeatedly and/or to an excessive degree suffer these emotional states.

DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>DISORDERS OF EMOTION</b>			
<b>ANXIETY</b>	Appears uncomfortable, frightened/ anxious nervous	Palpitation, sweating of palms and feet, slight trembling, dry mouth, stammering look of fright and worry. Eg: May seem this way most of the time or might be at specific events like meeting a new person.	Do not lose your temper. Make it a point to spend more time with child, talk and find out what makes the child anxious. He may not be able to tell you. Seek help.
<b>EXCESSIVE FEARS</b>	Excessively fearful about objects and which normally do not produce fear.	Panic, hiding, running away, screaming, crying. Eg: Refusing to go to a room when it is dark.	Once you recognize the beginnings of the fear, in a graded, gradual fashion, expose him or show him that the object/situation is not really so bad. Eg: If afraid of going into a dark room, go with him for a few times into the room, then for a few times stand a little away from him, then let him go in and you stand out for a couple of times and so on. Do not be angry or beat. Seek help if it gets no better.
<b>PHOBIA</b>	Fear reaches such an extent that the child tries to avoid that object/situation and restricts normal activity.	Same as in Excessive fears together with difficulty in carrying on daily activity. Eg: Child refuses to go to school because of a dog on the street. Dog is the object of phobia.	
<b>SHYNESS/ TIMIDITY/ SOCIAL Withdrawal</b>	Basically fearful but hides fears by withdrawal and timid behaviour	Nervous, lowers the eyes, avoids eye contact, twitches fingers, hides, does not become friendly. Eg: Does not answer even when he knows the answer. Does not join a group.	Find out by talking what worries him and in a graded fashion; get him to mix/interact with people. Teach him what to say; make it like a drama and show him.

DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>MOODY</b>	For trivial or no apparent reason the mood of the child changes to sad/happy/irritable.	Very sad - may cry, look sad; Happy - may laugh hilariously; Irritable - cranky behaviour. Eg: Very little reason or no reason is enough to upset such children.	Make the child talk about events that have bothered him and seek help if trouble is serious.
<b>DEPRESSED</b>	Moody and persistently weepy and depressed	Weeps frequently and avoids others. Not interested in usual activities. Eg: Might be a consequence of real event like separation or death of a parent; can be seen rarely for no particular reason.	Very little reason is enough to upset such children. Make the child talk about events. Seek help if trouble is serious.
<b>JEALOUSY &amp; SIBLING RIVALRY</b>	Arises when child thinks/feels that parents attention is towards some one else.	Seeks attention of others through noticeable actions, when parents and siblings are around. Eg: It is noticed in the first child when the second child is born. First child may start bed wetting or wants to be carried more often or becomes very naughty.	Take care to prepare the first child before the arrival of the second child. Even when attention to the other child has to be given. Parents, especially mother can keep aside a specific time to play, pet or be with the first child.
<b>SCHOOL REFUSAL</b>	Refuses to go to school	Fears to leave the security of his home and separation from parents. Fearful, weeping, may complain of stomach-ache, headache or vomiting just before he has to leave for school. Will cry and come back from school with parents.	Do not punish or appear very anxious. Be kind but firm. Find out why he is fearful or anxious. Speak to the teacher and ask her to help the child. Accompany child to the school for sometime and keep him there for short periods of time. Gradually increase the time he spends in school without you. Severe cases need professional help.

DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS ROLE
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## DISORDERS OF CONDUCT

### TEMPER/ TANTRUMS

Extreme or uncontrollable behaviour when a child does not get what he wants

Cries, shouts, beats others, throws and breaks articles, rolls on the floor, stamps his feet on the ground and screams. Parents usually end up by giving in to the child.

Distract the child before the onset of a TT. If TT starts and he is not destructive, let the child weep/cry. Ignore the TT. The moment he stops crying, give him attention, not the object he wanted. Tell him that you are happy he stopped crying and behave with him as if nothing had happened. If he is destructive or harming himself and others, hold the child on your lap, sitting with face looking forwards, his legs held down by wrapping your legs around him, one of your hands holding both his hands in front and your other hand on his head. This will prevent him kicking, pushing with hands and banging his head against your chest.

### AGGRESSION

Hits, bites, beats, breaks when angry

Resorts to violence and harms himself, harms others and destroys things around him

If it is part of TT deal as above. If these are clearly directed against a person, remember that the rule is no child is allowed to physically abuse another person. If he does so, punishment in the form of withdrawal of a reward is warranted.

### LYING STEALING

Self explanatory

Becomes a problem if done repeatedly.

Do not punish the child because he will want to cover up the mistake. Explain to the child that such things should not be done. Be persistent and show the child that you do not like it by saying so.



DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>WETTING AND SOILING</b>	Passes urine and/or motion in under garments or while sleeping at an age when most children do not do it.	Soils himself anytime, anywhere, wets the bed while sleeping. Even a toilet trained child may start to soil or wet himself. This may happen to a child who is upset, tensed, anxious. Wetting the bed at night can happen for no particular reason, that is, the child may never have gained control over bladder in sleep.	If not toilet trained properly, give him toilet training. Find out why the child is afraid and tackle that. Do not punish or ridicule or make fun. Get him to be seen by a doctor. If there is a cause for it, he can be helped. If there is no cause, he can be trained.
<b>NAIL BITING/ THUMB SUCKING</b>	Could indicate nervousness and tension in the child	These are manifested when the child feels very insecure and lonely.	Find out if child is recently upset about something. If sucks only when sleeping, just let it be. During day, distract child and if older, get him to agree to self monitor.
<b>FEEDING PROBLEMS</b>	Mother complains that child does not eat enough.	Serious mother-child problems at feeding times. Check child's height and weight for age and for nutritional deficiencies.	If height and weight are not adequate, child needs to see a paediatrician. If all right, review with the mother/feeding schedule, type of feeds, quantity and advise healthy eating practices like encouraging self-feeding, no in-between snacks.
<b>SLEEPING PROBLEMS</b>	Sleep talking, sleep walking, nightmares (bad dreams which make the child awaken with fear)	Any recent long standing trouble, worry, difficulty in the child's life that could have upset him.	If it occurs in a child who does not have any emotional reason and the problem (Eg: sleep walking) is not life threatening, just reassure the child and put him back to sleep. If parent cannot reassure, seek doctor's help.



DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>DEVELOPMENTAL DISORDERS</b>			
<b>MENTAL RETARDATION</b>	Is a defect where child's intellectual and adaptive development is below that of other children of same age.	Difficulties in pregnancy/at birth/after birth. Slow development of milestones. Slow or no speech. Slow social skills or adjustments, slow or no self-help skills. Difference in severe cases is visible in physical appearance.	<ul style="list-style-type: none"> <li>- Refer to Child Guidance Clinic.</li> <li>- Refer to Special Schools for the retarded</li> <li>- Learn how to give basic training to such children to manage themselves and adjust to society.</li> <li>- Treat the child normally and lovingly.</li> <li>- Do not go searching for a complete cure, he will improve but not be cured 100%.</li> </ul>
<b>SPECIFIC SPEECH DELAY</b>	Some children may start talking before two years and some only when they are five years. Growth of language varies from child to child. Reasons could be: too many languages spoken at home, emotional problem, partial deafness, etc.	Slow to talk, difficulty to pronounce some words, child may lisp. If he is deaf, he does not respond to soft talking or may talk too loudly.	Seek professional help to rule out deafness and watch patiently. Talk to the child slowly and with proper lip movement. Talk to the child a lot and encourage him to talk. Be kind to him and don't shout.
<b>STUTTERING AND STAMMERING</b>	Speech characterised by repetitions, excessive hesitation, inability to answer immediately.	Seen in children who are anxious, more often in young children who are just learning to talk in sentences.	Talk to the child and give him a few seconds to answer back if it is a question. Look at the child lovingly and talk. Don't let others make fun of him. Hug him and appreciate and don't make much of the defect. Ignore the defect; don't make the child self-conscious by angry corrections. Refer to a speech therapist if the problem persists.

DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>SPECIFIC LEARNING DISABILITY</b>	Inability of a young child to read or write or get a concept of numbers which others of his age are doing.	Has normal intelligence, is being taught like the other kids. Does not like to do these types of work and tries to avoid. Forgets easily what he has learnt.	Child needs formal education over 6 years of age. But pre-reading and pre-writing skills should be undertaken. Try it by 'playway' method. Seek help if it does not get better.
<b>RESTLESS CHILD OR HYPERACTIVE CHILD</b>	Overactive and/or poor concentration and/or impulsive, becomes distracted by noises, cannot sit quiet for a long time, may make unreasonable demands.	When a child is bored or in special circumstances or visitors are at home or when anxious or insecure, he becomes restless. A very intelligent child also can become restless because he does not have enough to do.	Encourage the child to play/do some creative and constructive work like drawing, painting, paper work, etc. Give him sense of security by allowing him to assist you in housework (carrying things, collecting water, cleaning the house, etc.) Supervise lovingly when he does any work. If the problems are severe and do not show improvement, seek help of a doctor.

## MENTAL ILLNESSES

<b>EPILEPSY/FITS/ CONVULSIONS</b>	Falls down unconscious and gets body jerks or may get sudden brief jerks of the whole body, or may have brief, vacant stares with some movement of eyelids, lips, fingers; drops things down or the whole body drops to the ground suddenly and then the child gets up confused. Convulsion may last for a few minutes.	As caretaker, observe for the way it starts, if child injures himself, passes urine or motion during the attack. Look for confusion in the child after an attack. Note how many times in a day it occurs and whether it occurs with fever.	First Aid: - Make him lie down sideways so that saliva does not choke him. - Loosen tight garments - Clear some space around him and remove hard objects so that he does not get hurt. - Watch the child carefully and note the time of the attack in order to explain to the doctor in detail. - Do not put anything between his teeth, lest you may damage his teeth or gums. - Do not give anything to drink, because you could choke him by that drink.
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DISORDERS	COMPLAINTS OF THE PARENTS AND/OR CHILD	LOOK AND ASK FOR	PARENTS' ROLE
<b>EPILEPSY/FITS/ CONVULSIONS (contd.)</b>			<ul style="list-style-type: none"> <li>- There is no need to put an iron object in hand. Fits will stop by itself.</li> <li>- If fits lasts for more than 15 minutes, a doctor should see the child immediately.</li> <li>Follow-up</li> <li>- Refer the child to a Neurologist/Child Guidance Clinic.</li> <li>- Parents must give the medicines prescribed very regularly.</li> <li>- Meet the doctor for check-ups and inform him if the medicines have any side effects on the child.</li> </ul>
<b>SERIOUS MENTAL ILLNESS</b>	Children who were normal may develop some symptoms like losing skills in speech, toilet training; may become sad, depressed. In older children: Muttering to self, not caring for personal hygiene, hearing voices or seeing things where none exist, unable to read or write, disturbed sleep, etc.	Any illness with or without fever recently, any other life events which could have disturbed the child.	<ul style="list-style-type: none"> <li>- Refer to a Psychiatrist, Child Guidance Clinic</li> <li>- Regular check-up, medication and follow-up.</li> <li>- Help the child to readjust at home and outside and in school.</li> </ul>

### **Key Messages**

- 1. Environment has a very important role in keeping a child mentally healthy.**
- 2. Mental health problems can be caused by disturbances in the child himself or in the environment or in the way they interact.**
- 3. Developmental disorders (like Mental Retardation, Special learning disability) can improve with training.**
- 4. Parents/Caretakers can detect emotional and conduct problems in their children.**
- 5. Caretakers need to spend time communicating with their children over emotional issues.**
- 6. Certain problems like fits, serious mental health illnesses need medicines.**
- 7. Most of the other mental health problems need guidance, counselling and training.**
- 8. Disciplining a child as suggested during a temper tantrum (read notes) does not mean you do not love him.**

### **Understanding of the Chapter**

#### **True or False?**

1. Children are themselves the cause of most mental health problems ( )
2. Marital discord among parents can give rise to problems in children ( )
3. It is good to punish children excessively ( )
4. Schools can contribute to problems in children ( )
5. When a child is anxious or fearful about a situation, he should be scolded and forced to take part ( )
6. If a child steals a few sweets from his friend, it is a serious problem ( )
7. When a child has a temper tantrum, parents should give in ( )
8. If a child repeatedly passes urine in bed after the age of 4 or 5, it is a cause for concern ( )
9. A child who stammers must be made to speak fast ( )
10. Medicines must be taken regularly if a child is getting fits ( )
11. Mental retardation can be fully cured. ( )
12. A restless child must always be given medicine ( )



## **ENVIRONMENTAL FACTORS WHICH AFFECT CHILD DEVELOPMENT**

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## **ENVIRONMENTAL FACTORS WHICH AFFECT CHILD DEVELOPMENT**

Environmental sanitation is considered vital for child survival and development. Insanitary environmental conditions may cause infections, ill health both physical and emotional and children in the age group of 0-6 years are the primary victims of this.

