PART 2

THE GROWING YEARS — FROM INFANCY TO ADOLESCENCE

Normal Growth And Development ......................... 60-81
Immunisation .................................................. 82-88
Behaviour At Different Ages .............................. 89-99
Meeting The Emotional Needs Of Children ............ 100-122
Learning And Schooling ..................................... 123-138
Guest Article: Getting Your Child Ready to Read
Dr. Vibha Krishnamoorthy ................................. 139-141
Guest Article: Parenting Adolescents
Dr. M. K. C. Nair ............................................... 142-147
THE GROWING YEARS

NORMAL GROWTH AND DEVELOPMENT

Growth And Development Is Predictable

Growth and development is not haphazard—it has a timetable. Although there may be some variations, the pattern is predictable. One can know in general what to expect at what age from normal children, i.e. children who follow the norms and standards. These standards are established by observing a large number of normal children. A graphical representation of these norms (called growth curves or growth charts) shows how children growing at different paces would grow (Fig. 1). A child's growth when assessed subsequently should be on the same line as before. If it goes towards the lower side, the child is faltering. Faltering may be temporary, due to some illness, but if it persists for 2 or 3 months, the child should be seen by a paediatrician.

Some Basic Facts To Remember

Paediatrician and expert on growth and development Dr. Arun Phatak, whom I had invited to collaborate with me on this chapter, appeals to mothers to keep these points in mind:

• Big is not necessarily beautiful. Fat babies, especially those who were small at birth, can have their own problems. An active child, who does not fall ill too often and continues to grow and develop at her own pace, is normal.
Small parents tend to have small children.

Children born small are likely to remain smaller than those born big. About 85% of children who are born at the expected time, but are of small size will show catch-up growth by 2 years of age. Others may have a growth spurt during adolescence.

Multivitamins and tonics do not give strength or increase height and weight. At the most, they may ensure that the child does not have any deficiency of vitamins or minerals. Some of the tonics contain alcohol, which is harmful for your child.

Do not give your child drugs containing cyproheptadine to stimulate her appetite and to increase her weight. They are harmful as are drugs containing anabolic steroids that are also wrongly given for this purpose. The latter are especially dangerous for female children because they can cause permanent enlargement of the clitoris and give rise to secondary male sex characteristics.

Treatment with growth hormone for short stature may help some children. It should be given only if an expert endocrinologist recommends it.

Weight

Weight is the most commonly used parameter of growth. Weighing scales are of different types and the weight may vary from one scale to another. Preferably, the child should be weighed on the same scale on subsequent occasions. The beam scales and the electronic scales are more reliable than the spring scales.

At the time of birth, a normal child achieves about 5% of her final adult body weight. The normal birth weight of children in our country varies from a little less than 3 kgs to 4 kgs.
During the first few days, children normally lose water from their bodies, and so they lose about 10% of their body weight. They regain their birth weight when they are about 10 days old. Babies who have been breastfed on demand from birth lose less weight than babies who are given a feed only at fixed times. Also, babies who are breastfed on demand regain their birth weight sooner.

A healthy baby should gain between half to 1 kg per month, or a minimum of 125 gm each week. Your child’s growth curve should follow the reference curve on the chart. The child’s curve may be above or below the reference curve, but it must be about the same shape. Some babies may gain weight faster than the reference curve in the early months of life. This is normal for babies who are exclusively breastfed and the fast weight gain usually slows down after about 4 to 5 months. A baby not exclusively breastfed, who continues to gain more than 1 kg of weight per month, may be becoming overweight and needs close attention from your doctor.

After 4 months, your baby will gain about 400 gm in weight every month. If she was born as a normal full-term infant, the child will double her birth weight by 5 months and triple it at 1 year. Thus, if she weighed 3 kgs at birth, she should be around 6 kgs at 5 months, and 9 kgs at 1 year. If she was born premature with a very low weight at birth, she will be much more than double her birth weight at 5 months. Similarly, if she had a much higher weight at birth, she will be less than double at 5 months.

Initially, during the first few months, the weight gain is rapid. Then it slows down. From the second year onwards, till the adolescent period, the child gains just 2 to 2 1/2 kgs every year, i.e. 200 gms a month (the weight of a glass of water). Many mothers get worried about this deceleration in weight gain, but it is a natural phenomenon. It is for the same reason that, after the age of 1 year, the paediatrician may like to see
the child for routine check-ups at 3-month intervals and not every month.

From 2 to 7 years of age, your child’s weight in kilograms can be calculated according to the following formula:

\[(\text{age [years]} + 4) \times 2\]

Thus, at 5 years, she should weigh about 18 kgs.

From 8 to 10 years in girls and 8 to 12 years in boys, the weight can be calculated as per the following formula:

\[(\text{age [years]} + 5) \times 2\]

Thus, a child at 9 years should weigh around 28 kgs.

Still, your 9-year-old may weigh less than 28 kgs and yet be normal. If her overall state of health is satisfactory, the decision on whether she is abnormally underweight or not should not be taken in a hurry. Also remember that some children grow faster during a particular season of the year as compared to another. During the period of slow growth, the child’s appetite may also become less.

It is better to see the growth charts and how the child is progressing. For instance, in Fig. 2, the child A has more weight than child B throughout the first year of life, but if we see their progress since birth, the growth of child B is better than that of A. Indeed, child A has started faltering after the age of 7 months and needs to be seen by her paediatrician.

**Length And Height**

A smaller child’s length is taken on a flat table. Height is measured when she is able to stand erect.

A full-term, normal infant has a length of about 50 cms.

At 3 months and 9 months, it increases to 60 and 70 cms, respectively. At 1 year and 4 years, it is about 75 and 100 cms, respectively. Then the height increases by about 5 cms each
year, until the age of 10 and 12 years in girls and boys, respectively. After this, the spurt of adolescent growth begins with a corresponding rapid increase in height and weight.

Several formulae are available for predicting the adult height of a child. You can work out the expected height of your child in a rather simple way. In the case of boys, double the height at 2 years; and for girls at 1½ years. So if your daughter is 75 cms at 1½ years, you can expect her to reach an adult height of about 150 cms, i.e. 5 feet.

The length/height of a child is more controlled by her genetic programming than by environmental factors. Tonics, injections and other drugs do not make a child taller.
Head Circumference
Your doctor will keep a watch on your child’s head circumference, especially in the first year of her life. The head measures about 34 cms at birth. The soft spot at the back of the head cannot be felt after about 2 months of age. The soft spot in front (anterior fontanelle) may appear to widen after birth. It usually closes between 6 months and 2 to 3 years of age. The head circumference is approximately 44 cms at 6 months and 47 cms by 1 year. So you will notice a rapid increase of about 10 cms in the first 6 months and only 3 cms in the next 6 months. The circumference of the head is slightly bigger than that of the chest at birth, but both of them become equal by the age of 1 year.

Teeth
Twenty milk teeth (temporary or deciduous teeth) appear between the age of 6 months and 2½ years. The first tooth appears at about 6 months, though the gums start getting ready for teeth to come out at the age of 3 to 4 months. You will notice that the child is drooling more, is irritable and enjoys biting your finger. These temporary teeth fall between 6 and 12 years of age and then permanent teeth keep erupting. At 12 years, the child should have a total of 28 teeth. The 4 wisdom teeth come up any time after the age of 18.

An important point worth remembering about teething is that there is a marked variation in the eruption of teeth. Though many children around 1 year have about 6 teeth, quite a few others may be toothless on their first birthday, though they are otherwise completely normal. Delayed eruption does not necessarily indicate calcium or vitamin deficiency. Similarly, some normal babies may be born with a tooth.

Pubertal Growth
The onset of puberty in a girl is heralded by ‘breast budding’, when the breast becomes slightly elevated as a small mound.
On an average, this happens at around 10 years, but it can happen any time from 8 to 13 years of age. Any extremes need to be brought to the notice of the doctor. One year later, the child shows a rapid increase in height and weight. Menstruation starts a year after this period of rapid growth or 2 years after the breast budding. With breast budding, the child develops few, straight pubic hair (stage 2 of puberty). In stage 1, there is no pubertal growth. In stage 3, the breasts enlarge and pubic hair becomes darker and begins to curl. Menstruation starts in stage 4. In stage 5, the breast is fully developed, the pubic hair becomes coarse and curly and spreads to the inner surface of the thighs. At this stage, the increase in height is rather slow. It is likely to stop increasing any more.

In boys, puberty begins a year later than in the girls. The first sign is the enlargement of the testes. At the next stage, the scrotum appears thin and red (stage 2 of puberty). This happens around the age of 11 years, but may also be seen any time from 9 to 14 years of age. In stage 3, the penis enlarges, the pubic hair appears and the child may have nocturnal emissions. Two years after stage 2, boys have a sudden spurt in height (stage 4). The pubic hair becomes more curly and coarse. In stage 5, the pubic hair spreads to the inner thighs. As in girls, the increase in height is now slow and is likely to stop soon. The boys may also develop a tender swelling of the breasts at around stage 4 of the growth. It may last a few months and then disappear. The adolescent may find that his voice cracks when he speaks. This is normal.

The size of the two breasts may differ somewhat in girls. This is also normal.

DEVELOPMENT OF MOTOR AND MENTAL SKILLS
Far more important than the physical stature are the skills that the child acquires — the various activities that she learns to perform. Some normal children acquire the skills fast and
some learn them slowly. For instance, although about 50% of children learn to walk alone by 12 months, 3% walk by the ninth month, while almost all (i.e. 97%) are walking by 15 months. If a child is not able to walk alone even by 15 months, she should be assessed by a paediatrician for possible developmental delay.

Milestones
Often, a few of the child’s activities are selected as a rough guide to her developmental status. These are called milestones. Like the milestones on the highway, they tell us whether the child’s journey on the road of life is progressing well.

The milestones tell what the average child is expected to do at that age, but that also means that 50% of children will be learning that activity later.

Normal Variations
However, in case your child appears slow when compared to other children or in comparison with her older sibling, do not jump immediately to the conclusion that she is mentally backward. No two children are alike. Also, a girl is likely to walk and develop speech earlier than boys.

Some children learn certain skills later, but are advanced in other milestones of development. Sometimes, a child stops learning any new skill for a while and then suddenly picks up quite a few skills within a short period of time.

Keep in mind that sometimes, a child who is lagging behind might be slow in picking up almost all new skills and this slow pace of development persists all through. On the other hand, some children are slow all around, but start developing at a faster pace with the passage of time.

However, if you have any doubt about your child’s development, do not delay in consulting your paediatrician.
MONTHWISE DEVELOPMENT IN THE FIRST YEAR
The different milestones in the first important year of your child’s life are discussed under 3 headings.
• Motor development, which deals mainly with movements and manipulation of different parts of the body.
• Perception and social responses related to the child’s sensory system, ability to comprehend and social behaviour.
• Speech.

NEWBORN BABY
Motor Development
While lying on her back without a pillow, the baby mostly keeps her head to one side. When put on her stomach, she raises her head momentarily and makes an effort to turn it to one side.

With a gentle push to her sole, she may appear to crawl.

In general, she keeps her hands fisted. If you put your finger in her palm, she grasps it firmly (the grasp reflex).

When made to stand on a firm surface, she takes a few steps as if she were walking (the walking reflex). The walking reflex may not be well elicited if the child is not fully awake. The grasp reflex and the walking reflex disappear in about 2 months.

Perception And Social Response
The newborn wrinkles her forehead and blinks when subjected to strong light and sound. She may also suddenly move her arms outwards and start crying. A crying baby usually stops crying the moment you cuddle her in your arms. Suckling at the breast offers mutual satisfaction to the mother as well as the baby. It gives the newborn comfort and a feeling of security, besides fulfilling her nutritional needs.
Speech
The lusty cry of a baby due to hunger or any discomfort may herald the development of speech in due course of time.

ONE MONTH
Motor Development
While on her back, the child kicks her legs in joy. When put on her stomach, she lifts her head and turns it to one side to spare her nose. When held up against your shoulder, she lifts her head momentarily away from your shoulder. Her hands are fisted. She can now bring her hand within the range of her eyes.

Perception And Social Response
If a brightly-coloured rattle or a ring is moved 20 cms in front of the child’s face, she fixes her gaze on it. If you move it from midpoint to one side, she follows it with her eyes. She may not respond the first time you show her the rattle; repeat the action a few times if required. If the baby is lying on her back, she may follow you, within the range of her eyesight. Her eyes may move from one side to the other and sometimes it may appear that she has a squint. This is often transitory and disappears by the age of 5 or 6 months. At this age, she gives more attention to black and white pictures.

In a quiet place, shake a rattle about 8 cms away from the baby’s ear. She will respond to the sound by wrinkling her forehead, stopping any activity that she is doing, suddenly blinking, or by crying. On completing 1 month, the child’s hearing is fully matured. She even seems able to differentiate between some sounds.

If you are pregnant and are reading these lines, read a story aloud each night during the last 1 or 2 months of pregnancy. Then, after your baby is born, read her the same story when she is awake and about a month old.
NORMAL GROWTH AND DEVELOPMENT

You will be pleasantly surprised; she may become quiet and more attentive as if she is listening to a sound that she can recognise.

Suckling at the breast and feeling secure in her mother’s arms, the baby looks lovingly at her mother’s face and often manages to have eye contact with her.

Speech
The child may make some throaty sounds like ‘ah’ and ‘coo’.

TWO MONTHS

Motor Development
When put on her stomach (prone), the child lifts her head at an angle of about 45° and can hold it there for about 10 seconds. When held up against the shoulder, she can now keep her head up for a little longer. The fist is now kept open more often.

Perception And Social Response
The child listens to sounds more attentively. She shows a more mature response by pausing when she hears the rattle and does not blink or show any signs of fear.

The first smile of the child in response to your smile is noticed at around 6 weeks of age. This social smile should not
be confused with the spontaneous smiles of babies during the first weeks of life.

Speech
The child may make a few throaty sounds such as ‘goo’, ‘ab’ and ‘coo’.

THREE MONTHS

Motor Development
The fist is now kept open all the time. If the child is given a rattle in her hand, she holds it firmly and may start playing with it. When lifted up from her supine (lying on her back) position, her head also follows suit for some time. When put on her stomach, she raises her head and can keep it at an angle of 90° for about a minute.

Perception And Social Response
If the child is shown a pencil while on her back, her eyes follow it from one corner of her eye to the other.

Now comes the smile of recognition. At 6 weeks, she gives a momentary smile when talked to, making it delightful to talk to her. The smile is now more definite and she recognises the mother or the mother figure. Not yet conscious of strangers, she may oblige even others with a smile.
Speech
If she is happy after her feed, she may make sounds like ‘ah’, ‘goo’ and ‘ma’.

FOUR MONTHS

Motor Development
The child tends to bring anything given to her to the mouth. While on her back, she now looks at her hands. It helps her to get an idea of her body. That is why it is important not to keep the child wrapped all the time. For the same reason, mittens should be avoided, especially when the child is awake.

