CHAPTER-I

INTRODUCTION

This chapter is divided into two sections. Section-I describes the statement of the problem, objectives of the study, delimitation of the study, key terms, and significance of the study. Section-II discusses the methodology adopted in the present investigation.

SECTION-I

1.1 GROWTH AND DEVELOPMENT

Growth and development are continuous dynamic processes occurring from conception to maturity, and they take place in an orderly sequence which is approximately the same for all individuals. At any particular age, however, wide variations are to be found among normal children which reflect the active response of the growing individual to numberless hereditary and environmental factors. “Growth refers to a change in size resulting from the multiplication of cells or the enlargement of existing ones. Development signifies maturation of organs and systems, acquisition of skills, ability to adapt more readily to stress, and ability to assume maximum responsibility and to achieve freedom in creative expression” Silver, 1976, p. 8). In other words “growth signifies an increase in size of the body and its various parts, while development signifies accomplishment of mental abilities (acquisition of skills, etc.), emotional abilities (development of attitudes, etc.), and social abilities (adaptation of family and society, etc.)” (Gupta, 1995, p. 29). However, growth and
development are so closely interrelated that it is virtually not possible to separate one from the other. Consequently, in practices, these are either used together or denote synonymous meaning. Strictly speaking, they represent two different aspects – quantity (growth) and quality (development). It is now evident that the socio-economic and psychological factors are important factors for proper growth and development of the children. Malnourished mothers, particularly if they continue to be fed poorly during pregnancy, are known to produce low birth weight babies; poverty is associated with diminished and affluence with good growth; transmission of abnormal genes are accompanied by defect in growth and development; socio-psychological factors like relationship with the members of the family and attitudes affect growth and development; physical surroundings like sunshine, hygiene, living, standard also affect growth and development; chronic diseases of the heart, chest, liver, etc., impair growth; unhealthy mothers and inadequate schooling also have negative effect on growth and development; child-rearing practices also influence growth and development of children. As a result of one or the other factors there are the individual differences amongst the children in growth and development.

1.2 STATEMENT OF THE PROBLEM

In the present study, an attempt is made to examine the patterns of growth and development of children during the early period 0-2 years of age. The areas of study and observation of growth and development include: height, head circumference, body weight, sitting, crawling, standing, toddling, self-feeding, babbling,
speaking words, using gestures, concept of object, self-concepts, sex identification, and concept of family members. Further attempts are also made to explore early child-rearing practices adopted by the mothers with reference to pre-natal practices, sex preference, health and medical care during pregnancy, child-birth and its associated rites and rituals, infant care, feeding, weaning, toilet training, cleanliness, and relationship of the infants with other members of the family. The differences, if any, in growth and development between the children of two income group mothers is also examined.

1.3 OBJECTIVES OF THE STUDY

The basic objectives of the study are:

1) To find out the patterns of growth and development of children in the age-group 0-2 years.

2) To make a comparison of the differences in growth and development among the children belonging to low and high income group mothers or families.

3) To examine the patterns of child-rearing practices adopted by the mothers or families.

1.4 HYPOTHESES

Based on the objectives 1 and 2 given above, the following null hypotheses have been formulated to examine the relationship, if any, between income of the mothers and certain variables relating to growth and development:
Hypothesis-1: There is no significant difference between the sample mean height and the norm height of children born at 0, 12, and 24 months.

Hypothesis-2: There is no significant difference between the sample mean head circumference and the norm head circumference of children born at 0, 12, and 24 months.

Hypothesis-3: There is no significant difference between the sample mean body weight and the norm body weight of children born at 0, 12, and 24 months.

Hypothesis-4: There is no significant difference in the height of infants born at 0, 3, 6, 9, 12, 15, 18, and 24 months between the infants of low and high income group mothers.

Hypothesis-5: There is no significant difference in the head circumference of infants born at 0, 3, 6, 9, 12, 15, 18, and 24 months between the infants of low and high income group mothers.

Hypothesis-6: There is no significant difference in the body weight of the infants born at 0, 3, 6, 9, 12, 15, 18, and 24 months between the infants of low and high income group mothers.

Hypothesis-7: There is no significant relationship between the ability to sit earlier and income.

Hypothesis-8: There is no significant relationship between the ability to crawl earlier and income.
Hypothesis-9: There is no significant relationship between the ability to stand earlier and income.

Hypothesis-10: There is no significant relationship between the ability to toddle earlier and income.

Hypothesis-11: There is no significant relationship between the ability to self-feed earlier and income.

Hypothesis-12: There is no significant relationship between the ability to babble earlier and income.

Hypothesis-13: There is no significant relationship between the ability to speak words earlier and income.

Hypothesis-14: There is no significant relationship between the ability to use gesture earlier and income.

1.5 DELIMITATION OF THE STUDY

The scope of the present study is limited to the investigation of growth and development during the first two years of the birth of a child, i.e., 0-2 years of age. It also focuses on the child-rearing practices adopted by the mothers residing in the Thongju Assembly Constituency in Imphal East District of Manipur.

1.6 KEY TERMS

Growth, development, high income group mothers or families, low income group mothers or families, mother, child-rearing, child, practices, height, head circumference, weight, year, income, age, month.

Sitting earlier means ‘a child who is able to sit before the age of about 6 months’.
Crawling earlier means 'a child who is able to crawl before the age of about 9 months'.

Standing earlier means 'a child who is able to stand before the age of about 12 months'.

Toddling earlier means 'a child who is able to toddle before the age of about 18 months'.

Self-feeding earlier means 'a child who is able to self-feed before the age of about 19 months'.