### **PHYSICAL AND SOCIAL ENVIRONMENTAL FACTORS THAT AFFECT CHILD DEVELOPMENT**

- Lack of safe drinking water.
- Lack of sanitation (lack of drainage, lack of toilets, lack of waste disposal facility, etc.)
- Lack of housing
- Poor housing (no ventilation, insufficient place, improper construction, etc.)
- Agricultural practices which do not promote food production/ use of excess fertilizers and pesticides/improper water management.
- Deforestation for fuel consumption, paper production, etc., which lead to hazardous effects on health of children/families.
- Pollution of water, air and soil
- Lack of development plans
- Urbanization, industrialization, migration, unemployment.
- Poverty
- Improper food habits
- Lack of health measures: Lack of Pre-natal/Post-natal care, lack of immunization, prevalence of diseases like diarrhoea, etc.
- Harmful health practices such as not allowing the mother to breast-feed the child soon after the birth; water not being given during diarrhoea, etc.
- Unfavourable environmental living: Pregnant women/ lactating mothers not being given enough food; conditions that affect women, mothers and children; lack of nutritious food and drinking water facilities; women working long hours and in hazardous conditions and risky jobs. (Eg: Factories like cracker/bulb/match manufacturing, chemical factories, night shifts or late hours of work, etc.) Lack of welfare measures at the workspot (no creches, no toilets, no water, etc.)

- Beliefs in superstition which are harmful. Eg: Small pox, chicken pox are due to wrath of gods and goddesses, some diseases are considered as the effect of past sins; using exorcist prescribed charms and amulets to ward off evil eye effect cast on children, etc.
- Improper distribution/sharing of resources - economic disparity between the rich and the poor (Eg: In the same community, children of the rich enjoying all the facilities and the poor children being deprived of even basic amenities such as proper shelter, food and clothing)
- Alcoholism, Drug addiction
- Crime (Rape, murder, etc.)
- Atrocity against women and children
- Prostitution
- Child marriages
- Overgrowth of population
- Promoting agricultural practices to promote food crops and encouraging farmers for organic cultivation (use of natural manure, soil treatment etc)
- Providing proper irrigational facilities, construction of check dams, desilting of tanks.
- Afforestation program to improve vegetation, fresh air, to control pollution of air, water and land, to decrease fuel consumption, etc. Promoting tree plantation, biogas plans, smokeless chulhas, etc.
- Use of solar energy as one of the alternative energy resources - solar water heater, solar cooker, solar lights, solar lift irrigation.
- Promoting health measures/ services.
- Promoting environmental education through posters, meetings, audio-visual displays, etc.

### **PROMOTING HEALTHY ENVIRONMENTAL PRACTICES**

- Providing safe drinking water facilities
- Promoting sanitation: toilets, drainage, waste disposal practices, roads, etc.
- Improving housing conditions/ providing housing facilities and house repairs: houses with proper planning, ventilation.
- Promoting health education and on false beliefs, superstition, alcoholism, drug addiction, prostitution, population, child marriages, etc.
- Promoting non-formal education with regard to civic rights and responsibilities about effects of crime, atrocity against women, sense of equality to share the resource like water, land community facilities, promotion of unity within the communities.

## **Note to Trainers on traditional practices**

**Trainers should take into account 'traditional practices' of the locality, study them, discuss with the people about them and**

- a) educate parents to continue practices which facilitate development, eg: Breast-feeding**
  - b) educate them to discontinue harmful practices, eg: not Breast-feeding the child soon after birth,**
  - c) teach them the importance of healthy practices, eg: importance of colostrum, good diet to mothers, babies.**
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## **ROLE OF THE COMMUNITY IN EARLY CHILDHOOD DEVELOPMENT**

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## ROLE OF THE COMMUNITY IN EARLY CHILDHOOD DEVELOPMENT



### Community's Role in Child Development

Community plays a major role in Early Childhood Development practices in every community irrespective of the area or location - Rural, Urban, Tribal, etc.

In India, traditionally the communities functioned with mutual concern, self-help, participation in community celebrations/social gatherings/family functions, etc., and also took up the responsibility of assisting in child rearing practices.

Eg:

- a) Choosing a name for a newborn child was taken as a duty of the family and the whole community.
- b) family rituals when a child begins to talk or walk or learn to write alphabets was a part of community celebration.
- c) Every issue regarding child development was discussed and decided by the family with the community.



In recent years, role of the community in Child development issues/practices has been gradually reducing due to various reasons such as industrialization, migration, urbanization, overgrowth of population, break-up of joint family system into nuclear families, etc.

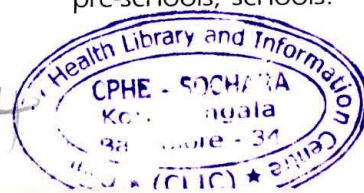
This calls for re-strengthening of community participation in providing healthy environment for the upbringing of children in every community. There is a need to re-organize communities to promote developmental programs to facilitate child development.

### **Specific Role of the Community in Child Development**

1. Become aware of Child development process and practices and build awareness among people about these in order to increase concern for children.
2. Build awareness about population growth and promote family planning/population control norms.
3. Build awareness about superstitious and harmful social practices which are harmful to Child development and prevent them.
4. Promote child's rights in the community.
5. Provide basic amenities like housing, sanitation, drinking water, etc.
6. Provide health facilities and supervise the services and ensure that they are availed by the families: Pre-natal/Post-natal care, Immunization, Health check-up, Referrals, Treatment and follow-up service.
7. Ensure that every child/family has sufficient and nutritious food for survival and growth. Follow-up malnourished and weak children through referrals, special diet, etc.
8. Provide facilities like schools (education), play/ recreation (parks), gardens, etc.
9. Arrange programs for children/ parents.
10. Provide care for the orphaned/ destitutes/widows
11. Assist in creches, play homes, pre-schools, schools.