Perception And Social Response
Now, not only does she smile, but she also laughs delightfully. Her hearing can also be tested better now. Stand behind her so that she cannot see you. Sound a rattle or a bell at a distance of 20 to 24 cms from her ear. She will turn her head towards the direction of the sound. The room should be otherwise quiet for this test.

Speech
Now, you can ‘hear’ her laughing. This is her way of communicating.

FIVE MONTHS

Motor Development
Offer your thumbs to the child as she lies on her back. Let her grasp them. Give her a little support to make her sit. You will notice that she will herself come to a sitting position.

Put her on her stomach. If awake and satisfied, she may roll over onto her back on her own.

Perception And Social Response
The baby can now inspect a new object for a prolonged period. She may start differentiating strangers from those close to
her. She may not laugh when strangers approach her or she may even start crying.

She can now make out from the tone of your voice if you are annoyed with her.

**Speech**

Nothing significant happens at this stage as far as speech development is concerned.

**SIX MONTHS**

**Motor Development**

She can now roll over on her own from her back on to her stomach, when placed on a firm surface.

When placed on her stomach, she tries to reach for a toy put in front of her, though she may or may not succeed at this stage.

She can now transfer a rattle placed in one hand to the other. When made to stand, her legs may be able to bear her full weight.

*Rolls over from back to stomach at almost 6 months*
Perception And Social Response
Her hearing is now more sensitive. If a piece of paper is crumpled near her ear, out of her sight, she will turn her head towards the sound.

She smiles when she sees her own reflection in a mirror.

She is now likely to become very conscious of strangers.

Speech
She may now try to join a few syllables and say ‘da-da’ or may use them separately as ‘ma’, ‘goo’ or ‘da’.

SEVEN MONTHS

Motor Development
When made to sit, she can stay for some time without falling over.

While on her back, she may play with her feet; she may even put her toe into her mouth.
While on her stomach, she may make attempts to move forward to catch a toy.

She now takes all objects to her mouth and can feed herself a biscuit.

**Perception And Social Response**

If an object falls on the ground, she follows it with her eyes and keeps looking in that direction till she locates it.

She can now play simple games like ‘peek-a-boo’ and enjoy them.

**Speech**

The same as at 6 months.

**EIGHT MONTHS**

**Motor Development**

When made to sit, the child can now stay for a prolonged period without falling over.

When on her stomach, your child can now change her position in her attempt to reach an object placed at an angle and not directly opposite her.

**Perception And Social Response**

While the child is playing with a toy, cover it with a piece of cloth. She will try to remove the cloth to get the toy again.

Now she may even behave as if she is afraid of strangers, and become more cranky in general.

**Speech**

There's nothing new except that she may now try to vocalise in soft whispers rather than loud sounds.
NINE MONTHS

Motor Development
The child may start creeping and crawling at this age. Children who are kept on their stomach from an early age while awake, may creep and crawl earlier than others who are kept mostly on their back or in the lap.

Your child can now raise herself from the lying position and sit up on her own.

When encouraged to walk and held by her hands, she attempts to take a few steps forward.

From a sitting position, she can pull herself up by holding onto some piece of furniture and stand up on her own.

Perception And Social Response
Now your child may show interest in softer sounds made by a watch or a musical instrument.

She now enjoys dropping objects again and again on the ground and wants you to pick them up and give them back to her.

She now likes to play ‘hide-and-seek’.

Speech
She may now properly join two syllables and say ‘dada’, ‘mama’, or ‘baba’.

TEN MONTHS

Motor Development
The child can now walk more confidently when held by her hands.

She can also sit from a standing position by taking your support or the support of a piece of furniture.
DR. R. K. ANAND’S GUIDE TO CHILD CARE

She now rocks on her hands and knees and may crawl all around the house.

When a small object like a bead or a button or a pellet is placed before her, she now picks it up with her thumb and index finger. In earlier months, she would have tried to get at it with her palm or without the fine coordination movement that she now exhibits.

Perception And Social Response
She now claps, copies ‘ta-ta’ or ‘bye-bye,’ likes to look at pictures in a book and starts understanding the meaning of ‘No’.

Speech
She repeats ‘da-da’ or ‘ma-ma’ after you. When you ask her about familiar persons or objects by saying, ‘Where is papa?’ or ‘Where is the fan?’ she may now look in the direction of that particular person or object.

ELEVEN MONTHS

Motor Development
Make your child stand on a firm surface, while supporting her body. Leave her alone. She may be able to stand on her own for a few moments. Some children develop this skill after their first birthday.

She can now also turn the leaves of a book with thick pages. Holding on to furniture, she can now walk sideways. When given a crayon and paper, she tries to scribble on the paper, especially if she is shown how to do so by someone else.

Perception And Social Response
If you laugh at some action of hers, she will repeat that act again for you; she is obviously pleased with your appreciation. She now covers her own face with any cloth in the ‘peek-a-
boo’ game. She purposely drops things down and expects you to pick them up.

The child now wants to eat by herself. Encourage her to do this even if she tends to make a mess. She can also drink from an ordinary glass or a cup. Many children learn this skill even earlier.

Speech
The child may use some jargon at this age, but she is less likely to use words with meaning on her own. She may imitate you or may say ‘mum’ when she sees water being brought in a glass.

TWELVE MONTHS

Motor Development
The child may now be able to stand without support, though she might have done this even before her first birthday. Quite a few children only stand without support between 11 to 13 months. Some children may even be able to take a few steps at this age, but most will do it later.

Perception And Social Response
Your child’s hand and eye coordination is now much improved. She can now finger feed herself. If you take a bottle and drop a few objects into it, she can copy this action well. She responds to ‘No’ and may also shake her head for ‘No’. She now enjoys playing simple games like ‘catching cook’ with you. While being dressed, she may straighten her arm or leg to help you. She now feels shy in the presence of strangers and may cry when you leave home.

Speech
The child can now imitate words like ‘dada’ or ‘mama’ spoken by you. She may be able to say 1 or 2 words with meaning. She may then say ‘mama’ while looking at you.
It must be noted at this point that some normal children may not say a single word with meaning even at the age of 2 years. In such a case, we ask 2 questions:

1. Can the child hear normally?
2. Does she understand and answer simple questions in different ways? For example, when asked where the fan is, does she point her finger towards it?

If the answer to both these questions is in the affirmative, I assure the mother that her child will start speaking in a couple of months. In a lighter vein, I often add: ‘Thank God there is peace at the moment. Later, she will speak so much that you will get fed up.’

YEAR-WISE DEVELOPMENT FROM 2 TO 5 YEARS

TWO YEARS
A child of 2 years walks freely on the ground. She can also go up and down the stairs by herself. While going down, she may stop on each step with both feet before taking another step.

She can stand up on her own from a supine position. She can now climb onto and come down from furniture without help. She is on the move all day long.

With her building blocks, she can now build a tower of 6 cubes (At 15 months, the child can build a tower of 2 cubes, putting one cube on top of another. At 18 months and 21 months, she can build towers of 3 and 5 cubes, respectively). When shown how to, she can imitate a vertical stroke with a crayon or a pencil. She can now turn single pages of a book.

She may now imagine different situations and start playing make-believe games. She can imitate others and wants to be in the company of other children.

The child can now make simple sentences of 2 to 4 words and may keep chattering all the time.
Help your 2-year-old to pass urine before she goes to sleep, and she may remain dry throughout the night. The child gives you the first signal of bladder control at around 15 months of age when she starts telling you that she has wet her pants. After about 18 months, she is mostly dry during the day, but may wet her clothes occasionally. (See section on Toilet Training in the chapter on PSYCHOLOGICAL CONCERNS.)

THREE YEARS
The child can now walk up and down the stairs on her own. She goes upstairs one foot per step, and downstairs two feet per step. She can now build a tower of 9 cubes, can pedal a tricycle and hold a pencil in her hand instead of in her fist. With a pencil, she now copies a circle and imitates a cross.

She knows her age, name and sex and asks questions like ‘Why’? ‘Where’? ‘How’? all day along. She may be able to count upto 10 and sing a few songs and nursery rhymes. She imagines new games with objects and with people and her friends.

FOUR YEARS
She can now stand on one foot for 5 seconds or more, walk upstairs and downstairs on her own with one foot per step, draw a circle, copy a square and a cross, and tell a story.

FIVE YEARS
She can stand on one foot for 10 seconds or longer. She can dress and undress herself, copy a diamond and use a spoon properly. She goes to the toilet and manages to clean and wash herself. She loves to hear new stories, songs, jokes and simple riddles and then ask others to solve them.
IMMUNISATION

To Immunise Or Not To Immunise

In favour of immunisation, it is said that 10 children die and 10 are disabled every minute in developing countries due to the 6 vaccine-preventable diseases — measles, tetanus, tuberculosis, polio, diphtheria and pertussis (whooping cough).

Those who are against immunisation say that more harm than good is done by immunisation. The latter group includes some of the finest people I know. I have learnt a lot from them in keeping myself and others fit. But so far, they have not been able to convince me that children should not be immunised at all, although it is true that in July 1999, distribution of rotavirus vaccine for the prevention of diarrhoea due to rotavirus was halted in the U. S. A. because of intussusception following administration of the vaccine. Intussusception is a serious disease of the abdomen that may need surgery.

After having considered the risk-benefit ratio, I recommend immunisation for all the children who come under my care. But I do not refuse treatment to a child whose mother has not immunised her as a matter of principle.

THE 6 VACCINES

BCG (Bacille Calmette-Guérin) vaccine is meant to protect the child against tuberculosis. Although doubts have been
raised about its efficacy in the past, most experts recommend it because BCG may protect the child against serious types of tuberculosis affecting the central nervous system, bones and joints.

If administration of the BCG vaccine is delayed, your doctor will ask for a skin test (Mantoux test with 5 TU). If the test is positive, BCG is not given. If the test is strongly positive, the doctor will ask for a chest X-ray and decide if your child needs treatment for tuberculosis.

The polio vaccine, administered orally, is now routinely given in some hospitals at birth. This is called the zero dose. If you are debating whether to immunise your child or not, you may inform the hospital authorities that you would not like to have the zero dose given to your baby.

DPT (also called Triple antigen) is meant to protect against diphtheria, pertusis and tetanus. DT (also called Dual antigen) does not have the pertusis component in it. Children above the age of 7 years are not given DPT and are only given DT or TT (Tetanus Toxoid). The National Immunisation Schedule recommends DT at 5 years. If your doctor instead recommends DPT at 5 years, follow his advice.

**IMMUNISATION SCHEDULE**
The table below gives the National Immunisation Schedule recommended by the Government of India.

**NATIONAL IMMUNISATION SCHEDULE**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Birth or 6 weeks</td>
</tr>
<tr>
<td>OPV</td>
<td>Birth, 6, 10, 14 weeks, 15 – 18 months</td>
</tr>
<tr>
<td>DPT</td>
<td>6, 10, 14 weeks, 15 – 18 months</td>
</tr>
<tr>
<td>Measles</td>
<td>9 months</td>
</tr>
<tr>
<td>DT</td>
<td>5 years</td>
</tr>
<tr>
<td>TT**</td>
<td>10 and 16 years</td>
</tr>
</tbody>
</table>

** If given for the first time at this age, give 2 doses at 4-week intervals
** For pregnant mothers, 2 doses of ‘M’ at 4-week intervals
The following table gives the schedule suggested by the Indian Academy of Pediatrics (IAP)

IAP IMMUNISATION TIMETABLE

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>Birth to 2 weeks</td>
</tr>
<tr>
<td>OPV</td>
<td>Birth, 6, 10, 14 weeks, 9 months, 15 – 18 months, 5 years</td>
</tr>
<tr>
<td>HB (Hepatitis B)</td>
<td>Birth, 6 weeks, 6 – 9 months, 10 years</td>
</tr>
<tr>
<td>DPT</td>
<td>6, 10, 14 weeks, 15 – 18 months, 5 years</td>
</tr>
<tr>
<td>Measles</td>
<td>9 months plus</td>
</tr>
<tr>
<td>DT</td>
<td>15 – 18 months</td>
</tr>
<tr>
<td>TT</td>
<td>10, 16 years</td>
</tr>
</tbody>
</table>

Some Important Points About Immunisation

Do not unnecessarily delay your child’s course of vaccinations. If immunisation is due, do not postpone it just because your child has a mild cough, cold or diarrhoea. But if the child with diarrhoea is given oral polio vaccine, remember to give an extra dose of oral polio vaccine at a later date in consultation with your doctor.

However, do not immunise the child if she is acutely ill, Manage the illness and give her the vaccines later on.

If your child had a severe reaction following a DPT or if she has a history of convulsions, do discuss it with your doctor, He may consider giving her DT in place of DPT to complete her immunisation schedule.

The schedule table suggests that DPT and OPV should be given at an interval of 4 weeks. Do stick to this routine. But if for some reason, the gap between the 2 doses becomes more than 4 weeks, you do not have to repeat the whole course again. Just give the remaining dose that is due to complete the course. In the long run, doses given after a longer gap give as good protection as those given at fixed intervals. However, as long as the course is not completed, your child runs the risk of getting these diseases; so avoid delaying the doses as far as possible.
IMMUNISATION

There is no need to starve your child for long periods before or after the administration of oral polio vaccine. A gap of 10 to 15 minutes may be kept to avoid vomiting.

In a fully immunised child, there is no need to give TT for minor injuries. However, if she gets hurt when her DPT booster is due, the booster will give protection against tetanus as well.

Some authorities recommend 5 doses of oral polio vaccine (OPV) for the primary course instead of the 3 recommended as per the National Schedule. They feel that the child gets better protection with 5 doses. I tend to agree with them. Opt for the 3 doses if you are not sure whether you should or should not immunise your child. Also, some doctors prefer to give 2 doses of OPV before starting the course of DPT injections in areas where and in seasons when polio is prevalent. This is based on the assumption that if the child is carrying the polio virus in her system, any injection might precipitate a paralytic attack of polio. On the other hand, by delaying the DPT injections, you may be exposing the child to the risk of getting whooping cough that can cause serious problems in a small baby. My practical advice is to give OPV at birth and then at 1, 2, 3 and 4 months, and to give DPT injections at 2, 3 and 4 months.

Recently, our government has initiated an annual pulse polio immunisation programme under which all children below 5 years are given extra doses of oral polio vaccine on the same day at 6-week intervals throughout India in an attempt to eradicate poliomyelitis from the country.

BCG is given over the left shoulder. After about a month, a small swelling appears at the site of the injection, which may break into an ulcer with a little watery discharge. This discharge may continue for about 6 weeks. Eventually, the ulcer heals, leaving a small permanent scar. Some children may get enlargement of the glands in the armpits or above the
clavicle (the collarbone) secondary to BCG. The ulcer does not require any ointment or medicinal powder. Also, children who develop enlargement of the glands need not be started on anti-TB drugs. Consult your paediatrician if the glandular swelling increases and an abscess forms. Reimmunisation is to be considered in those who do not show a scar after having had BCG.