Babbling earlier means 'a child who is able to babbling before the age of about 12 months'.

Speaking earlier means 'a child who is able to speak word before the age of about 16 months'.

Using gesture earlier means 'a child who is able to use gestures before the age of about 16 months'.

Low and high income mothers or families means 'those below are under category of low income is above Rs.2,000/- are under high income group'.

Rationale of the Study

In the current study, an attempt was made to find out the extent of growth and development of children in the age-group 0-2 years with reference to height, head circumference, and body weight along with the abilities relating to sitting, crawling, standing, toddling, self-feeding, babbling, speaking, and gesturing. From such a study, we can ascertain the essential skills which are expected to be acquired by a particular child of a particular age. This is what is labeled as 'Developmental Tasks' by Havighurst. According to Havighurst, a developmental task is "a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to happiness and to success with later tasks" (cited in Hurlock, 1993, p. 9). Some of the development tasks during babyhood and early childhood are: learning to take solid foods, learning to walk, learning
to talk, learning to control the elimination of body wastes, learning sex
differences and sexual modesty, getting ready to read, learning to
distinguish right or wrong and beginning to develop a conscience
(Hurlock, 1993, p. 10). According to Hurlock, developmental tasks are
guidelines that enable individuals to know what society expects of
them at given ages. Hurlock says: there are two serious consequences
of failure to master developmental tasks: one is that unfavorable social
judgments are inevitable; members of the individual’s peer group
regard him or her as immature, a label which carries a stigma at any
age. This leads to unfavorable of self-judgments, which in turn leads to
unfavorable concept of self. Another consequence is that the
foundation for the mastery of later developmental tasks are inadequate.
As a result, individuals continue to lag behind theirs peers, and this
increases their feelings of inadequacy (ibid., pp. 10-11). About the
purposes and hazards of developmental tasks, a good deal of
suggestions have been made by Hurlock (ibid., see pp. 9-11). Now
what we need to do is to understand the mastery of the tasks
appropriate for the age level and to take up the required remedial
measures in time.

Healthy growth and development is of prime importance for
making up of a nation of healthy and conscious people. That is why,
sustained efforts are being made to develop the potentialities of every
child to the fullest extent so that each of them may be able to attain an
integrated growth and development. It is in this direction that we all
need to move. We may find it difficult to generalize the findings of the
current study because of limited sample size. However, we may have
an insight into the patterns of growth and development of the children
during the period under study. The findings of the study may be of
practical value to the educational planners and policy makers in
formulating policies to provide the minimum requirements of the
children in general and to the parent, teachers, and psychologists in
particular.
SECTION-II

METHODOLOGY

1.8 METHOD

In the present study, from among the types of longitudinal studies such as Cohort study, Panel study, and Retrospective study, the Cohort study was adopted in which the growth and development of every sample child was observed longitudinally over a period of two years, i.e., from birth to twenty four months, along with the child-rearing practices adopted by the mothers during the period of two years.

1.9 SAMPLE

To begin with, a pilot survey was conducted in the whole Assembly Constituency to identify sample children along with the particulars of the mothers about their economic status. In this identification process, the researcher found 54 now-born children at different times during the year 2002, 22 children during 2003, 40 children during 2004, and 38 children during 2005. Thus, altogether 154 children in the age-group 0-2 years were involved in the study. The longitudinal study started from April, 2002, and it continued upto March, 2008, covering a period of 6 years in the completion of observation of 154 children. Every child was, however, examined for another three more months to find out any changes in the behaviour beyond 24 months of age. No mortality among the sample children (cohort) occurred during the course of the investigation and, therefore, there were no problems of shrinking the sample size and also decreasing in the amount of the data collected.
1.10 TOOLS AND TECHNIQUES

Since a longitudinal study involves repeated observations of the same items or sample over long periods of time, the observation method was adopted in the collection of data relating to growth and development. The actual height, head circumference, and the body weight of every child were measured at 0, 3, 6, 9, 12, 15, 18, and 24 months by using weighing apparatus, measuring tape, and instrument for measuring head circumference. The data on sitting, crawling, standing, toddling, self-feeding, babbling, speaking words, using gestures, concept of objects, self-concept, sex identification, and concept of family members were gathered through direct observation and interviews with the mothers at regular intervals, while that of the data relating to child-rearing practices were collected through participant observations and interviews.

The purpose of the study was made known to all the mothers and their members of the family as the study was to be conducted on every child at regular intervals over a period of two years. Some simple experiments about the ability to sit, crawl, stand, toddle, self-feed, speak words, use gestures, concept of objects, self-concept, sex identification, and concept of family members were conducted at regular intervals till a particular child attains the age of 24 months with three months further observation of behaviour.

1.11 ANALYSIS AND INTERPRETATION OF DATA

In the present study, both quantitative and qualitative data analysis are made. The quantitative data includes – height, head circumference, body weight, sitting, crawling, standing, toddling, self-feeding, babbling, speaking words, using gestures, concept of
objects, self-concept, sex identification, and concept of family members, while the qualitative data consists of speech development, concept development, and data on child-rearing practices. The data are analyzed by using statistical techniques, such as mean, median, standard deviation, z-test, Mann Whitney U-test, Chi-square test and percentage.

1.12 CHAPTER ORGANISATION

The thesis consists of five chapters. Chapter-I is the introductory part. Chapter-II reviews the related literature on the present problem. Chapter-III describes the general background of the study. Chapter-IV is the body of the work in which there are two sections. Section-I analyzes growth and development and Section-II discusses the patterns of child-rearing practices adopted by the mothers during the first two years period of the child. The work is summarized and conclusions drawn in the last Chapter-V.