Eg: Placing the hot iron rod on the child, child marriages, dedicating girls to goddesses, etc. (Note: Trainers, please add few more examples that are relevant to local places)

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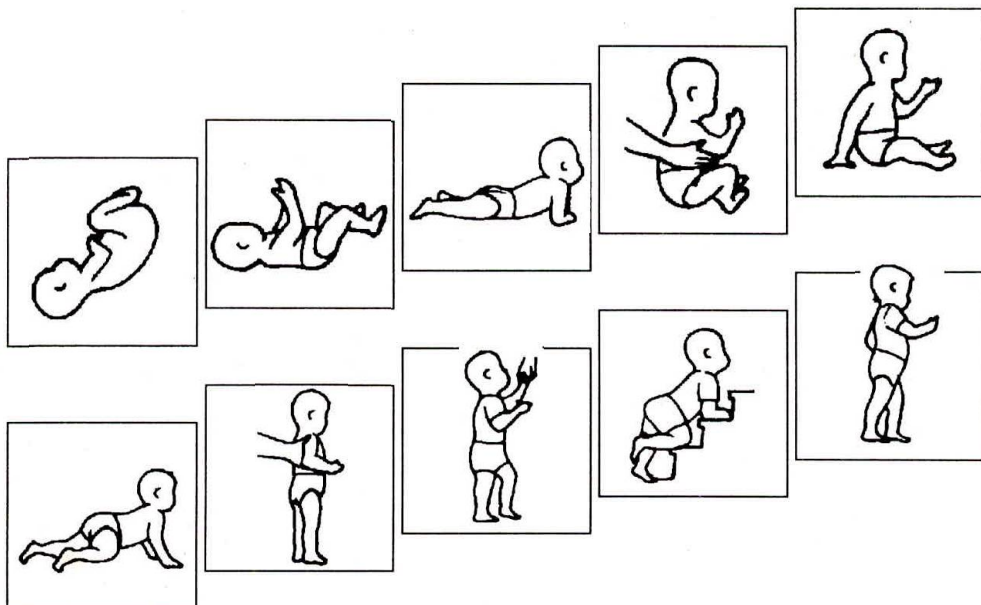


## **Strategies to promote Community Participation in Child Development practices**

- Promoting Community Education on Child Development.
  - Sharing of community views, ideas, resources and services.
  - Formulating of committees/groups to provide better child care facilities.
  - Promoting cultural programs to strengthen unity among people.
  - Promoting youth groups and involving them in Child Development activities.
  - Promoting leadership skills among the Community for better Child Care services. Eg: para-professionals - to manage health programs, education programs, etc.
  - Increasing the community responsibility in managing nutritional program services for children.
  - Increasing the participation of women in community child care programs and empowering them in decision making capabilities.
  - Involving as community members in education and health programs, etc.
  - Increasing the community alertness towards social evils/practices such as drinking, gambling, prostitution, crime, atrocities against women, etc., which hamper happiness and development of children and families.
  - Preparing the community to face any disaster that might occur. Eg: floods, earthquake, riots, etc.
  - Promoting liaison with GOs and NGOs for effective implementation of program services.
  - Mobilizing resources for sustainability of programs.
  - Gathering the information/data about the community, child care services and reviewing it regularly and disseminating the same to the community.
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## DEVELOPMENTAL RHYTHM



## DEVELOPMENTAL RHYTHM

### (0 - 6 Years)

DEVELOPMENTAL RHYTHM	PARENTS' ROLE
<b>NEW BORN</b> <ul style="list-style-type: none"><li>• Sleeps most of the time</li><li>• Cries when hungry, hurt, uncomfortable, wet, or in pain</li></ul>	<ul style="list-style-type: none"><li>• Provide clean, soft and loose clothes. Crib/bed must be free from dust, insects.</li><li>• If he is hungry, feed him on demand, check if he is hurt, wet or in pain, attend to it, cuddle him, hold him, gently rock</li></ul>
<b>ONE MONTH OLD</b> <ul style="list-style-type: none"><li>• Responds to human face and bright colours</li><li>• Reacts with pleasure at the sight of mother and cry when hungry</li><li>• Look at faces and eyes</li><li>• Smiles in response to pleasant experiences when we talk, sing or play with him.</li></ul>	<ul style="list-style-type: none"><li>• Move closer so that he enjoys your face.</li><li>• Tie coloured material above his head.</li><li>• Hug, pat, cuddle him, attend to him regularly and consistently</li><li>• Call his name, talk to him, sing for him, sway him and play gently.</li></ul>
<b>TWO MONTH OLD</b> <ul style="list-style-type: none"><li>• Makes sounds to expresses pleasure, displeasure or satisfaction</li><li>• Responds to sound by turning the head</li><li>• Smiles at faces</li><li>• Moves the whole body and face lifting up head for a few seconds.</li></ul>	<ul style="list-style-type: none"><li>• Listen to him when he makes sounds, respond to him, talk to him.</li><li>• Maintain eye to eye contact</li><li>• Tickle him, caress him gently</li><li>• Call his name, smile at him</li><li>• Hold him close while breast feeding.</li><li>• Make sounds like clapping hands crumpling paper, whistling softly.</li></ul>

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**DEVELOPMENTAL RHYTHM**

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**THREE MONTH OLD**

- Turns body to one side while lying on his back
- Sits momentarily with support
- Makes gurgling sounds; moves head, feet and arms.
- Touches his face with hands
- Likes colourful things
- Recognises family members and smiles at familiar persons.

**FOUR MONTH OLD**

- Rolls over from back to stomach and vice versa and holds head erect.
- Grabs everything within reach
- Moves hands to express desire to be picked up, kicks legs vigorously.
- Smiles in response to mother's smile, talking or familiar persons smile/talk
- Becomes serious when hearing loud sounds.

**FIVE MONTH OLD**

- Holds things in hands (hand to hand)
- Wants to touch, hold, taste, shake every object he sees
- Tries to make crawling movement
- Attracted to moving objects
- Laughs aloud in response to parents' talk/smile/play and enjoys looking at himself in the mirror.

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**PARENTS' ROLE**

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- Put him flat on his stomach.
- Make him sit on the lap and hold him close
- Take him out and show things
- Take him before a mirror and show parts of his body by name.
- Let family members talk to him and attend to him.
- Make him lie on his back and help him to turn on his stomach.
- Pick up and hold him
- Imitate sounds and praise him when he gurgles
- Bring him outdoors, talk to him and indicate objects.
- Turn on radio, let him listen to the sound
- Provide safe, clean and attractive objects to play with.
- Give safe and clean articles for him to handle (clean empty containers, different size balls, etc.)
- Encourage/praise his movements
- Move objects and let him move them
- Let him watch moving leaves/branches, animals, people outdoors.
- Laugh aloud and bring him before mirror.