The thigh is a better place for giving infants injections than the buttocks. Ensure that the needle used is disposable or is properly sterilised. Some children do get a nodular swelling at the site of the injection. This may remain for months without causing any problem. There is no need to apply any ointment on it.

The vaccines are not effective if they are not preserved properly in a refrigerator or in an icebox. Without this precaution, your sense of security is false. Also note that the refrigerator should be used exclusively for storing the vaccines, because frequent opening of the refrigerator for other things can affect temperature control. You have a right to ask the health worker whether this care has been taken.

Quite a few children get fever a couple of hours after the DPT injection. The temperature is usually less than 102°F (38.9%) and does not last more than 24 hours. I recommend a dose of paracetamol be given soon after the injection. This should be repeated 4 hours later, if required. If the fever lasts for more than 24 hours, your doctor will probably look for some other cause of fever.

Following measles vaccine, your child may get a mild measles-like illness with fever and rash after about a week. No treatment is required for this.

Do keep a record of all the immunisations given to your child so that she completes the course as per schedule. Incidentally, if your child goes abroad for
studies, the colleges there often want to know the details of the vaccines your child has had.

OTHER VACCINES

**MMR (Measles, Mumps and Rubella) vaccine** confers immunity against measles, mumps and rubella (German measles). It is given at 15 months of age. Children who have not received the measles vaccine at 9 months can be given MMR vaccine after their first birthday. Many doctors like to prescribe another dose of MMR vaccine at 12 years of age to provide added protection.

**Hepatitis B vaccine** is given to prevent jaundice caused by Hepatitis B or Serum Hepatitis virus, which can be passed from an infected mother to her newborn baby or from one affected member of the family to another. The common mode of infection is through contaminated needles or contaminated surgical instruments. As this disease can cause serious liver disease, more and more doctors are now recommending this vaccine. The vaccine is given in 3 doses; the first one shortly after birth, the second dose one month later and the third at 6 months of age. Older children of all ages can be given the 3 doses with an interval of one month between the first and second dose and 6 months between the first and third dose.

Vaccines against **Chickenpox, Hepatitis A and Haemophilus Influenza Type B** are also available. You may give them after consulting your doctor.

There are 3 different vaccines against **Typhoid**, namely,

- Whole cell killed vaccine (usually known as TA vaccine)
- Oral typhoid vaccine, and
- Vi polysaccharide vaccine.

The TA is very cheap, but it frequently causes side effects such as local pain and swelling and fever lasting 2 or 3 days.
The other two vaccines are expensive, but have very few side effects.

These vaccines are recommended where typhoid is widely prevalent. Injections of TA or Vi vaccine may be given at 2 years of age, followed by subsequent doses at 3-year intervals. Oral vaccine can be given at 6 years of age and repeated at 3 to 5-year intervals according to the manufacturer’s recommendations.

In localities where typhoid is not widely prevalent, typhoid vaccine may be avoided. I recommend hygienic precautions for prevention of not only typhoid but also other water and food-borne diseases like hepatitis A and diarrhoea. Proper hand washing, boiling of water, eating fresh food and keeping food covered are some of the measures that are recommended to avoid such illnesses.

CONCLUSION

To conclude, I urge you to take care to keep your child healthy and follow the general principles of hygiene. Do not depend wholly upon these vaccines. It is possible that they might not have been stored properly; this does happen sometimes. In such cases, you may have a false sense of security.

Also, all vaccines do not provide cent per cent protection.
BEHAVIOUR AT DIFFERENT AGES

BEHAVIOUR OF A NEWBORN CHILD (BIRTH TO ONE MONTH)
Every newborn has a personality of her own. Hence, no two newborns are the same, although all of them like to be cuddled and have their need to feel loved satisfied.

It is helpful to know that some of them fuss more than others. They seek more attention, sleep less and cry more.

Fathers also need to lend a helping hand in such situations. Some children find a male voice more soothing and comforting. As the ‘difficult’ baby demands a lot from the mother, she may get exhausted and be unable to give her husband the attention she would like to give him. A considerate husband understands his wife’s difficulties and shares the household chores, especially in the absence of any domestic help. And when the wife is able to notice and appreciate her husband’s caring attitude, the ‘difficult’ baby will have performed a good deed in having brought them closer to each other.

BEHAVIOUR OF AN INFANT (FIRST YEAR)
At about 3 months, the child recognises her mother well. She likes to have adults and children dote on her and obliges them with a real broad smile. In a joint family, she will respond
amiably towards the other members. Between 3 and 6 months, she starts becoming aware of strangers. She may not respond to their overtures, or may even start crying as soon as she sees them. Consequently, she expects her parents, especially her mother, to be around. At times, the mother may feel that the baby is taking advantage of her goodness. Let it be so. The care that you give her at this age will stand her in good stead later in life. She will start trusting people, will cherish your care and in turn, learn to care lovingly for others.

Nearing her first birthday, the ‘angel’ baby may start behaving like a ‘little devil’. She is now entering a phase of ‘negativism’, when she tends to do the opposite of what you want her to do. This is healthy, as it indicates that the child is beginning to develop her own personality. It is her way of telling you that you can’t ‘bully’ her all the time, although her seemingly rebellious behaviour can often be very annoying.

Use the method of distraction when she insists on touching something that she should not be handling or touching. This is preferable to shouting at her. Give her something more interesting and divert her attention. When that does not work, start using the precious word ‘No’. Say ‘No’ in a firm, matter-of-fact way whenever needed and required. Let there be no
harshness, bitterness or sarcasm in the tone of your voice. Do not keep saying ‘No’ all the time. Let there be a few practical and realistic rules that the child can understand. Be consistent. Make sure that the child observes the set rules. Parents and grandparents must not have differing viewpoints. Let the child understand that a ‘No’ means ‘No’. First, she won’t be sure of your command. When she does associate your consistent ‘No’ with the expected prohibition, she will gradually start accepting the limits to which she can go.

Show approval when she listens to your instructions. Ignore minor offences, but if she is putting herself into a dangerous situation, act fast to move her away with a firm ‘No’ and ensure her safety.

Your one-year-old infant may not understand the concept of danger. As she crawls about or learns to walk, she may want to put her fingers into the electric socket, pull down the table lamp or the tablecloth. She may want to put everything that comes her way into her mouth. In the process of touching new objects, she is learning about different shapes, sizes and textures. She is learning to coordinate her hand and mouth activity. As long as she does not harm herself or harm others in the process, her natural instinct to explore must not be curbed or stifled. Keep breakable objects out of her reach. A few things that she is not supposed to touch may be kept, just so you can teach her the meaning of ‘No’. However, make sure she has a lot of things around the house that she can touch and play with.

At this age, she may also throw things on the ground. This type of behaviour does not necessarily mean that she is being naughty or bad; she is learning the art of releasing objects and watching where they land.

Do not be surprised when she is afraid of strangers; she is in the process of learning to distinguish her near and dear ones from others. Advise visitors not to pounce on her the
moment they see her. Let the child observe the newcomers. She will watch them from the corner of her eye and assess them for a while. After some time, she may herself come close to them or respond to their friendly gestures. If she does not, let them wait for another opportunity to gain her hand in friendship. In case they have brought her a gift, let it be offered before they leave. If she still remains away from them, keep the gift on the table and draw her attention to it. The chances are that she will pick it up, look at it for a while and then come out of her shell.

At this age, children are normally afraid of sudden noises. My grandson was afraid of the whistle of the pressure cooker. This is normal. After a couple of months, they get over this fear, provided we do not become unduly anxious about these normal fears. Similarly, your child may start shrieking the moment you pour water on her head. Take it easy. Let her sit in the bathtub in your presence. Pour water on her head or let her pour it herself. If she is still afraid, let her watch you bathing. Don’t give her a head bath for a few days; just pour a little water on her body. You may soon be able to help her get over her fear. With such an approach, she is likely to come around faster, than when you try to force the issue.

Before she completes one year, your child will indicate that she wants to eat by herself. She will make a serious effort to do so, and end up making quite a mess in the process. You may be tempted to come to her help. She may resist you, but after some time, she may give up and start depending on you to help her eat. You will probably not realise that by doing this, you are sowing the seeds of dependency in her.

If you do not set limits and allow her to act as she likes, your child may find it difficult to adjust later with people with whom she has to live or work. Fortunately, most such children manage to modify their behaviour as they grow older, when they come in contact with another positive, caring adult.
who guides them on the right path. However, it does make sense to avoid future problems as much as is possible within our limits and efforts by laying a stable foundation right from an early age.

**BEHAVIOUR OF A TODDLER (1 TO 3 YEARS)**

First, the good news: At this age, your toddler wants to please you. She also wants to imitate you. The best approach is therefore to set a good example while she follows you and tries to win your approval. At times, she may be a bundle of joy who wants to help. For example, she may be very happy to bring the *chapatis* from the kitchen to the dining table or give a shopkeeper money on your behalf.

However, she will also test your patience at times. Remember she is passing through a phase of ‘negativism’. She
may find it difficult to control herself and act in a rather impulsive manner. She may refuse to share her possessions with others. She may be fearful. She worries if she does not see you for long and clings to you when you come back. All this is normal. Read the chapter on MEETING THE EMOTIONAL NEEDS OF CHILDREN. It will help you accept your ‘angel-cum-devil’ as an individual with her own distinct personality and out of this acceptance will follow tender, loving care. You will learn to set limits. Firmness will come naturally to you. Of course, you will feel hopeless at times. However, faith in these basic guidelines will keep you going. Thereafter, you may be further comforted by the fact that the next 3 years are going to be comparatively easier for you and your child.

BEHAVIOUR OF A PRESCHOOL CHILD
(3 TO 6 YEARS)

Compared to a toddler, your preschool child is less self-centred, more helpful, more outgoing and friendly. She may even start seeing her mistakes.

At 4 years, however, she may appear rude and may even swear, but she will be better behaved by about 5 years.

A preschool child also wants to please her parents and tries to imitate them. This puts an extra responsibility on parents to live right and provide role models of healthy and happy living.

Your child lets her imagination run wild, often playing games about relationships and the places that you have visited as a family. She may keep asking you all sorts of questions on different subjects: ‘Why does this happen?’ ‘Why?’ ‘What?’ ‘How?’

Children at this age may now start taking more interest in their genitals and play with them - which is not abnormal. They may ask why boys and girls are different from each
other, or about how babies come into this world. Your daughter may also seem attracted to her father, just as her brother is probably enchanted by his mother.

The parents must understand that their children’s interest in playing with the genitals or their attraction to someone of the opposite sex is normal. Questions related to sex must be answered in a matter-of-fact manner, without embarrassment and without giving unnecessary details. If you do not feel comfortable talking about sex, ask a friend or teacher to talk to the child.

Parents must not allow children to manipulate one parent against the other. When the parents retain their individual identities and continue to show love and respect for each other, children get the right signals from an early age. This helps them develop respect for human beings in general and the opposite sex in particular.

**BEHAVIOUR OF A SCHOOL GOING CHILD (6 TO 12 YEARS)**

On joining regular school, your child is likely to become closer to his peers. They will probably influence his behaviour more than you or your husband do. It is a normal phase of development. Don’t worry if your son starts taking less interest in family activities. He wants to be more independent and socialise more with people of his own age. When he joins a group of boys of his own age, he learns to lead and to be led. He shares responsibility and the group’s workload. His group may be very creative, but there is always a possibility of getting into undesirable activities.

By and large, an association with peers is good. Do not spy on your son’s day-to-day activities. Do not read his personal diary. It may please you to know that at this age, the ‘inner policeman’ in him is more alert. It starts nagging him when he is tempted to cross the limits of values set by your living and your interaction with him.
Instead of suspecting the ‘evil’ influence that other boys or girls may have on your child, make an earnest attempt to know his friends and their families. Invite them to your home. Do not be swayed by their outward appearance. Treat them with respect. Do not pass critical comments.

Your job is to make sure that your child has enough time for his studies and at least some time for the family. Television watching may be rationed. Reach an agreement with him about the programmes that he can see. Regular sleeping hours must be maintained. Children need to have enough sleep at this age. They must therefore go to bed early. (See Sleep And Sleep Problems in THE A-Z OF CHILDHOOD ILLNESSES.)

Make sure that your child has occasion to spend time with the family in a casual manner. Invite your son’s favourite friend to a movie or a family picnic. Meet the mothers of your son’s friends during holidays. Organise a group activity where you can help them learn something that will really interest them. This can be done on a particular day of the week. Other mothers can take responsibility for some other days. But you must make sure that the group has time to themselves when they can do the things that they want to do together.

It is important at this age to be in close contact with your son’s class teacher. Do discuss his progress with her and ask in what ways you can play your part in helping him do better in his studies. Some parents push their children too hard to ‘top’ the class. Others just don’t bother. Both extremes are not desirable. Teachers also have a major responsibility to help children become healthy and happy adults. Your visits to the school will be helpful. However, do not be over anxious and start visiting your child’s school every day. He will feel embarrassed and your interest is likely to prove counter-productive.

The question of pocket money comes up at this age. Give him an allowance, but not too large an amount. You can also
set certain guidelines about what things your son should not buy with the allowance, say for example, junk food. Ultimately, however, he should be free to use it the way he likes.

Be careful not to criticise your child in front of others if you feel he is not coming up to your expectations. Discuss the problem with your husband and jointly explore the possible ways of handling the situation.

Do not hesitate to talk to a psychologist or a family counsellor. I know of a young boy who refused to go to school. The parents took him to a psychologist who, on probing deeper, found that the child was afraid of a bully in the school bus, that he admired his father for his skills in karate, and that he liked his school teacher. The parents met the teacher, who then encouraged the boy to join karate classes. His father started spending more time with him. The bully was tackled. The boy became proficient in karate, improved in his studies and ultimately developed a more robust personality.

**BEHAVIOUR DURING ADOLESCENCE**

*(12 TO 18 YEARS)*

This is a tumultuous age, difficult both for your teenager as well as for those who have to interact with him. Rapid changes, both in physical and sexual growth, are taking place. By his behaviour, he is hinting to you that he is no longer a child and that he has become an adult. However, he often forgets that he is still passing through a phase of transition and that he has not yet become a fully mature adult.

You may hear him say, ‘Leave me alone. I am no more a kid.’ And yet, deep within, he may be expecting your continued guidance and support. His actions may declare, ‘Get lost!’, yet he often wants his parents to be around and to be available when he feels confused and is undecided about certain issues.
Girls who mature early are reported to be more prone to psychological difficulty during their teenage years. Teenagers fretting over how they look may have the so-called ‘Body Dysmorphic Disorder’, a severe preoccupation with an imagined or slight defect in appearance. This can lead some children to drop out of school, shun social contact and even attempt suicide. The cause of this condition is not known, although biological, psychological and socio-cultural factors are suspected.

How To Handle A Teenager

Gone are the days when a father could tell his teenaged son or daughter, ‘In our days, we couldn’t utter a word in the presence of our elders. How dare you speak to me like that?’ It does not work. It perhaps did not work in those days either; parents probably just forced their children into submission. Such children either remained submissive throughout their lives or rebelled at the first available opportunity.

Does it mean that parents should not be firm with their growing children? Should they be given full freedom to do anything they like? No!

The teenager is simply reminding us to meet his emotional needs discussed earlier. Read those guidelines again.

The teenager says loud and clear:

- Remember that I am a young adult and not a little child any more.
- Treat me with love, respect, and firmness.
- Help me assume responsibility for my own life.
- Set a good example for me, instead of harping on moral values and good conduct.
- When I want to talk to you, do spare the time to listen to me.
Understanding parents know that periods like the phase of negativism (which may begin at 15 months of age or sometimes earlier and end at 3 to 4 years) and the period of adolescence, when understood well and handled properly, may in fact, bring their children closer to them.

To begin with, a teenager starts questioning your views about living. You may be fighting corruption at all levels. Your son will argue that it is not practical to be absolutely honest in the present social set-up. Or he may try to defy you if you want him to come home early. Be patient. Continue to give him your love. This is part of growing up. The important thing for you is not to give up. If limits are required, remember the dictum, ‘Your teenager will be upset in the long run, if you do not set the required limits.’

Later on, our young friend may start ignoring you and start spending more time with his friends. Treat them with respect even if they are not dressed the way you expect boys from ‘decent families’ to be dressed. His interest in the opposite sex will now become more evident. You should be aware that it is not uncommon for adolescents to experiment with cigarettes, beer or sometimes even hard drugs in the company of their friends.

Fortunately, before your son enters the 20s, he has already established close bonds with you and the family. He may finally start appreciating your rather ‘conservative’ views. He may like to spend more time with Mom and Dad and discuss his future and career. If he has a younger teenaged sister, he may suddenly become very protective towards her and keep reminding you to set appropriate limits for her. He may now be ready to listen to the voice of his own conscience — his ‘inner policeman’ that you told him about when he was younger. However, help him not to develop any guilt feelings. Tell him about some of the mistakes that you have made in life, how you learnt from them, made amends where you could, and continued to move forward.
MEETING THE EMOTIONAL NEEDS OF CHILDREN

To ‘lead’ the child into a happy state of mind, one must give due importance to her emotional needs. They are as important for the child as the so-called essential needs for food, shelter, clothing and medical care.

The word L-E-A-D has these components:
- Love
- Example
- Acceptance
- Discipline

Each of these deserves equal emphasis. Just because discipline is mentioned last, it does not mean that it is the least important. Furthermore, I firmly believe that it is a futile exercise to discipline a child in the absence of an atmosphere of love and acceptance.

LOVE

Love is one of the most important needs for a happy childhood. Paediatricians and psychologists would agree with the statement that ‘love is the most precious thing in the world’.

Love Is Intrinsic To Our Nature

Some parents love their children with the unvoiced expectation that their offspring will bring them credit or help
them in their old age, and they feel let down, cheated and betrayed when this does not happen. They rue the fact that they went out of their way to bestow their love on her, and that the child has forgotten her duty and the fulfillment of their expectations! But love cannot be equated with a business deal. As parents, we must give love unconditionally and without expectation.

In such a loving atmosphere, the child feels secure. She is likely to rush into her parents’ loving arms whenever she wants to share her joys and troubles.

Such parents are less likely to be upset if the child does not come up to their expectations. Armed with such an attitude, they are more likely to ‘listen’ to even the unspoken language of the child when she does not seem to be ‘behaving’ as they would otherwise expect.

**Listening To Your Children**

Active listening is important. A child must be given full attention. You must stop what you were doing, go over to the child and get down to her eye level. Use a gentle, caring voice to describe the feelings and situations you see.

**Listening From Within**

Let me now give you a personal example. My teenager, who was studying in another city, had come home over the weekend to get a book from my friend. As he was about to leave, I asked him if he had picked up the book. He replied “Where was the time, Papa?” I was furious and said, “You had time for your friends, time for the movies, time for a party, for television and for everything else except the book you had specially come for.” He left.

A few days later, a letter came from him addressed only to ‘Mummy’. In the past, it used to be addressed to ‘Mummy and Papa’. I was used to reading something inspirational daily and then listening from within. A week after my son left, I felt
inspired to write him a letter. I disregarded the thought that told me that the rift was his fault. I wrote him the following letter.

My dear Sunil,

These last few days, you have been in my thoughts. I sometimes wonder if I am unduly harsh with my children. I have discussed this with your mother, my trusted companion. The answer, we both agree, is, ‘If you love your children, you have to be firm with them at times’.

Sunil dear, when you come home next, do let me know if I should have behaved differently under certain circumstances. I say this because I am conscious of the fact that I am not right all the time. But one thing is certain, my son, that whatever I do, it comes out of the deep love I have for you. God bless you, my son. Remember me to your roommate.

Your friend,
Papa

This letter was followed by a prompt reply:

My dear Papa,

Thanks for your understanding letter. It is true that I was very mad with you on that day. But then, teenage is a fiery age... I feel the best is yet to come... I love you.

Your son,
Sunil

From that day onwards, Sunil and I grew closer to each other. A problem had been converted into an opportunity. How did it happen? I did not have to apologise, but what I wrote revealed my genuine love for him, and so it probably struck the right chord in my son’s heart, and he responded positively.

Giving Children Your Time

R. M. Lala, who wrote the biography of the late J. R. D. Tata, writes about his own father, “He always had time
for me. The most precious thing Father gave me was himself.”

Parents must find time for their children. Picture a busy executive. He is often still asleep while his children leave early in the morning for school — because he had slept so late after an important business evening. He usually comes home late in the evenings when the children have already gone to sleep. When he comes early, it is only to start getting ready to go for a social engagement. He is even unavailable to his wife who needs his time and attention to discuss something personal. When the weekend comes, he can be found playing bridge or golf at the club.

Things are fortunately changing. When I started my practice in Mumbai about 35 years ago, hardly any fathers came with their children for appointments. They seemed to be busy climbing to the top of the ladder and it was usually the mother or a grandparent who brought the child. Today, I find many more young fathers coming to see me with their children and taking as much responsibility for looking after the children as the mother.

Researchers at the US National Institute of Child Health and Human Development say that fathers who spend time with children, especially those below 3 years of age, and take responsibility for them, are more likely to be part of loving couples. They have a higher level of marital intimacy. So if a father wants to see a permanent smile on his wife’s face, he should spend more time with his young child and yes, learn to change the diapers.

**Touch**

Children need to be assured of love from the moment they are born. A direct skin-to-skin contact with the mother soon after birth and feeding the baby on demand sets the right pace for mother-infant bonding and for the child to feel secure. All
babies want to be talked to, smiled at, and cuddled. Touch is known to be essential for their healthy development.

One may worry that we may spoil our little ones with such an approach. Love never spoils. Of course, if your baby is lying quietly by herself, let her be on her own for some time. One need not keep her in the lap all the time. Even grandparents must keep this in mind.

However, when a small baby cries because of hunger, discomfort due to an illness or otherwise, she must be picked up and attended to.

The Crucial First Few Years

Loving parents spontaneously start cooing and talking to the child as soon as they hold her in their arms. They take her all around the house, allow her to touch the plants, show her pictures and make her feel that they are enjoying her presence. They realise that the nurturing and care given during the first few years of a child’s life are most crucial.

When a child feels secure in her early years, she is more likely to grow up to be a caring and loving adult.

Prolonged separation of the child from the parent should be avoided in the first 5 years. On the other hand, a short separation of a couple of hours after the first 4 to 6 months of life is good for the parent as well as the baby.

When the child is between 3 and 4 years, parents may even consider taking a short holiday for a few days, leaving the child in the care of a close aunt or uncle or a grandparent. However, the child must be prepared for their absence in advance and should not wake up one morning or return home one evening to find her parents missing. It can be a rude shock to the child, and leave her emotionally traumatised. Therefore, prepare the child and let her know beforehand that both of you are leaving for a few days and will return soon.
Leaving The Child At Home While Parents Go Out To Work

Should a mother leave her job if she is employed outside her home? This decision is up to the couple. When the mother needs a job for personal satisfaction or for financial reasons, she must not quit it. However, she may consider taking up a different kind of job that requires her to work fewer hours, so that she can spend more time with the baby and still feel productive.

The employer may agree to extend the mother’s maternity leave with full pay, half pay or without any salary. The point that needs to be stressed here is that the first couple of years of life are important for a healthy interaction between the parents and their offspring and that children who have a prolonged stay with grandparents or other relatives during the early years may become overprotected or even spoiled. Incidentally, I have often encouraged parents to take their infants or toddlers with them for a trip abroad. My experience is that they have mostly returned home happy after having done so.

However, under exceptional or unavoidable circumstances, parents may have to leave the child for a prolonged period in the care of others. Do not feel guilty if you are forced to take such a step. Let the child start getting used to a caretaker, say the grandparent, well in advance. Let her handle the child more and more while you are still around. Later, let her also sleep in the same room as the grandparent. Grandparents in a joint family system can provide the much needed care and attention to the child in such a situation. At times, even other relatives in our traditional set-up can be very helpful. I know of a woman who not only looks after her nephew but also breastfeeds him, besides breastfeeding her own baby.

Also refer to Working Women in the chapter on FAMILY ISSUES for more guidance on this subject.
Time For Yourselves
While dwelling on the language of love, we should not forget our own needs for relaxation and creativity. One must remember that when the baby was born, the cord between the baby and the mother was cut. It signifies that one needs to develop some degree of detachment as well, even as we continue to bestow our loving care on the baby. This is essential, even for the sake of our babies. We do not want to ‘smother’ or ‘stifle’ them with love. We do not have to ‘sacrifice’ all that we have for the sake of our babies. Therefore, it is most essential, especially for mothers who spend most of their time during the day with their babies, to pay attention to their own needs.

If you are fond of music, find time for it. Spend time with your husband. Go out with him whenever possible without the baby.

When your baby is small and cannot be left in your absence, take her along to an evening party at a friend’s house. Do not be unduly worried about her getting an infection. If there is a good nursery school near your home, you may consider leaving your child, when a little older, to spend some time with other children while you get some time for yourself.

A relaxed mind, quiet nerves and a centred soul make living happier, brighter and better, psychologist and family therapist Maya Kirpalani insists, not just for us but also our children.

EXAMPLE
Akhil, our grandson, was 3 years old. He had learnt some good habits from his parents and his nursery school teacher. In his school, there was a Thinking Corner; any child who needed to be reprimanded was made to stand in that corner for a while.
One day, Akhil rightly felt that his teacher had herself not followed a particular habit he had been taught to follow while eating. He drew her attention to it and said that she should stand in the Thinking Corner. Behold, that exemplary teacher did just that — and in doing so, not only reinforced the importance of a good habit, but also helped Akhil understand that rules are rules and meant to be followed by all.

Always keep in mind that, for a child, your actions speak louder than words.

If you tell your child to inform a telephone caller that you are not at home when you are, it is not fair to expect her not to lie otherwise. If you are unable to attend the call, ask your daughter to say, “Uncle, Dad is at home. But unfortunately, he cannot attend to your call just now. Could you please leave your phone number? Dad will ring you later.”

Our children observe us closely. They notice how we treat our servants, friends and relatives — especially those who are poor or those who do not wield much influence.

If we treat people with respect, our children are likely to follow in our footsteps and show respect to all those they meet.

Parents can also influence their children adversely with their unhealthy lifestyle.

Late nights, alcohol, smoking, unhealthy food habits, watching too much television, lack of physical activity, fights with each other, hatred, touchiness, greed, selfishness, illicit relationships — all these have a negative influence on the minds of young children.

How a teacher conducts herself — both in class and in society — can also have an equally positive or negative effect on the lives of her pupils.
Teaching Duty And Responsibility

If children grow up in an atmosphere that disregards rules — even occasionally — they start believing that they are above such restrictions. When adults break rules in front of children, it is particularly damaging.

Young Radha and Kishore are sitting in the back seat of the car; Mom is sitting next to the driver. The traffic signal is red. The children are late for school and the driver jumps the signal. Mom keeps quiet. The children get the message that it’s all right to break the rules when you are in a hurry. When they grow in such an atmosphere, they are likely to become accustomed to ignoring the laws of the land and get into trouble. It is then too late for regrets.

It is true that it is not easy to live with values like honesty and unselfishness in today’s world. However, when our teenaged children notice that we do our best to follow these values, despite the difficulties we face, they will see that it is worth tolerating such hardships because their parents are happy people.

What about younger children? Let us not forget that they too, are watching us quietly. In the example of the driver jumping the signal because the children were getting late for school, the mother should have told the driver firmly to wait for the signals. If he replied that nobody was watching and it was quite safe to ignore the signals, she was given a wonderful opportunity to tell the driver, and therefore indirectly the children, that the policeman inside each one of us was indeed watching. Such a dialogue would have two-fold benefits: One, the driver is warned that he cannot break traffic rules and so endanger the lives of both his passengers and pedestrians. Two, the children are directed to look within and refuse to be tempted to do something that may not be in their long-term interest. They then learn to make a conscious choice of their own.
A word about people who have a burning desire to serve society. May their tribe increase! If you are one of those, my best wishes to you. However, please do not neglect yourself or your family. I am convinced that if you are at peace with yourself and with your family, you are in a much better state to serve others. Not only that, if the situation so demands, you are well equipped to face all opposition with an inner calm and poise and with the full support of your spouse and the rest of the family.

ACCEPTANCE
All parents like their children to be happy and at peace with themselves. In order to achieve that goal, we should act in such a way that our children continually receive the following messages.

- Accept others as they are.
- Give others the right to differ.
- Effort is more important than achievement.
- It is honourable to accept our own mistakes.
- We are responsible for our own lives.
- We must be ready to accept the things we cannot change.

Accept Others As They Are
We should help children accept others as they are. Let them learn from the first 2 lines of the song, “When I point my finger at my neighbour, there are 3 more pointing back at me.” Let us never forget to find the good qualities in others before pointing out their faults.

The traditional Indian Namaste teaches us this; in saying Namaste, we say from within, “I greet the Divine in you.” It is Divine greeting the Divine — indicating that the same Divine is in both of us. So neither of us is superior or inferior to the other person.
Here, let us also mention about the first child, the middle child and the youngest child. Parents often tend to indulge the first child, consequently overprotecting him. To correct the balance, they may overlook the second child, and again spoil the youngest one.

Most parents are overprotective towards an only child. Even a minor illness may make them over-anxious. If they panic, they may not be objective enough to provide the best possible care during an emergency.