## DEVELOPMENTAL RHYTHM

### 6-8 MONTH OLD

- Sits with support
- Crawls/creeps on stomach
- Reaches, pulls, grabs, holds objects
- Loves to touch toes
- Turns when he hears his name
- Enjoys playing in water
- Tries to repeat sounds
- Enjoys music/play/talk
- Hesitates to move with other members than family

### 9-11 MONTH OLD

- Sits and tries to stand and walks with support with arms held out
- Fills up and empties containers with objects
- Responds to music by swaying/rocking
- Imitates sounds, produce 1-2 syllable words like mummy, daddy
- Plays with brothers, sisters and familiar people
- Hesitates to relate with strangers
- Listens/follows small instructions of parents/family

### 12-14 MONTH OLD

- Sits well, stands, walks a few steps
- Has a few teeth and enjoys eating
- Plays alone and tries to discover things
- Speaks a few more words
- Like to do few things for self by following directions of family members

## PARENTS' ROLE

- Talk to him and help him to sit (show an object to attract him)
- Let him crawl on clean mat, floor free from dangers. Put attractive things before him.
- Keep toes clean.
- Call his name often.
- Put him in bath basin and let him play for some time.
- Repeat the sounds that he makes.
- Hold the child in arms and talk to unfamiliar person.
- Allow him to hold well balanced support such as chair, hold him to stand and hold both hands.
- Provide empty containers and smooth things to fill in.
- Let him listen to music, sing for him a lullaby
- Point to objects/persons and call names like mummy, daddy
- Talk a lot to him and let him produce sounds.
- Make siblings play with him and before him.
- Give small instructions and let him do them (Come, go, sit, clap)
- Stay with him, watch over him as he walks, let it be a safe place (give toys to pull, cart to push, etc.)
- Give a lot of toys to sit and play with, play with him, allow him to shake, touch, discover things, tell stories, showing pictures allow him to speak a lot.



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**DEVELOPMENTAL RHYTHM**


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**15-17 MONTH OLD**

- Runs but may fall often
- Uses both hands but may lose balance
- Obeys simple commands
- Knows names of the parts of the body and can indicate when asked
- Likes to play with others

**18-20 MONTH OLD**

- Walks steadily and can walk backwards and sideways slowly
- Handles objects properly
- Calls persons by names
- Recognises objects by name
- Becomes interested in whatever he does.

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**PARENTS' ROLE**


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- Let him observe while you work and assist in holding small objects, clothes, etc.
- Allow him to eat by himself
- Sing small songs and let him repeat.
- Teach him to say words, 'come' 'sit', words with action 'bye'
- Teach songs with action, jump, stand, move, sway
- Watch that he does not get hurt when he falls
- Let him kick the ball and play with him.
- Ask him to point the part of his body (eyes, nose, hair.)
- Request to do 'bring the ball' 'close the door'
- Teach him to say 'please' 'thank you'
- Allow him to play along with others (same play things for all)
- Let the child imitate your walk (front & back)
- Teach him the names of objects, ask him to give you 'please give me that spoon/take this cup, etc.'
- Ask him to say the names of persons,
- What is father doing now?
- What are they doing?
- Expose him to outdoor natural surrounding
- Provide variety of safe materials that he may handle as he likes.

## DEVELOPMENTAL RHYTHM

### 21-23 MONTH OLD

- Runs forwards easily
- Walks up, scribbles all over
- Refers to himself by name
- Likes to recognise things by name
- Displays possessiveness over toys/things/persons
- Enjoys music/rhymes/songs.

### 2 YEAR OLD

- Walks, runs, jumps, climbs walks up and down the stairs
- Begins to talk in small sentences, holds on to rail
- Repeats melody/rhythmic words and enjoys movements
- Likes to play 'pretend' games like cooking etc.
- Uses word like I, you, me, etc.
- Throws temper tantrums when wishes are not met
- Becomes very affectionate
- Likes to scribble

### 3 YEAR OLD

- Runs well, climbs up and down; can stop suddenly.
- Uses scissors to cut paper
- Scribbles and imitates strokes
- Gets interested in stories
- Likes to sing rhymes and moves to the rhythm.

## PARENTS' ROLE

- Play with him (kicking the ball and going round the chair.)
- Help him to climb stairs.
- Provide materials such as sticks to scribble on sand.
- Call by name and give him things which are for him alone and ask his permission to take them and return with thanks
- Call all things by name and teach him.

- Encourage all movements and play games with him (follow me, catch me)
- Provide crayons to scribble on papers, chalk on floor
- Provide music to dance and sway
- Give a lot of scrap and materials to play 'make-believe' games
- Teach him pronouns 'I, you, we.
- Tell stories
- Give instructions for toilet training gently.
- Be loving, hug, kiss and praise.

- Allow him to walk up and down the stairs with supervision
- Provide blunt scissors and a few papers to cut.
- Tell stories, use short lined pictured story books
- Ask child to repeat his story experience.

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**DEVELOPMENTAL RHYTHM**


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- Plays with others and Interacts with others during the play
- Listens, observes and asks plenty of questions 'why', 'what' 'how', 'when', 'where'.
- Talks sentences with more than 4-6 words
- Expresses emotions in word and action
- Brushes teeth, removes socks, shoes, slippers.

**4 YEAR OLD**

- Enjoys running, climbing, jumping, riding, swinging
- Likes to cut things, trace on paper paint/draw as he likes
- Recognises colours, shapes, sizes
- Can wash face, dress by self simple dresses
- Can use adjectives for people, places, things, 'hot', 'cold' 'good', 'dirty', etc.
- Likes to be listened to.

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**PARENTS' ROLE**


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- Give instructions (routine activity like, eating, brushing, washing which can produce sounds rhythmically. (sticks, spoons..)
- Teach repetitive songs and ask him to repeat, praise him.
- Let him play with his age group, share toys
- Answer his questions immediately in simple words
- Allow him to express his feelings and ideas about things
- Appreciate his hugging, kissing etc.
- Take him outdoors and observe
- Listen to sounds, and differentiate and discuss about them.
- Let him talk plenty, talk a lot about family, things surroundings, etc.
- Child can be prepared for play school

- Take him outdoors where he can run climb, jump, play.
- Give two or four 'picture puzzles'
- Give scissors to cut paper and crayons, pencil, chalk, etc. to draw.
- Play games and give things to recognise colour, shapes, sizes; listen to him and respond to his questions.
- Allow him to dress and undress himself, to bathe; and tell him why he must bathe.