Children brought up in the absence of their parents by other relatives (say grandparents) or by a single parent, may also not be provided with the freedom that they deserve or may not be handled firmly when the situation so demands.

Additionally, writes Maya Kirpalani, children born with a congenital illness or a physical deformity may be either shunned or overprotected by their parents. Guard yourselves against both these tendencies. Respect and love your child for what she is. Remember, she is more than the deformity or the illness. Help her discover that, too. She is a child of God, given to you so that you may love, protect and care for her. In rearing such a child, you will be able to invoke, rediscover and nurture precious qualities within yourself, which you might never have known you had — more love, more patience, and more forbearance.

Acceptance does not mean that we forget to give the required stimulation to the child. Children need stimulation. They need to be encouraged to realise their full potential. Under-stimulation is as bad as over-stimulation.

Avoid pushing your child too hard; try to discover what special interest she has and encourage her in the same. This is possible if parents spend enough time with their children in the early years of their lives.
Give Others The Right To Differ
Let your child know from your behaviour that everyone has a right to differ with another person. Tell her, “We accept that you may differ with us on certain issues. We grant you that right. But if we happen to be around, we would like you to give due consideration to our experience and our love for you.”

Effort Is More Important Than Achievement
Every year, a few students commit suicide the day the Std. X board examination results are declared. These young children feel they have not met their parents’ expectations, and take the extreme step of ending their precious lives.

A teenager staying in the college hostel received this note from his father the day before his final examination: “My dear son, I know you well; you have worked hard. You could not have worked harder. Sit for the examination with peace in your heart. Answer as much as comes to your mind. I will not be upset if you fail in any subject — or in all the subjects. Believe me, I mean it. Your friend, Papa.” The young man later told his uncle that the one factor that helped him excel was that note from his father.

It Is Honourable To Accept Our Mistakes
I returned home one evening after a hectic day to find my two sons fighting with each other. While I was scolding the older boy, my wife took me aside and told me that the younger fellow was to be blamed for that particular squabble. I went in again and said to my older son, “Sunil, I am sorry. Your mummy tells me that it was not your fault and I unnecessarily scolded you. I am sorry.” Wide-eyed, Sunil looked at me and said, as if from adult to child, “It’s all right, Papa. It’s all right.”

A few days later, I was driving my sons to school. I bought something on the way and asked Sunil to keep the change in
the glove compartment. In the evening, I needed some coins and did not find any in that compartment. I rang home and asked Sunil about the change. “Papa, I kept it in the dashboard,” he said. “It must be there. I will find it and give it to you.” When I came home later at night, the boys were already asleep. When I went to wake Sunil up the next morning, as I always did, he was already awake. He came to me and said, “Papa, I am sorry. I did not keep the change in the dashboard. Both of us ate something with that money. I am sorry.” I hugged him, kissed him on the forehead and said, “I am so glad, my son, that you told me exactly what happened. Please give me back that money out of your and your brother’s pocket money.” “Sure, Papa,” said Sunil, feeling relieved.

Such incidents reveal that children find it easy to own up to their mistakes and say ‘Sorry’ in a home where adults are ready to own up to their mistakes. Our children must gather from us that, while it is important to learn from our mistakes and make amends when required, we need not carry a load of guilty feelings all our lives.

We Are Responsible For Our Own Lives
Sometimes, people say, “I wish my children were more responsible. I wish my wife was more understanding. I wish my husband was like the guy next door. I wish I had got admission into that junior college where the teachers are so good. I wish . . .” Let us keep in mind that life is like a game of cards. In this game, you play the cards that you get; you are not allowed to throw them down. You have to make the best of what you have and play to the best of your ability. In this same spirit, help your child to grow to become an adult who takes responsibility for her life, for making or marring it; an adult who does not blame her parents or society if things do not seem to go the way she thought they would, an adult ready to accept any outcome.
MEETING THE EMOTIONAL NEEDS OF CHILDREN

We Must Be Ready To Accept The Things We Cannot Change

Mrs. X used to work with children who were slow to learn. Yet, when she was told that her own newborn had Down’s Syndrome, she was dumbfounded and could not accept the fact at first. Gradually, with her husband and parents’ support, she came to accept the diagnosis. Her paediatrician was also finally able to convey to her that such children could also be treated as ‘normal’. With her acceptance of the situation and her acknowledgement that she could not change it, ‘miracles’ started taking place. She felt that God had given her the child because she was trained in his care. She started reading more about the subject, spent as much time as possible with her son and kept in constant touch with her paediatrician. The latter supported her plan to go abroad with her son to learn more about such children. On her return, she started a society for the parents of children with Down’s Syndrome. Her son, though slightly slow as compared to other children, started attending a school for ‘normal’ children. People who were not aware about his condition, did not think that he was different from other children. Mrs. X became an epitome of courage, fortitude and patience for mothers of other children with a similar condition.

DISCIPLINE

• Can children manipulate their parents? Of course, they can!
• Do children need discipline? Yes, they do!
• Do children like to be disciplined? They do!
• Can too much love spoil a child? No!
• What sorts of parents do children like? Loving, firm, consistent parents!

Children are very clever. They can manipulate and do manipulate parents who allow themselves to be manipulated. Parents of so-called ‘precious’ children are more likely to succumb to their manipulation.
All children need discipline. Unfortunately, some teachers and parents literally follow the dictionary meaning of discipline — ‘orderly or controlled behaviour’. Children do not like such an approach. They like discipline that is just and based on reason.

Of course, an infant or a toddler may not understand all this. She should be praised more often for her actions that we approve of and occasionally asked not to do something that is undesirable. However, school going children are more likely to follow the rules we lay down, if we set a good example and if they understand why it is important for them to follow certain rules and imbibe certain values, in their own immediate and long-term interest.

While some parents still believe that sparing the rod will spoil the child, others are over-solicitous and afraid to say ‘No’ to their children. But children do not like ‘soft’ parents or ‘soft’ teachers. They prefer a loving but firm and consistent caretaker who assumes the role of a democratic leader.

Recently, a young boy died in a car accident. He did not have a driving licence. Neither did his friend, whose father’s car was taken out in the middle of the night without the parents’ permission. Five friends went on this illegal spree that resulted in the death of one of them - the only child of his parents. It is not uncommon to see parents allowing their children to drive inside the compound of their building without a licence. They do not realise that such laxity on their part could prove fatal.

The Definition Of Discipline

Howard* has given a good definition of discipline: “Discipline is the structure that an adult sets up for a child’s life. It is designed to allow him or her to fit into the real world happily and effectively.

The discipline set up by parents is the foundation of the child’s own self-discipline later. It is within this structure that the child has real choices for behaviour that take into account other people and are within the child’s control.”

This definition indicates that adults cannot abdicate their responsibility to discipline children. They must set up the structure for discipline - not for exercising their authority over children, but to allow them to fit into society happily and ably. Ultimately, the children develop a sense of self-discipline. Later in life, when they are at the crossroads with different options, they keep the interests of others in mind, before deciding upon the final course of action.

The First Step Towards Discipline
Allow the child to grow in a loving atmosphere from birth onwards and let discipline follow as an extension of love. When you comfort your crying baby, she begins to trust you. As she grows, she comes to realise that you want only the best and what is right for her. She now wants to please you with her actions. This lays the foundation for self-discipline. A time may come when she finds that you are directing her against her wishes. In such a situation, if she is convinced that her interest has always been uppermost in your mind, she is more likely to follow your directives even though she may find them painful.

If instead, we force a child into submission, we may succeed in making her follow our orders out of fear and hatred, but if she has not been brought up in an atmosphere of love, respect and trust, she is likely to rebel sooner or later and may fail to develop the self-discipline that we are aiming at.

When Should We Start Disciplining The Child?
Spoil with love, if you will, an infant below the age of one year. At the most, you may take away something that you do not
like her to handle at that particular moment. But after she has celebrated her first birthday, start getting her used to the word ‘No’. You must mean the word when you say it, but there is no need to make an issue of it at this age. If the child persists in doing what you do not want her to continue with, try to divert her attention. Most children can be easily distracted at this age.

After the age of 15 months or so, the child will enter into a phase of ‘negativism’ when she will tend to do the opposite of what you want her to do. She will want to assert herself. She will not eat when and what you want her to eat. Yet, soon after, she will want to pick food out of guests’ plates and eat it. Once you become aware of this temporary phase of negativism (which may last up till the age of 3 or 4), you are likely to handle it with sensitivity.

At this age, she will also start constantly asking questions. Answer the ones that can be simply answered. Ignore the complicated ones; she is not really interested in your answers at this age. However, do listen to her with respect to assure her that you appreciate her curiosity to know more about the world around her.

Don’t worry if she refuses to share her things with others at this age. The rudiments of unselfishness and a desire to share with others often come after the age of 3 or 4 years.

**Setting Reasonable Limits**

Children like parents who can guide them; they feel more secure with parents who set reasonable limits, keeping in mind their age and maturity level.

For instance, if a 2-year-old child wants to eat by herself and spills the food on the table in the process, make sure that her spoon is easy to handle, that her bowl is wide enough, that the chair is placed near the table and is of the right height.
She must then be encouraged to eat by herself even if she makes a mess.

If a child wants to write on the wall of the living room, make sure that she is instead given paper and crayons or chalks and a slate on which she can draw. Tell her in a language that she can understand, “Please use this paper or the slate. You draw on this paper or this slate.” Say it firmly without anger or threat in a matter-of-fact voice. If the child still insists on drawing on the wall, take away the chalk, crayon or the pencil and keep it out of her reach. She can be given the materials again as soon as she is ready to accept the limits set by you.

Consistency
Both mother and father should jointly set rules or limits for the whole family. Make sure the child understands the rules and make sure that she is always made to follow them. If you become lax on certain occasions, she will take advantage and try to disobey you and create a scene the next time. Once the rules are made, both the parents and all the other elders at home should see that they are followed. A tired father must guard against letting the child have her way against the rules jointly made by both the parents. The grandparents too, should not let the child go against the limits set by the parents. Do not laugh, even when your very young child refuses to obey. If you do, the undue attention will encourage her to repeat her ‘performance’.

Discipline In School
The child has to learn at home and from her teachers the art of living a happy and productive life. Before the age of 5, a child may readily accept the difference between right and wrong from her parents, but as she grows older, she starts questioning the moral codes set by the parents. This occurs more frequently when the values followed by her peers are at variance with those that she has learnt at home.
Now is the time for parents and teachers to explain the value of the magic words ‘Please’, ‘Thank you’ and ‘Sorry’. Remember, values are best imbibed by those children whose parents and teachers lay the foundation for nurturing these values by themselves acting as role models and setting correct examples.

One of my teachers could not stand the wastage of even a drop of water. When the tap was left open due to someone’s carelessness, he would close it immediately and bring it to our notice. If he saw a paper lying in the school compound, he would pick it up and put it into the waste paper basket himself. His exemplary behaviour had a deep impact on my memory; I follow his actions to this day.

Teachers, like parents, must be good listeners and treat their students with love and respect. I once came across a child who was, unfortunately, the victim of a teacher who developed a dislike for her. The girl, a brilliant student, suddenly started faring poorly and was even afraid of going to school. It was then learnt that the teacher was constantly scolding her and putting her down in front of the whole class. The determined father did not take the matter lightly and wrote a formal letter to the school authorities. It then came to light that that particular teacher was creating problems for many children in the class and that parents were too scared to bring it to the notice of the school authorities. Ultimately, the teacher was expelled from the school.

In general, parents should make sure that the children give due respect to the teacher. When my children were small and I was waiting in queue with other parents to see my son’s class teacher, a mother was making all sorts of remarks against the teacher in the presence of her child. The same teacher, in fact, was an adorable person and very good with the children. It was obvious that the problem lay with the mother’s perception of the teacher and her attitudes rather than with the teacher.
Never Insult Others
Nobody likes to be insulted, especially children. Yes, parents can get angry. We are likely to get angry with the toddler who spills the only milk left at home. In such situations, label the act, not the child. Say “What you did was naughty!”, not “You are naughty!” Such labels can have a very damaging effect on the child’s personality. Instead, help her clear up the mess and then teach her how to carry a glass of milk safely.

A Few Important Components Of Discipline
I quoted Howard to define discipline. The author stresses the need for parents to provide special uninterrupted time for the child; reward positive behaviour; ignore minor transgressions; set routines for meals, sleep and chores; and offer choices whenever practical.

Howard also deals with praise, rewards and punishment. “A smile, increased attention, praise or material rewards, all serve to reinforce a child’s actions. Rewards should be small, immediate and appropriate to the situation.

“At the same time, children need protection from their own impulses. For example, they should not be allowed to hit their parents. Firmness demands that, if the child does not move to do as requested in 18 seconds, the parent should go towards the child, grasp an arm if necessary, and shepherd him or her to the task without speaking further.”

Howard rightly cautions that one parent should not interfere with how the other has already started to handle a given situation.

I am against physical punishment. However, parents need not be filled with remorse if by chance, they hit a child in response to the latter’s indiscipline. However, physical punishment should not be consistently used in a bid to modify the child’s behaviour. A ‘time-out’ is a better substitute to
physical punishment. If the child is 2 years old, then the time-out must be for 2 minutes. A 5-year-old can be given a time-out for 5 minutes. For 2 to 5 minutes, the child is placed in a corner or a room in which there are no other attractive or interesting alternatives present to amuse her.

It is true that parents who have had problems in childhood or who were brought up in an atmosphere of marital discord may find it difficult to discipline their children. But Howard refers to recent studies that have shown that mothers who have had troubled upbringings, but have recognised and accepted them, have children with normal attachment, while mothers who remain bitter, have children more likely to show an insecure attachment pattern.

MANIFESTO FOR A HAPPY FAMILY*


Every couple should keep these points in mind:

1. A family is an organisation of people who live together and support each other for the realisation of a common goal.
2. A sound family is the only real basis for a sound society.
3. The common goal of a family is to create overall hope and happiness amongst all who come within its sphere of influence. Securing this objective whilst unfolding the creative potential of each individual is the main objective of the family.
4. An ideal family would be one:
   a. Where there is unconditional love, in which every member is accepted and respected for what she/he is, without any comparisons.
   b. Where there is communication and empathic listening to the said and the unsaid in an atmosphere of peace and harmony.
MEETING THE EMOTIONAL NEEDS OF CHILDREN

c. Where being home means to be in a haven where one need not be anxious for one’s physical and emotional well being. Where every member can repose unconditional trust in the other. Where one is not alone in joy or in sorrow.
d. Where children are free to share their joys, fears, thoughts and perceptions in all their innocence and purity.
e. Where every member finds time to be there for the others.
f. Where we receive our first lessons in what is good and not so good. Where WHAT is right is more important than WHO is right. Where sharing and caring is a habit.
g. Where reprimands and corrections spring from a foundation of love. Where people learn by example. Where rights go hand in hand with responsibilities.
h. Where dignity and division of labour are respected and accepted.

5. That, in order to make happiness the crown of a family’s activity, its members need to bring about an inner transformation by taking this solemn pledge:

That I shall do my best to inculcate, imbibe, nurture and cherish all the above stated ideals in myself and my family, and thereby reaffirm my commitment to society. That, from time to time, I shall refer to the above ideals in order to remind myself of the goal that we have together decided to reach, and to assess my progress in that journey.

HAPPY FAMILIES FOR A HAPPY WORLD

Exhorts Maya Kirpalani, “Pause! Think! If an individual can realise and actualise his own potentialities to their maximum to make himself and others happy, to create a better world, can one then envisage the dynamic influence and impact of a
family wherein the various family members can pool their individual strengths and assets to make the world a better place to live?

“Progressively, what if all the families in the whole world began to live with a common goal of merging and coalescing their efforts, strengths, values and ideals to create a more compassionate and humane world? Idealistic thinking? Maybe so! But I strongly believe that even if 50% of the world’s families came together and nurtured this worthy cause, only positive forces would emanate from Mother Earth and our Loving Father shall shower His blessings on mankind.”
LEARNING AND SCHOOLING

EDUCATION
Lord Asa Briggs, the eminent British historian and educationist, was invited to India in 1994 to deliver the Dr. D. S. Kothari Memorial Lecture hosted by Bombay University. According to him, “Education should fulfill the potential of the individual, who, in turn, should help in the development of society.” I was delighted to read outside a school in Mount Abu: ENTER TO LEARN, LEAVE TO SERVE.

When Should Schooling Start?
A state-level committee on ‘Early Childhood Education’ in Maharashtra, chaired by Professor Ram Joshi, had opined that children below the age of 6 should not be subjected to formal education. They should not be burdened with reading, writing and arithmetic. It is well known that a 3-year-old child does not possess finger coordination and should not be made to write. But certain schools ignore this dictum.

Play School
I suggest that you do not send your child to the so-called ‘play schools’ or ‘play groups’ as they exist in most cities. In a good play group, the parents, along with their 1½ to 2½ year-old toddlers, go to the group in order to be with other parents. While the parents make friends, the toddlers play with sand,
water, on slides, etc. in their parents’ presence. The parents and the children thus get an outing. It is neither supposed to be a school; nor a place for learning, sharing or socialising.

**Nursery School**

Children can join a nursery school at around 3 years of age before they join a regular school. Send your child only to a certified nursery school. Make sure that the teachers are trained and that the school has enough space and the right play equipment.

A nursery school gives an opportunity for the child to be separated from the parents for 2 to 3 hours. The mother gets some free time. Children learn to play and share things with other children. Experienced qualified teachers help to sow the seeds of discipline in the minds of tiny tots. Activities in a nursery school are planned with a lot of care and thought. Yet children are given full freedom to choose an activity and move to the next one as and when they decide on their own. The school continues to give them the opportunity to develop form, colour, painting and varied cognitive and physical skills.

To begin with, the school allows the mother to stay with the child for a few days. Later, the mother follows the advice of the nursery teacher and leaves the child behind even if she cries. If the crying is incessant, the help of a psychologist is sometimes needed to sort out any underlying emotional problem.

The mother or father must pick the child up from school. If that is not possible, a close relative or another child’s parent may be requested to bring the child home.

**School For Older Children**

It is not easy for parents to decide which school the child should join. A few points may be kept in mind before taking a final decision.
It is always better to send your child to a school in the neighbourhood. Some schools now only admit children who live in the vicinity. A school that seeks donations may not be the right one for your child. Similarly, if most teachers in a school give private tuitions, that school may be avoided.

Give preference to a school that emphasises extra-curricular activities and character building. Physical activity should also be given its due place in the curriculum. A school that brings children nearer to Nature and makes them conscious of their responsibility towards it will help your child become a good human being.

Schools with innovative ideas that make learning an interesting and joyful experience are rare. If you cannot find such a school, you may, through the Parent-Teacher Association, make efforts to bring new ideas to your child’s institution.

Keep in mind also that some schools pack too many students into a class for a teacher to give any child individual attention. Make sure that the school you choose has enough space for children to play in, or makes arrangements for the same. The playground must be enclosed with a clear protective wall border to keep children from wandering away.

A school should also provide opportunities for students to acquire superior levels of communication skills in each subject — it should encourage them to do library research, prepare reports, participate in debates and seminars, and have their articles published in school-based or national magazines.

Today, being proficient in the use of computers is derigueur, so ascertain that the school will accordingly equip your child, preferably on a one computer to one student ratio.
It is perfectly all right to send your child to a coeducational school. But make sure that you keep in close touch with the class teacher and also get to know your child’s friends of the same or opposite sex.

Also make sure that the school gives enough emphasis to moral education and the inculcation of cultural values.

Says Gurcharan Das, “The best schools are in communities where parents are involved and the Parent-Teacher Associations are strong.” I fully agree with this statement.

**Boarding School**

There are points for and against boarding schools. It is important for you to know the facts, but do not hesitate to put your child into a boarding school if the situation demands it.

Drug addiction, sexual abuse, bullying by seniors, peer pressure and a feeling of gradual emotional detachment from the parents are often cited as important reasons for keeping children away from a boarding school. One cannot deny that such problems can arise and so the parent should be aware of the same. The risks from such possibilities can be minimised if the child is sent to the boarding school at a little older age, say around 10 or 11. If the child has grown up in an atmosphere of love and understanding during the early years of her life and if she knows that she is being sent to a boarding school for her own welfare, she is likely to remain unaffected by the above-mentioned adverse influences. She is more likely to fall into bad company and ruin her prospects if she feels she has been sent away because she is a nuisance at home. If parents are not getting along well with each other, the child may be told that they are thinking of sending her to a boarding school as both of them love her and because they are both interested in her welfare.

The benefits of a boarding school are many. Children gain an all-round experience in varied sports and learn from
interaction with children from different religions and socio-economic and cultural backgrounds. Some schools offer swimming, horse riding, theatre and Nature walks. One learns discipline, manners and etiquette. But above all, most children in a boarding school grow up to be independent and self-reliant.

Of course, the environment of a boarding school with all its plus points can be created in a home by parents who do not smother their kids and help them take decisions independently whenever possible. The choice is yours.

**When A Child Is Not Doing Well In Studies**

There can be several reasons for the child not doing well in school. But before we try to find out what these are, you must pause to see if you have undue expectations from your child. I have seen both types of parents — some expect too much and some underestimate their child’s potential.

After undertaking that exercise, see if any of the following factors are responsible for her poor performance in school.

Let us first think of a child who is not at peace with herself. This could be due to psychological factors that need the help of a counsellor. But quite often, the cause may be such that the parents themselves can handle it. Sometimes, the help of the school authorities is needed. For instance, the child may be subjected to bullying or teasing in the school bus or in the school by other students. As far as possible, let the child sort out the problem herself. Or ask her if you could help. She may have a teacher who is ‘difficult’. Prolonged absence from school due to prolonged or frequent illnesses may be a contributing factor.

In very rare cases, a child may suffer from psychological disorders like ‘school phobia’ or truancy. These children may either be hostile towards the mother or may be too dependent
on her. A few children also skip or ‘bunk’ school without their parents’ knowledge. These children need psychotherapy or the help of a counsellor.

A child who is not competent may naturally perform poorly. The child may either be too young for her class or may genuinely suffer from some mental handicap. On the other hand, a child who is much more clever than the rest of the class may feel bored and start losing interest in her studies. Such children may be given a double promotion. But a better option perhaps would be to encourage such a student to develop other interests or hobbies or to help some of her classmates in their studies.

Never try to get a false medical certificate from your doctor if the child has missed school for reasons other than illness.

**Dyslexia**

Physical handicaps might also lead to slackness at school. A child with a hearing or visual defect needs attention. A child having dyslexia may be wrongly diagnosed as being mentally retarded. According to Loretta D'Silva, Director of the Institute of Development, Mumbai, children with dyslexia or specific learning difficulties have problems learning to read and write, particularly in learning to spell correctly and to express thoughts on paper. They may have trouble in differentiating between left and right, in learning to tell the time or tie shoelaces, or in following instructions. Or they might even confuse spoken sounds. Any hearing defect must be ruled out in these children. Such children can have normal schooling and do not show backwardness in other subjects. In fact, they may be highly gifted in other fields, such as business, the sciences and the creative arts. Albert Einstein, Leonardo da Vinci, Thomas Alva Edison and Hans Christian Anderson were all said to be dyslexic. Early diagnosis is important in these children so that remedial measures can be taken during the two critical periods for acquiring language:
difficulties in interpersonal relationships, especially in communicating with the opposite sex. Some of them also admitted to being confused about fantasy versus reality, and concerned about what others think of them, freedom of expression, risk taking behaviour and the issue of sexual abuse. Many highlighted substance abuse as a major menace.

**Emotional Problems:** Adolescents revealed that they were troubled by lack of freedom, and concerned about careers and the future. They also admitted to loneliness, identity crises, an inferiority complex, a lack of confidence, stranger anxiety, difficulty in adjusting with others, over-anxiety, lack of emotional stability, depression, suicide and homicidal tendencies. They were also plagued by worries regarding childbirth, love marriages, failed love affairs, parental expectations, problems dealing with elders, and the issue of fantasy versus reality.

**Educational Problems:** Many adolescents were not happy with the present day educational system. They expressed deep concern regarding the lack of proper counselling and guidance, confessed to an inferiority complex due to poor performance in studies, constant nagging by teachers, lack of opportunities for preferred professions, difficulty in adjusting with fellow students, lack of peer acceptance, difficulty in talking with teachers, examination fear, despair at not achieving academic goals like entrance examinations, stage fright, etc.

**Health Problems:** The major health problems observed were asthma, respiratory infections, obesity, underweight, goitre, bed-wetting, dandruff, alopecia and skin problems. They also had concerns about the change in body image, pubertal changes, breast size, beauty, attractiveness, prominent teeth, short stature, hirsuitism and menstrual problems.

From birth to 5 years for spoken language and up to 15 for written language. Once the diagnosis is established, a specialist teacher prepares an individualised programme for the child with the help of the parents, teachers, friends and members of the family, to provide support learning strategies for the dyslexic child. Support can also be had from:

- **The Maharashtra Dyslexia Association,**
  303 Jharna, Dr Ambedkar Road,
  Mumbai 400052

- **The Madras Dyslexia Association,**
  10/l Sambasivam Street, T. Nagar,
  Chennai 600017

- **The Educare Centre,**
  M-2 Hauz Khas,
  New Delhi 110016

**Competitive Spirit And Kids**

Competition can be healthy. But psychiatrists are finding that children develop a lot of behavioural problems in the wake of a competitive spirit. Childhood may soon be lost to the cause of competition.

As a child specialist, I do find the perils of undue competition affecting more and more children. Fortunately, there are still parents who adopt a balanced approach to the issue. These parents have fun as a family. They make sure that the child also enjoys time by herself and with her peers while doing well in her studies.

Uma Prabhu interviewed several social workers and academicians and attributed competitiveness in the educational field to a lack of better alternatives for students and a dearth of vocational guidance. For instance, the cut-off percentage for open merit seats in Maharashtra state’s medical colleges is often around 97%. “This is why a child is viewed as an achiever right from pre-school days, when the
competition actually begins,” says the headmistress of the
B. J. Parsee Charitable Institution. “Rather than being viewed
as people creating the future, today’s students are
manoeuvred to fit into the future,” she adds.

Points out Suneeta Kulkarni from Nirmala Niketan’s
Department of Human Development, “Parents are
advised to take the help of vocational guidance centres
to explore their children’s personalities and thus help
them in selecting a career according to their aptitude. I
have seen many miserable doctors and engineers in life.
So you need not develop the attitude that a child’s life is
ruined if she does not get admitted to some glamorous
professional course.”

Besides nation building, teaching of values in schools
may also help to achieve excellence without cutthroat
competition.

Recently, a core group of the Planning Commission
referred to the paramount need of character formation
and development among the student community. The
National Policy of 1986 on Education promised to
inculcate the ideals of social justice, environmental
protection, gender equality, scientific temper and work
culture. The core group has identified love, peace,
non-violence, righteous conduct and truth as the
universal human values required to improve the self.
Hopefully, parents will join hands with teachers to help
the child understand the importance of these values
from an early age.

Regular Studies, Homework And Examinations
Interviews with most young students who topped board
examinations reveal that they were regular in their studies.
Those with other interests in life also had fixed hours for
study. This must be encouraged.

Not Yet Adults
Adolescents differs from adults in 5 main ways:
1. Teenagers tend to show a special intensity and volatility
of feelings.
2. They have a need for immediate gratification.
3. A teenager is particularly unaware of the probable
consequences of his or her actions and misunderstands the
feeling and behaviour of others.
4. There is a lack of self-criticism in adolescence.
5. A teenager has an awareness of the world about him/her
that is different from that of an adult.

The Adolescent’s Concerns
Teenagers often complain that they are misunderstood,
unduly restricted and unfairly treated by their parents.
Parents frequently grumble that their teenagers fail to
communicate or that they reveal their feelings in a hostile
manner. Indeed, as parents, we usually have only vague ideas
as to what adolescents must be thinking about, based on our
own past experiences. But times are changing, and our
experiences are not true templates for our young people’s
attitudes and emotions.

Based on focus group discussions with many groups of
adolescents, in an attempt to understand the adolescent mind
from its own point of view, and using the data only for
qualitative interpretations, the following observations
were made:

Perceived Social Problems
While on the one hand, the adolescents were irritated about
the unnecessary restrictions imposed on them by society; on
the other, they were also concerned about the prevailing
problems of antisocial behaviour, gender discrimination, and
misleading friends, books and mass media. They also cited
Discuss the subject with your children. Then reach an agreement with them about the time and place for studies. Let this be strictly enforced except in some special situations.

It is all right for you to sit with your young child while she is doing her homework. Never do the homework yourself. Give her some help, but no more than that. Leave older children to work by themselves. Encourage them to take help from the school teacher, unless you are sure that you know the subject and you can meet the needs of the child in an appropriate manner — with encouragement and without ridicule.

Many schools have now started encouraging students to use a calculator and even a computer. I do not see any harm in letting children have access to these as long as they do not become entirely dependent on the calculator or spend a whole lot of time sitting at the computer. Children must learn to solve problems without such aids and must have time for extra-curricular activities.

It is extremely important for you to keep in constant touch with your child’s class teacher. Any problem at school must be sorted out early, before it becomes insurmountable. When the teacher invites you for a meeting, go with an open mind. If you have any questions, do not hesitate to ask the teacher. Treat her with respect. Leave as soon as your allotted time is over. If you need more time to discuss how you can work with her to help your child do better, request her for some other time. Take your child into confidence as well and share what you learnt in your meeting with her teacher. If the teacher had complaints about the child’s behaviour in school, take them seriously. It is usually the child who needs correction, but occasionally a teacher may not be able to handle the situation. It should be quite clear in your mind and in the mind of the teacher that no child must ever be subjected to physical...
punishment or humiliated in the presence of others, especially peers.