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## DEVELOPMENTAL RHYTHM

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### 5 YEAR OLD

- Skips, jumps, co-ordinates movements well
- Recognises colours, people, things
- Gives full name of family members
- Counts, reads, figures, writes
- Has endless desire to learn and to do things using physical and creative skills
- Can look after self with assistance
- Can do household chores like sweeping, wiping dishes, etc.
- Chooses friends and plays harmoniously and with co-operation, confidence in self and others with seriousness and carefulness

### 6 YEAR OLD

- Hums, skips with co-ordination
- Asks questions and waits for answer
- Recites numbers, songs, rhymes, lessons, counts
- Draws figures/objects/square, circle, triangle
- Has increased knowledge of people, things, places around him.
- Begins to verbalize simple why and what of things and relationships
- Tries to solve simple problems of self and tries to help others as a leader
- Shows independence and looks after self.

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## PARENTS' ROLE

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- Introduce play activities to increase movements
- Provide a lot of materials for skill development, body control and put him in preschool for overall development
- Encourage him to have friends and arrange parties, give them a good time
- Encourage group activities that the child become social and develop positive reaction.
- Allow him to do things for himself and help in household chores/ sweeping, cleaning, carrying,
- Let him be curious, learn things, answer him, talk, explain.

- Encourage playing, play with him
- Engage in pleasant conversations, ask open-ended question (why, how)
- Tell interesting stories.
- Lead him to ask questions and answer him directly and honestly.
- Singing helps in learning numbers letters, words and sentences.
- Talk about things he knows and let him express (Eg: family, furniture, stories, dress, etc.)
- Let him take care of himself fully: dressing, bathing, putting on shoes, arranging things, clothes, etc.
- Encourage leadership in games.
- Allow him to solve small problems.



## **RIGHTS OF THE CHILD**

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## **RIGHTS OF THE CHILD**

### **Special Rights for Children**

Children are especially vulnerable and require special rights to protect them and to meet their unique needs because of their physical and mental immaturity. It is because of this immaturity that children must postpone the exercise of some civil rights until they become adults, increasing the obligation on adults to ensure that the rights of the child are defended. Declaration of Human Rights affirms the need for special rights for children, stating "motherhood and childhood are entitled to special care and assistance".

### **UN Convention on the Rights of the Child**

UN Convention on the Rights of the child was placed before the United Nations General Assembly for adoption in 1989 (in the decade of the International Year of the Child 1979- 1989). After the convention was adopted, during the World Summit for Children held in 1990, several countries ratified the Convention.

### **Rights of the Child**

UN Convention spelt out 54 articles under the Rights of the Child.

These can be broadly categorized under four main groups:

- The Rights of Survival
- The Rights to Protection
- The Rights to Develop
- The Rights to Participation.

**1) The Right to Survival** through the provision of adequate food/nutrition, shelter, clean water, primary health care - Pre-natal and Post-natal care, Immunization, Health status, Name and Nationality.

**2) The Right to Protection** from abuse, neglect and exploitation, including the right to special protection in times of war, calamities and perils.

Today a large number of children find themselves in situations of neglect, abandonment and exploitation such as: street children, refugee children, children who are victims of war and natural disasters, orphans, physically and mentally disabled/handicapped children, children/youth trapped into the bondage of prostitution and drug abuse, child labourers who labour under fatal and hazardous conditions, children of Devadasis/children of prostitutes who are forced to sell their bodies and are abused by adults.

Each one of us have the bounden duty to protect these children through various 'awareness' programs - programs that are drawn up to awaken adults to this reality, on the need to adhere to social legislations drawn up to protect children, mass rallies and awareness camps to educate parents about the dangers of faced by children and as to how to protect them, on disaster preparedness and as to availing of assistance from Agencies to meet disasters and the calamities that normally follow such disasters.

**3) The Right to Develop in a safe environment**, through the provision of formal education (Pre-school, Primary, Secondary, Career Guidance, Vocational Training), constructive play, advanced health care (physical and mental), value formation and family life education, and

**4) Right to Participate:** The opportunity to participate in the social, economic, religious and political life of the culture free from discrimination.

### WHAT WE CAN DO TO HELP

- Write to the legislators and request the country to ratify the Convention on Rights of the Child.
- Lead discussions on the rights of the child with various groups: Parents, Teachers, Parent/Teacher associations, Religious groups, Unions, Associations, Clubs urging them to promote the Rights.
- Teach children about their own rights, the provisions that exist to protect them, teach them about peace, universal brotherhood and human rights.
- Request the schools to promote the Rights and ask the Education Department to include the Rights of the Child in their policies.
- Keep abreast of children's issues, both locally and nationally.
- Convince the public that it is important to promote the Rights of the Child through Mass Rallies, Posters/Charts, translation of Rights in local languages, Workshops, Seminars, Camps/Campaigns, etc.

**Let us recall to ourselves that We, adults, are responsible to let the child live, to protect the child and develop the child and that "Rights of the CHILD is the duty and responsibility of ADULTS".**



## Summary of Articles

### U. N. Convention on the Rights of the Child

#### Article 1

##### **Definition of Child**

Every person under 18, unless national law grants majority at an earlier age.

#### Article 2

##### **Freedom from Discrimination**

Rights in the Convention to apply to all children without exception; the State to protect children from any form of discrimination or punishment based on family's status, activities or beliefs.

#### Article 3

##### **Best Interests of Child**

The best interests of the child to prevail in all legal and administrative decisions; the State to ensure the establishment of institutional standards for the care and protection of children.

#### Article 4

##### **Implementation of Rights**

The State to translate the rights in the Convention into actuality.

#### Article 5

##### **Respect of Parental Responsibility**

The State to respect the rights of parents or guardians to provide direction to the child in the exercise of the rights in the Convention.

#### Article 6

##### **Survival and Development**

The child's right to life; the State to ensure the survival and maximum development of the Child.

#### Article 7

##### **Name and Nationality**

The right to a name and to acquire a nationality; the right to know and be cared for by parents.

#### Article 8

##### **Preservation of Identity**

The right to preserve or re-establish the child's identity (name, nationality and family ties).

#### Article 9

##### **Parental Care and Non-Separation**

The right to live with parents unless this is deemed incompatible with the child's best interests; the right to maintain contact with both parents; the State to provide information when separation results from State action.

#### Article 10

##### **Family Reunification**

The right to leave or enter any country for family reunification and to maintain contact with both parents.

#### Article 11

##### **Illicit Transfer and Non-Return**

The State to combat the illicit transfer and non-return of children abroad.