Do discuss the subject of cheating in examinations with the child. Make it clear to her that you will be happy with whatever is the outcome of the examination — good or bad — and that you never expect her to take recourse to cheating.

Should a child be detained in the same class in the event of a failure? You should discuss this subject with the class teacher, keeping your child’s personality in mind. If the child is confident, does not get too upset if she fails to succeed, and has a good self-image, it may be all right for her to stay in the same class. But a child with poor self-esteem could be given extra coaching and promoted to the next class.

Activities Besides Studies
Your child must be encouraged to take part in sports and other extra-curricular activities. At least one of the parents should try to make it to the school if the child is taking part in a play or some other special event.

When the child comes home from school, let her unwind before you talk about any serious subject. First serve her food and then discuss how the day in school went while she is eating.

If you are not likely to be at home when she returns from school, leave a note for her or leave instructions with the caretaker. She will understand and appreciate that you care. (Also see the section on Working Women in the chapter on FAMILY ISSUES.)

At home, you should encourage the child to pursue her favourite hobby. But make sure that she also has time to study and to relax. Playing games together as a family brings you all closer to each other. Reading books other than schoolbooks should be encouraged.

toys, etc. A photo album with family members and friends is also a good idea. Remember, your child will still want to mouth everything as part of the exploratory process. Story or book-time can be part of a bedtime routine. Books with plastic pages are also available which can be drooled on or enjoyed in the bath!

12 to 24 Months
The child will now want to take part in deciding which book to read. Let her also decide how long she wants to read. Never force your child to read when she is not interested. She may like books about animals, books with pictures of children like herself doing things like playing, eating, etc. Choose books with few words per page, and those that have a predictable pattern, like a simple rhyme. By 18 to 24 months, many children will start completing the end of rhymes (e.g. when the parent says, “Jack and Jill went up the hill to fetch a pail of...?” the child will respond with “water”.

2 to 5 Years
The child gains more and more pre-reading skills. She may move a finger from left to right pretending to read. She may also read books to her doll as part of pretend play. Children at this age love books that tell stories, books with simple text about going to school or to the doctor, and about having a brother or sister. Your child may start telling you the story — which may be completely different from the one you told her!

Always let your child decide which book she wants to read. While you need to keep a watch on whether your child is reading material that is age appropriate, don’t force her to read books which you think are “good for her”. Once your child has acquired the reading habit, it is much easier to introduce her to new books.
Camping away from home is also good for children. You must meet the teacher or the person in charge of the camp in advance for any details. If the child is on regular medication, the supervisor must be briefed about it. While it is a good experience for the child to be with her peers, she should be advised that she need not follow others blindly. Any forbidden activity as per decision of the supervisor or any other activity with which she does not feel comfortable should be avoided.

Parents can also create an atmosphere in which the child starts getting interested in the world outside her home and classroom — her neighbourhood, her other relatives, especially those with lesser means, and the world at large. At the beginning of this chapter, I had quoted Lord Asa Briggs. Let us constantly remind ourselves of what he said, “Education should fulfil the potential of the individual, who in turn should help in the development of society.”

SEX EDUCATION

From playing with genitals to sex before marriage, parents may have all sorts of questions on sex education. Most of them hesitate to discuss the subject of sex with their children. For your information, adolescents who receive information about sex from their parents rather than from others, are likely to develop a healthier attitude towards sex.

Sex education is essential for preschool children, school children as well as adults.

Ten Basic Principles To Be Followed

1. Do not show any sign of embarrassment if your preschooler asks questions about sex. However, if you have reservations about talking on sex-related subjects, guide your youngster to have his/her queries answered by another trusted adult — a relative, teacher, counsellor or a doctor.

Our country has a rich tradition of story telling, which can be drawn upon to expose the child to a large vocabulary, which is a prerequisite for language and literacy. It has the added advantage of ensuring quality time spent with a parent or grandparent.

When To Begin Reading To Your Child

Parents are always amazed when they are told that they can begin reading to the child as early as when the child is 6 months old. The important thing to remember is that there should be no actual pressure on the child to read up to the age of 6.

Initially, you don’t have to read what is actually written in the book; you can just talk about the pictures instead. In this manner, he will learn to enjoy books, and eventually to read.

6 to 12 Months

At this age, infants love board books, especially those with pictures of other babies, and familiar objects like balls, cars,
2. There is no need to tell your young one more than she/he can understand.
3. Be truthful while answering any sex-related question.
4. Do discuss sex with your teenager before he or she reaches puberty.
5. Do not hesitate to talk about your views on such matters.
6. Listen. Listen to your children, especially your teenager. LISTEN!
7. Create an atmosphere in which your children feel free to tell you about their doubts and fears.
8. Respect a certain amount of privacy your teenager may want.
9. Children should learn from an early age that no other person is supposed to touch their private parts.
10. Let children notice the mutual respect with which Mom and Dad treat each other.

The Age At Which Children Start Asking Questions About Sex

Around 3 years of age, your son may notice that he is different from his sister and the girl next door or vice versa. The girl may ask why she does not have the finger-like structure (the penis) that the boy has. She may feel as if she is incomplete or as if she has lost something. Answer simply that she is a girl, and that girls are different from boys and that a girl can grow to become a mom and a boy can become a dad. If the child asks what a penis or a vagina is for, you can, in simple language, explain that they are for urinating. For the time being, that explanation is enough.

You may be asked where babies come from. Answer simply that they grow in a special place in the mother’s abdomen and they come out from a special opening situated below the abdomen and between the thighs.

Guest Article – Dr. Vibha Krishnamoorthy

GETTING YOUR CHILD READY TO READ

Dr. Vibha Krishnamoorthy is an expert on developmental disorders in children.

Reading is perhaps one of the most important human inventions. We differ from animals — who also have language — in our ability to read and write. It is not surprising therefore that reading, unlike talking, does not come intuitively or instinctively to a child. There is ample research to show that a child’s home environment, especially early exposure to language and importance given to reading in the family, can influence a child’s ability to be a good reader.

In other words, children who are read to, learn to read.

In today’s urban world, it has become even more essential to be able to read well, for a child to be able to perform well at school, and for her subsequent career. Ironically, children today have fewer incentives to read with the availability to alternative media like television or the computer.

It is not essential for a parent to be able to read fluently, or to be able to read at all, for a child to develop good pre-reading skills. In fact, research at Boston City Hospital has demonstrated that even children of illiterate parents, from very poor homes, can learn to enjoy reading if they are exposed to a good amount of language and to books at an early age.
Between 3 and 5 years of age, the child may develop a special attraction towards the parent of the opposite sex. It is a transitory phase and parents need not attach too much importance to it and must not get unduly worried.

Around 5 years, some children may ask about why women have breasts and men don’t. You could reply that the mother’s breasts produce milk for her baby. Sometimes, you may be asked why girls do not get babies till they are married. You may say that the girl has a seed all along; but it needs another seed to have a baby.

If your young one is ready to go to a regular school and she has not yet asked such questions, she has probably got her answers from some other source. On your part, you may sense if she is curious about “What is the difference between a boy and a girl?” or “Where did the new baby next door come from?” Children may also learn about these facts through pets.

From this age onwards, boys and girls should be made to understand that they must not allow any other person to touch their private parts. Exceptions can be made when a doctor examines the child or when the parents want to check for any problem that the child may have around the genitals.

Sex Education And Your Teenager
Prepare your daughter for her menstrual cycle and your son for the occurrence of nocturnal emissions (discharge of semen during sleep). They should be told that these are normal. The so-called ‘wet dreams’ do not mean that your son was having sexual dreams. Menstruation and nocturnal emissions simply indicate that children are maturing and becoming adult. Similarly, some adolescent boys get a spontaneous erection of the penis without having any thoughts about sex. This is also
normal and you should explain to your son that these erections become less frequent with age.

Many teenagers masturbate at some time or another. Handle this subject as discussed in the section on Masturbation in the chapter on PSYCHOLOGICAL CONCERNS. Of course, if you feel that you are not well equipped to deal with the subject of sex education yourself, let your child discuss it with a doctor or a teacher. You can be present most of the time when the doctor or the teacher is interacting with your teenager, but you could leave them alone before the meeting ends, so that the youngster can seek clarification on any other issue she wants, without having you around.

A husband or wife who respect each other and who have a certain set of values can share their views frankly with their children, keeping in mind their age, intellectual ability and temperament. When children notice that Dad and Mom are leading a happy life together, they are likely to listen to them with respect. Let the discussion be more in the form of a dialogue rather than a sermon. The parents themselves can raise certain questions, like, “What are your views about having sexual intercourse with your boyfriend or girlfriend before marriage?” Your teenager may ask you such a question or may ask your views if you are the one who first raised the question. If you say that you are against it, you must explain why it is not right. (See When Is One Ready For Sex? in this chapter.)

You can then explain, say to your daughter, that she can go to a party or picnic with boys and girls, but it is advisable to go in a group with other girls. You can set a time limit for her returning home at night, but you must also explain your reasons for doing so.

If you are a spiritual-minded person, feel free to bring the spiritual aspects of matters related to sex into the discussion.

You can then talk about the difference between “loving another person” and “just making love with another person.”

You can certainly talk about the increasing rate of divorce, the risk of teenage pregnancies and sexually transmitted diseases including AIDS, and the long-term harmful effects of having sexual intercourse at an early age. Bear in mind always that throughout the discussion, the basic rules of an appropriate dialogue must be followed, i.e. encouraging the other person to speak, not interrupting the other person when he or she is talking, being attentive while listening, and respecting the other person’s right to differ even after hearing your viewpoint. Of course, share your well-considered views without any hesitation. Do not be surprised if you get either no response or a violent response from your teenager. It should not unduly worry you. Very often, the teenager is listening though he or she may seem not to be. Give your ideas time to sink in.

When Is One Ready For Sex?
Psychologist Rani Raote believes that this subject must be raised with young people. I am in total agreement with her. According to her, the most important thing involved in sex is the mind, because, among humans, the decision and the act of sex do not only involve the body. Therefore, being physically able to have sex does not mean that one is emotionally ready for it.

Unfortunately, too often the decision to have sex is based on reasons that are harmful to one or both partners. Sometimes, a young person may indulge in sexual intercourse out of fear that her partner will leave her if his sexual need is not satisfied. Sex may also be used to gain power over one’s partner, to merely satisfy one’s sexual curiosity, to show others that one is not old-fashioned, out of anger or defiance to get back at someone, or just because one is bored. At other times, an excuse that “it just happened” is used.
normal and you should explain to your son that these erections become less frequent with age.

Many teenagers masturbate at some time or another. Handle this subject as discussed in the section on Masturbation in the chapter on PSYCHOLOGICAL CONCERNS. Of course, if you feel that you are not well equipped to deal with the subject of sex education yourself, let your child discuss it with a doctor or a teacher. You can be present most of the time when the doctor or the teacher is interacting with your teenager, but you could leave them alone before the meeting ends, so that the youngster can seek clarification on any other issue she wants, without having you around.

A husband or wife who respect each other and who have a certain set of values can share their views frankly with their children, keeping in mind their age, intellectual ability and temperament. When children notice that Dad and Mom are leading a happy life together, they are likely to listen to them with respect. Let the discussion be more in the form of a dialogue rather than a sermon. The parents themselves can raise certain questions, like, “What are your views about having sexual intercourse with your boyfriend or girlfriend before marriage?” Your teenager may ask you such a question or may ask your views if you are the one who first raised the question. If you say that you are against it, you must explain why it is not right. (See When Is One Ready For Sex? in this chapter.)

You can then explain, say to your daughter, that she can go to a party or picnic with boys and girls, but it is advisable to go in a group with other girls. You can set a time limit for her returning home at night, but you must also explain your reasons for doing so.

If you are a spiritual-minded person, feel free to bring the spiritual aspects of matters related to sex into the discussion.

You can then talk about the difference between “loving another person” and “just making love with another person”.

You can certainly talk about the increasing rate of divorce, the risk of teenage pregnancies and sexually transmitted diseases including AIDS, and the long-term harmful effects of having sexual intercourse at an early age. Bear in mind always that throughout the discussion, the basic rules of an appropriate dialogue must be followed, i.e. encouraging the other person to speak, not interrupting the other person when he or she is talking, being attentive while listening, and respecting the other person’s right to differ even after hearing your viewpoint. Of course, share your well-considered views without any hesitation. Do not be surprised if you get either no response or a violent response from your teenager. It should not unduly worry you. Very often, the teenager is listening though he or she may seem not to be. Give your ideas time to sink in.

When Is One Ready For Sex?

Psychologist Rani Raote believes that this subject must be raised with young people. I am in total agreement with her. According to her, the most important thing involved in sex is the mind, because, among humans, the decision and the act of sex do not only involve the body. Therefore, being physically able to have sex does not mean that one is emotionally ready for it.

Unfortunately, too often the decision to have sex is based on reasons that are harmful to one or both partners. Sometimes, a young person may indulge in sexual intercourse out of fear that her partner will leave her if his sexual need is not satisfied. Sex may also be used to gain power over one’s partner, to merely satisfy one’s sexual curiosity, to show others that one is not old-fashioned, out of anger or defiance to get back at someone, or just because one is bored. At other times, an excuse that “it just happened” is used.
Between 3 and 5 years of age, the child may develop a special attraction towards the parent of the opposite sex. It is a transitory phase and parents need not attach too much importance to it and must not get unduly worried.

Around 5 years, some children may ask about why women have breasts and men don’t. You could reply that the mother’s breasts produce milk for her baby. Sometimes, you may be asked why girls do not get babies till they are married. You may say that the girl has a seed all along; but it needs another seed to have a baby.

If your young one is ready to go to a regular school and she has not yet asked such questions, she has probably got her answers from some other source. On your part, you may sense if she is ready by saying, “Are you thinking about boys and girls?” or “Where did the new baby next door come from?” Children may also learn about these facts through pets.

From this age onwards, boys and girls should be made to understand that they must not allow any other person to touch their private parts. Exceptions can be made when a doctor examines the child or when the parents want to check for any problem that the child may have around the genitals.

Sexologist Dr. Raj Brahmbhatt says that knowledge about contraception is a must before puberty. Parents and teachers worry that talking about contraception will lead to children experimenting with sex; in fact, studies show that telling adolescents about contraception before puberty seems to make them more responsible in their sexual behaviour.
2. There is no need to tell your young one more than she/he can understand.
3. Be truthful while answering any sex-related question.
4. Do discuss sex with your teenager before he or she reaches puberty.
5. Do not hesitate to talk about your views on such matters.
6. Listen. Listen to your children, especially your teenager. LISTEN!
7. Create an atmosphere in which your children feel free to tell you about their doubts and fears.
8. Respect a certain amount of privacy your teenager may want.
9. Children should learn from an early age that no other person is supposed to touch their private parts.
10. Let children notice the mutual respect with which Mom and Dad treat each other.

**The Age At Which Children Start Asking Questions About Sex**

Around 3 years of age, your son may notice that he is different from his sister and the girl next door or vice versa. The girl may ask why she does not have the finger-like structure (the penis) that the boy has. She may feel as if she is incomplete or as if she has lost something. Answer simply that she is a girl, and that girls are different from boys and that a girl can grow to become a mom and a boy can become a dad. If the child asks what a penis or a vagina is for, you can, in simple language, explain that they are for urinating. For the time being, that explanation is enough.

You may be asked where babies come from. Answer simply that they grow in a special place in the mother’s abdomen and they come out from a special opening situated below the abdomen and between the thighs.

---

**Guest Article – Dr. Vibha Krishnamoorthy**

**GETTING YOUR CHILD READY TO READ**

Dr. Vibha Krishnamoorthy is an expert on developmental disorders in children.

Reading is perhaps one of the most important human inventions. We differ from animals — who also have language — in our ability to read and write. It is not surprising therefore that reading, unlike talking, does not come intuitively or instinctively to a child. There is ample research to show that a child’s home environment, especially early exposure to language and importance given to reading in the family, can influence a child’s ability to be a good reader.

In other words, children who are read to, learn to read.

In today’s urban world, it has become even more essential to be able to read well, for a child to be able to perform well at school, and for her subsequent career. Ironically, children today have fewer incentives to read with the availability to alternative media like television or the computer.

It is not essential for a parent to be able to read fluently, or to be able to read at all, for a child to develop good pre-reading skills. In fact, research at Boston City Hospital has demonstrated that even children of illiterate parents, from very poor homes, can learn to enjoy reading if they are exposed to a good amount of language and to books at an early age.
Our country has a rich tradition of story telling, which can be drawn upon to expose the child to a large vocabulary, which is a prerequisite for language and literacy. It has the added advantage of ensuring quality time spent with a parent or grandparent.

When To Begin Reading To Your Child
Parents are always amazed when they are told that they can begin reading to the child as early as when the child is 6 months old. The important thing to remember is that there should be no actual pressure on the child to read up to the age of 6.

Initially, you don’t have to read what is actually written in the book; you can just talk about the pictures instead. In this manner, he will learn to enjoy books, and eventually to read.

6 to 12 Months
At this age, infants love board books, especially those with pictures of other babies, and familiar objects like balls, cars, etc.
punishment or humiliated in the presence of others, especially peers.

Do discuss the subject of cheating in examinations with the child. Make it clear to her that you will be happy with whatever is the outcome of the examination — good or bad — and that you never expect her to take recourse to cheating.

Should a child be detained in the same class in the event of a failure? You should discuss this subject with the class teacher, keeping your child's personality in mind. If the child is confident, does not get too upset if she fails to succeed, and has a good self-image, it may be all right for her to stay in the same class. But a child with poor self-esteem could be given extra coaching and promoted to the next class.

Activities Besides Studies
Your child must be encouraged to take part in sports and other extra-curricular activities. At least one of the parents should try to make it to the school if the child is taking part in a play or some other special event.

When the child comes home from school, let her unwind before you talk about any serious subject. First serve her food and then discuss how the day in school went while she is eating.

If you are not likely to be at home when she returns from school, leave a note for her or leave instructions with the caretaker. She will understand and appreciate that you care. (Also see the section on Working Women in the chapter on FAMILY ISSUES.)

At home, you should encourage the child to pursue her favourite hobby. But make sure that she also has time to study and to relax. Playing games together as a family brings you all closer to each other. Reading books other than schoolbooks should be encouraged.

12 to 24 Months
The child will now want to take part in deciding which book to read. Let her also decide how long she wants to read. Never force your child to read when she is not interested. She may like books about animals, books with pictures of children like herself doing things like playing, eating, etc. Choose books with few words per page, and those that have a predictable pattern, like a simple rhyme. By 18 to 24 months, many children will start completing the end of rhymes (e.g. when the parent says, “Jack and Jill went up the hill to fetch a pail of...?” the child will respond with “water”.

2 to 5 Years
The child gains more and more pre-reading skills. She may move a finger from left to right pretending to read. She may also read books to her doll as part of pretend play. Children at this age love books that tell stories, books with simple text about going to school or to the doctor, and about having a brother or sister. Your child may start telling you the story — which may be completely different from the one you told her!

Always let your child decide which book she wants to read. While you need to keep a watch on whether your child is reading material that is age appropriate, don’t force her to read books which you think are “good for her”. Once your child has acquired the reading habit, it is much easier to introduce her to new books.
Discuss the subject with your children. Then reach an agreement with them about the time and place for studies. Let this be strictly enforced except in some special situations.

It is all right for you to sit with your young child while she is doing her homework. Never do the homework yourself. Give her some help, but no more than that. Leave older children to work by themselves. Encourage them to take help from the school teacher, unless you are sure that you know the subject and you can meet the needs of the child in an appropriate manner — with encouragement and without ridicule.

Many schools have now started encouraging students to use a calculator and even a computer. I do not see any harm in letting children have access to these as long as they do not become entirely dependent on the calculator or spend a whole lot of time sitting at the computer. Children must learn to solve problems without such aids and must have time for extra-curricular activities.

It is extremely important for you to keep in constant touch with your child’s class teacher. Any problem at school must be sorted out early, before it becomes insurmountable. When the teacher invites you for a meeting, go with an open mind. If you have any questions, do not hesitate to ask the teacher. Treat her with respect. Leave as soon as your allotted time is over. If you need more time to discuss how you can work with her to help your child do better, request her for some other time. Take your child into confidence as well and share what you learnt in your meeting with her teacher. If the teacher had complaints about the child’s behaviour in school, take them seriously. It is usually the child who needs correction, but occasionally a teacher may not be able to handle the situation. It should be quite clear in your mind and in the mind of the teacher that no child must ever be subjected to physical...
competition actually begins,” says the headmistress of the B. J. Parsee Charitable Institution. “Rather than being viewed as people creating the future, today’s students are manoeuvred to fit into the future,” she adds.

Points out Suneeta Kulkarni from Nirmala Niketan’s Department of Human Development, “Parents are advised to take the help of vocational guidance centres to explore their children’s personalities and thus help them in selecting a career according to their aptitude. I have seen many miserable doctors and engineers in life. So you need not develop the attitude that a child’s life is ruined if she does not get admitted to some glamorous professional course.”

Besides nation building, teaching of values in schools may also help to achieve excellence without cutthroat competition.

Recently, a core group of the Planning Commission referred to the paramount need of character formation and development among the student community. The National Policy of 1986 on Education promised to inculcate the ideals of social justice, environmental protection, gender equality, scientific temper and work culture. The core group has identified love, peace, non-violence, righteous conduct and truth as the universal human values required to improve the self. Hopefully, parents will join hands with teachers to help the child understand the importance of these values from an early age.

Regular Studies, Homework And Examinations

Interviews with most young students who topped board examinations reveal that they were regular in their studies. Those with other interests in life also had fixed hours for study. This must be encouraged.

Not Yet Adults

Adolescents differs from adults in 5 main ways:
1. Teenagers tend to show a special intensity and volatility of feelings.
2. They have a need for immediate gratification.
3. A teenager is particularly unaware of the probable consequences of his or her actions and misunderstands the feeling and behaviour of others.
4. There is a lack of self-criticism in adolescence.
5. A teenager has an awareness of the world about him/her that is different from that of an adult.

The Adolescent’s Concerns

Teenagers often complain that they are misunderstood, unduly restricted and unfairly treated by their parents. Parents frequently grumble that their teenagers fail to communicate or that they reveal their feelings in a hostile manner. Indeed, as parents, we usually have only vague ideas as to what adolescents must be thinking about, based on our own past experiences. But times are changing, and our experiences are not true templates for our young people’s attitudes and emotions.

Based on focus group discussions with many groups of adolescents, in an attempt to understand the adolescent mind from its own point of view, and using the data only for qualitative interpretations, the following observations were made:

Perceived Social Problems

While on the one hand, the adolescents were irritated about the unnecessary restrictions imposed on them by society; on the other, they were also concerned about the prevailing problems of antisocial behaviour, gender discrimination, and misleading friends, books and mass media. They also cited
difficulties in interpersonal relationships, especially in communicating with the opposite sex. Some of them also admitted to being confused about fantasy versus reality, and concerned about what others think of them, freedom of expression, risk taking behaviour and the issue of sexual abuse. Many highlighted substance abuse as a major menace.

**Emotional Problems:** Adolescents revealed that they were troubled by lack of freedom, and concerned about careers and the future. They also admitted to loneliness, identity crises, an inferiority complex, a lack of confidence, stranger anxiety, difficulty in adjusting with others, over-anxiety, lack of emotional stability, depression, suicide and homicidal tendencies. They were also plagued by worries regarding childbirth, love marriages, failed love affairs, parental expectations, problems dealing with elders, and the issue of fantasy versus reality.

**Educational Problems:** Many adolescents were not happy with the present day educational system. They expressed deep concern regarding the lack of proper counselling and guidance, confessed to an inferiority complex due to poor performance in studies, constant nagging by teachers, lack of opportunities for preferred professions, difficulty in adjusting with fellow students, lack of peer acceptance, difficulty in talking with teachers, examination fear, despair at not achieving academic goals like entrance examinations, stage fright, etc.

**Health Problems:** The major health problems observed were asthma, respiratory infections, obesity, underweight, goitre, bed-wetting, dandruff, alopecia and skin problems. They also had concerns about the change in body image, pubertal changes, breast size, beauty, attractiveness, prominent teeth, short stature, hirsuitism and menstrual problems.

From birth to 5 years for spoken language and up to 15 for written language. Once the diagnosis is established, a specialist teacher prepares an individualised programme for the child with the help of the parents, teachers, friends and members of the family, to provide support learning strategies for the dyslexic child. Support can also be had from:

- **The Maharashtra Dyslexia Association**, 303 Jharna, Dr Ambedkar Road, Mumbai 400052
- **The Madras Dyslexia Association**, 10/1 Sambasivam Street, T. Nagar, Chennai 600017
- **The Educare Centre**, M-2 Hauz Khas, New Delhi 110016

**Competitive Spirit And Kids**

Competition can be healthy. But psychiatrists are finding that children develop a lot of behavioural problems in the wake of a competitive spirit. Childhood may soon be lost to the cause of competition.

As a child specialist, I do find the perils of undue competition affecting more and more children. Fortunately, there are still parents who adopt a balanced approach to the issue. These parents have fun as a family. They make sure that the child also enjoys time by herself and with her peers while doing well in her studies.

Uma Prabhu interviewed several social workers and academicians and attributed competitiveness in the educational field to a lack of better alternatives for students and a dearth of vocational guidance. For instance, the cut-off percentage for open merit seats in Maharashtra state’s medical colleges is often around 97%. “This is why a child is viewed as an achiever right from pre-school days, when the
Problems Related To Sex And Sexuality: Many of the adolescents interviewed emphasised the need for facilities providing counselling services to help them cope with issues related to faulty sexual concepts, the sexual urge, masturbation, sexual abuse, STDs/AIDS, etc.

They also demanded Family Life Education services through schools, because they felt that most parents are uncomfortable discussing sexual issues with their children.

Family Life Education
‘Family Life Education’ may indeed be a preferable term to ‘sex education’, so as to avoid undue anxiety among parents.

The following are the components of family life education for school children:

Adolescent Nutrition: Studies carried out at the Child Development Centre, Thiruvananthapuram, have conclusively proved that birth weight is the single most important factor that determines the development of the young child, and that a baby with normal birth weight has a clear edge over the low birth weight baby, at least to start with. It is also very clear that the most significant community factor that predicts low birth weight is the pre-pregnant weight of the mother — a woman who weighs less than 40 kg and has a height of less than 140 cms before conception is at risk of having a low weight baby. Hence the Action Plan for the Child in Kerala has stipulated that, on completion of 18 years, we should aim for a weight of 45 kg and a height of 145 cms among teenage girls. Therefore, nutritional monitoring should form part and parcel of any adolescent programme.

Personal Hygiene: Most of our schoolgirls do not drink enough water nor pass urine frequently enough at school. This may be because of poor toilet facilities. Often, girls are not taught proper menstrual hygiene — including trimming of pubic hair before the onset of menstrual flow. They also need
to be made aware that some amount of vaginal discharge and dysmenorrhoea is within normal limits.

Understanding One’s Emotions: The basis for the formation of good personality, which includes a clear mind and clear body, is laid during adolescence. The formation of a good personality can be positively influenced by the family. A person with a wholesome personality is one who has strong mental, physical and cognitive skills, which enable him to behave, relate to and act effectively in the family and the society at large. The family stands for all the basic human values necessary for living usefully and meaningfully. Accepting the ground reality that, on the one hand, what fascinates an adolescent is the fantasy of love and sex and that on the other, what bothers the parents most is the immediate problem of getting admission to a professional course for their adolescent, ‘Family Life Education’ is one acceptable mode of introducing what is essential for teenagers to understand and appreciate.

Awareness Of One’s Own Sexuality, HIV/AIDS And Substance Abuse: For young teenagers, sexual information should be presented in a way that is acceptable to the local community, emphasising the virtues of virginity and the dangers of irresponsible behaviour. While this approach may be more acceptable to an average parent, it is important to realise that Family Life Education for older children and young adults should have adequate emphasis on understanding and appreciating one’s own sexuality and should aim at:

- Fostering the attitude that a sexual relationship is like any other relationship where the feelings and needs of both partners are equally important.

- Fostering each person’s ability to introspect on his/her own sexual feelings and needs. Without such insight, one might not know how to avoid hurting oneself or others.
Lack of such insight may impair development of close relationships.

- Developing the ability to be alert and sensitive to difficult situations where one ought to think before one acts.

- Helping teenagers to have confidence in their own judgement and values, provided that parents and teachers themselves have a positive approach to sex and family life education.

- Discussing subjects such as high-risk behaviour, safe sex, family planning, unplanned children, STDs, etc. in the context of HIV/AIDS control.

**Be A Real Parent To Your Adolescent**

We blame the influence of satellite television, Western culture and the general deterioration of standards in public life for the problems of drug abuse, sex abuse, teenage pregnancy, suicide, etc. It is time to acknowledge that we are often negligent of our children in their formative years — especially in the all-important period of adolescence. Many problems in adulthood have their roots in the adolescent period; it is a time of transition from the obedient child to the confused youth.

It is time to create opportunities for adolescents to grow with adequate self esteem, competence to face problems in life, skills to withstand peer pressure and the capacity to say ‘No’ to undesirable influences and life situations.

Formation of teen clubs with the full patronage of parents and the community will go a long way to fill the gap of learning opportunities that were there in a joint family and the closely-knit community of times gone by.