#### Article 12

##### **Free Expression of Opinion**

The child's right to express an opinion in matter affecting the child and to have that opinion heard.



## Article 13

**Freedom of Information**

The right to seek, receive and impart information through the medium of choice.

## Article 14

**Freedom of Thought,  
Conscience and Religion**

The right to determine and practice any belief; State to respect the rights of parents or guardians to provide direction in the exercise of this right.

## Article 15

**Freedom of Association**

The right to freedom of association and freedom of peaceful assembly.

## Article 16

**Protection of Privacy**

The right to protection from arbitrary or unlawful interference with privacy, family, home or correspondence or attacks on honor and reputation.

## Article 17

**Media and Information**

The State to ensure access to information and material from a diversity of national and international sources.

## Article 18

**Parental Responsibilities**

The State to recognize the principle that both parents are responsible for the upbringing of their children; the State to assist parents or guardians in this responsibility and to ensure the provision of child care for eligible working parents.

## Article 19

**Abuse and Neglect**

The State to protect children from all forms of abuse, neglect and exploitation

by parents or others, and to undertake preventive and treatment programs in this regard.

## Article 20

**Children without Families**

The right to receive special protection and assistance from the State when deprived of family environment and to be provided with alternative care, such as foster placement or Kafala of Islamic Law, adoption or institutional placement.

## Article 21

**Adoption**

The State to regulate the process of adoption (including inter-country adoption), where it is permitted.

## Article 22

**Refugee Children**

The State to ensure protection and assistance to children who are refugees or are seeking refugee status, and to cooperate with competent organizations providing such protection and assistance.

## Article 23

**Disabled Children**

The right of disabled children to special care and training designed to help achieve self-reliance and a full and active life in society; the State to promote international cooperation in the change and dissemination of information on preventive health care, treatment of disabled children and methods of rehabilitation.

## Article 24

**Health Care**

The right to the highest attainable standard of health and access to medical

services; the State to attempt to diminish infant and child mortality, combat disease and malnutrition, ensure health care to expectant mothers, provide access to health education, develop preventive health care; abolish harmful traditional practices and promote international cooperation to achieve this right.

Article 25

**Periodic Review**

The right of children placed by the State for reasons of care, protection or treatment to have all aspects of that placement reviewed regularly.

Article 26

**Social Security**

The right, where appropriate, to benefit from social security or insurance.

Article 27

**Standard of Living**

The right to an adequate standard of living; the State to assist parents who cannot meet this responsibility and to recover maintenance for the child from persons having financial responsibility, both within the State and abroad.

Article 28

**Education**

The right to education; the State to provide free and compulsory primary education, to ensure equal access to secondary and higher education and to ensure that school discipline reflects the child's human dignity.

Article 29

**Aims of Education**

The States Parties' agreement that education be directed at developing the child's personality and talents; preparing

the child for active life as an adult, developing respect for the child's parents, basic human rights, the natural environment and the child's own cultural and national values and those of others.

Article 30

**Children of Minorities**

The right of children of minority communities and indigenous populations to enjoy their own culture, to practice their own religion and to use their own language.

Article 31

**Leisure and Recreation**

The right to leisure, play and participation in cultural and artistic activities.

Article 32

**Child Labor**

The right to be protected from economic exploitation and from engaging in work that constitutes a threat to health, education and development; the State to set minimum ages for employment, regulate conditions of employment and provide sanctions for effective enforcement.

Article 33

**Narcotics**

The State to protect children from illegal narcotic and psychotropic drugs and from involvement in their production or distribution.

Article 34

**Sexual Exploitation**

The State to protect children from sexual exploitation and abuse, including prostitution and involvement in pornography.



## Article 35

**Sale and Trafficking**

The State to prevent the sale, trafficking and abduction of children.

## Article 36

**Other Exploitation**

The State to protect children from all other forms of exploitation.

## Article 37

**Torture, Capital Punishment and Deprivation of Liberty**

The State to protect children from: torture or other cruel, inhuman or degrading treatment; capital punishment or life imprisonment for offenses committed by persons below the age of 18; and unlawful or arbitrary deprivation of liberty. The right of children deprived of liberty to be treated with humanity and respect to be separated from adults, to maintain contact with family members and to have prompt access to legal assistance.

## Article 38

**Armed Conflict**

The State to respect international humanitarian law, to ensure that no child under 15 takes a direct part in hostilities, to refrain from recruiting any child under 15 into the armed forces and to ensure that all children affected by armed conflict benefit from protection and care.

## Article 39

**Rehabilitative Care**

The State to ensure the physical and psychological recovery and social reintegration of child victims of abuse, neglect, exploitation, torture or armed conflicts.

## Article 40

**Juvenile Justice**

The right of accused children to be treated with dignity. The State to ensure that: no child is accused by reason of acts or omissions not prohibited bylaw at the time committed; every accused child is informed promptly of the charges, presumed innocent until proven guilty in a prompt and fair trial, receives legal assistance and is not compelled to give testimony or confess guilt; and alternatives to institutional care are available.

## Article 41

**Supremacy of Higher Standards**

The standards contained in this Convention not to supersede higher standards contained in national law or other international instruments.

## Article 42

**Public Awareness**

States to make the rights contained in this Convention widely known to both adults and children.

## Article 43

**Committee on the Rights of the Child**

Election of a Committee on the Rights of Child to examine the progress made by States Parties in achieving their obligations under the Convention and establishment of rules of procedure.

## Article 44

**Reports by States**

States to submit to the Committee reports on measures adopted which give effect to rights in the Convention and on progress made in the enjoyment of those rights, and to make the reports

widely available to the public in their own countries.

Article 45

**Implementation**

The right of the specialized agencies and NICEF to be represented at Committee proceedings; the prerogative of the Committee to invite competent bodies to provide expert advice, to request the Secretary-General to undertake studies and to make recommendations.

Article 46

**Signature**

The Convention to be open for signature by all States.

Article 47

**Ratification**

The Convention to be subject to ratification.

Article 48

**Accession**

The Convention to be open for accession by any State.

Article 49

**Entry into Force**

The Convention to enter into force on the thirtieth day after the twentieth instrument of ratification or accession deposited with the Secretary-General.

Article 50

**Amendments**

Provision for amending the Convention if approved by the General Assembly of the U. N. and accepted by a two-thirds majority of States Parties; binding on those States Parties which have accepted it.

Article 51

**Reservations**

Provision for States to make certain permitted reservations on specific articles.

Article 52

**Denunciation**

Provision for denunciation of the Convention by a State Party to become effective one year after date of receipt.

Article 53

**Depository**

Designation of Secretary-General of the U. N. as the depository of the Convention.

Article 54

**Authentic Text**

Arabic, Chinese, English, French, Russian and Spanish texts of the Convention to be equally authentic.



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## Answers to Understanding of the Chapter

### Chapter 1

#### **RESPONSIBLE PARENTHOOD**

- 1) Eighteen
- 2) Thirty-five
- 3) Two or three years
- 4) Not more than four
- 5) Good and Nutritious
- 6) A doctor
- 7) Tetanus Toxoid (TT)

### Chapter 2

#### **CHILD DEVELOPMENT**

##### **(0 - 6 YEARS) PHYSICAL**

##### **Breast-feeding / Immunization / Growth**

- 1) Breast milk
- 2) Five months
- 3) Three full and snacks
- 4) Doctor
- 5) One year and five years
- 6) Weight gain
- 7) Every month

### Chapter 3

#### **SOCIAL DEVELOPMENT**

##### **0 - 6 YEARS)**

- 1) 0 - 6 months
- 2) 6 - 12 months
- 3) 1 - 2 years
- 4) 2 - 3 years
- 5) 3 - 4 years
- 6) 4 - 5 years
- 7) 5 - 6 years

### Chapter 4

#### **SOCIALIZATION THROUGH PLAY**

- 1) ✓.
- 2) ✗. Parents should keep the child's body clean so that he enjoys the play.
- 3) ✗. Babies like to imitate the action of the adults
- 4) ✗. Families should play with the babies.
- 5) ✓.
- 6) ✗. Babies enjoy watching television and listening to music.
- 7) ✓.
- 8) ✗. Play develops self-confidence to co-operation.
- 9) ✓.
- 10) ✗. Adults should encourage and enjoy make-believe games of children.
- 11) ✓.
- 12) ✗. Parents/family should tell stories and read fairy tales to children.
- 13) ✓.
- 14) ✗. Parents should restrict children's television viewing.
- 15) ✗. Children at play is not a waste of time. Play prepares children to later childhood and adult life.

## Chapter 5

### INTELLECTUAL & COGNITIVE DEVELOPMENT

- a) Crying  
Gesturing  
Physical Contact  
Eye Contact  
Emotional Expression
- b) 1) ✓.  
2) ✗. Family members should talk to the child much.  
3) ✗. It should be explained / repeated.  
4) ✓.  
5) ✓.  
6) ✗. Encourage the child to talk, sing songs, tell stories.  
7) ✓.  
8) ✗. Child should be asked 'why', 'how', 'what', 'when', 'where', 'which' questions.  
9) ✗. Answer all the curious questions of the child in a simple manner and give honest answers.

## Chapter 6

### EARLY CHILDHOOD EDUCATION

- a) Painting/powder & paints  
Paper  
Brushes  
Crayons Clay  
Dough  
Plasticize  
Water  
Bricks  
Dolls/doll washing

- Park corner arrangement
- Hospital corner arrangements
- Farm sets
- Traffic sets
- Furniture
- Puzzle
- Beads
- Pictures
- Picture matching
- Collage
- Waste material/Scrap
- Book corner
- Music corner
- Outdoor activities

*Note: Trainer, you could keep adding to the list.*

- b) Group discussion with parents/ caretakers could be held.

## Chapter 7

### EMOTIONAL / PSYCHOLOGICAL DEVELOPMENT

- a) 1) 3  
2) 6  
3) 4  
4) 1  
5) 2  
6) 5
- b) 1) ✗. It is equally important.  
2) ✓.  
3) ✗. It affects the growth of the child  
4) ✓.  
5) ✗. Every child is different from the other in thinking, behaving and responding.  
6) ✓.  
7) ✗. Adults are very much responsible in giving good self-image and self-esteem.

- 8) ✓.
- 9) ✗. Parents should be good models in love, affection and good behaviours.
- 10) ✓.

#### Chapter 8

##### **FAMILY LIFE EDUCATION**

- All the five questions could be discussed - familywise / groupwise.
- The discussed points could be shared in the groups in the form of charts, graphical representation, etc.

#### Chapter 9

##### **DEVELOPMENT OF VALUES IN THE CHILD**

Climbing Values (Snakes and Ladders game).

#### Chapter 10

##### **COMMON CHILDHOOD PHYSICAL ILLNESSES**

- a)
  - 1) 6
  - 2) 7
  - 3) 1
  - 4) 2
  - 5) 4
  - 6) 3
  - 7) 5
  - 8) 8
- b)
  - 1) ✗. Give plenty of water (boiled and cooled water)

- 2) ✓.
- 3) ✗. Hold in cold water
- 4) ✗. Make the child to sniff salt water.
- 5) ✓.
- 6) ✓. Scrub the child with soap and water when the child scabies.
- 7) ✓.
- 8) ✓.
- 9) ✗. Cover the wells.
- 10) ✓.
- 11) ✗. Keep drinking water in covered and clean containers.
- 12) ✗. Consume fresh food and well-cooked meat.
- 13) ✓.
- 14) ✗. Household refuse/dirt should be buried or deposited in a dust bin.
- 15) ✓.

#### Chapter 11

##### **COMMON CHILDHOOD ILLNESSES - MENTAL HEALTH PROBLEMS**

- 1) ✗. Child himself (developmental disorder, sensory defects and inherited vulnerability) and environment (family, neighbourhood and school) are the causes of most mental health problems.
- 2) ✓.
- 3) ✗. It is not good to punish children excessively.
- 4) ✓.

- |   |   |
|---|---|
| <p>5) ✗. He should not be scolded, instead spend time with child, find out why he is anxious, why he is afraid.</p> <p>6) ✗. It becomes a problem if it is done repeatedly.</p> <p>7) ✗. Temper tantrum should be ignored. When he stops crying, given him attention and not the object he wanted. If child is destructive - harming self and others - hold the child.</p> <p>8) ✓.</p> | <p>9) ✗. He should be made to speak slowly; if it is a question, give him a few seconds to answer back.</p> <p>10) ✓.</p> <p>11) ✗. M. R. cannot be cured 100%; child can be trained to manage himself and adjust to society.</p> <p>12) ✗. Encourage child to play, do creative work; supervise lovingly when he works and give him a sense of security. If it is serious, seek doctor's help.</p> |
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