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Jabi Abuja

B.Sc(Ed) Health Education

COURSE TITLE: HEALTH PROBLEMS OF SCHOOL AGE CHILD (HED 107)

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INTRODUCTION

The concept of health is seen by most individuals as just the absence of disease or infirmity but health encompasses a lot of other factors which includes the physical, mental, emotional and social well-being which enables one to live effectively and enjoy life. Wellness is an extended idea of health. Wellness transcends the concepts of healthiness. Healthiness, therefore, can be defined as optimal health and vitality encompassing intellectual, emotional,

spiritual, environmental wellbeing, social and interpersonal. Wellness and healthiness in any aspect are not static goals but are dynamic processes of change and growth.

Health problem usually results due to failure to develop full health potentials. These failures are due to a number of reasons. One of the most significant actions affecting our health is decision-making. The choices and decisions we make can have a direct bearing on our healthy and effective living. The action we choose to take, or decide not to take may affect our growth and development, the condition of our body, the maintenance of improvement of our health, obviously, our decisions concerning health matters greatly affect our health and life.

WHAT YOU WILL LEARN IN THIS COURSE

This course guide tells you briefly what to expect from reading this material. The material you require and how you can successfully work through this course are discussed. It suggests some general guideline for the amount of time you may wish to spend in each unit of course, your continuous assessment and evaluation of the course.

COURSE COMPETENCIES

The aim of this course is to expose you to the inherent concepts in health. More specifically,

- the course is aimed at explaining the meaning of health;
- elements of growth and development and health problems.
- This course aims to provide an indepth understanding in the common causes of health problems in children and
- how to identify these problems in order to care for these children adequately.

COURSE OBJECTIVES

In addition to the above aims, this course has four modules and total 13 units with specific objectives of each unit defined. These are always included in the beginning of a unit. You are advised to read them carefully before you start reading through the unit. You may wish to refer to them as you read through the unit and/or at the end of the unit to ascertain the level of your progress, and to make sure that you have done what you are required to do in the unit.

On successful completion of this course, you should be able to do;

1. Explain the concept of health problems
2. Explain the term 'healthy child'
3. identify some outward indices or characteristics of a healthy child
4. identify some of the indices or characteristics of mentally healthy children

5. state some of the physical characteristics of the pre-school child
6. Define development and growth
7. Identify similarities and differences in growth and development
8. Identify the implications of development pattern to learning
9. explain some common causes of health problems in children
10. Identify possible ways of preventing low birth weight and prematurity
11. Mention some forms of malnutrition
12. Enumerate some physical defects observed in school children

WORKING THROUGH THE COURSE

In order to complete this course successfully, you are required to read the reference books, the study units, and any other material provided by NOUN. You are also required to spend a lot of time to study the content of this material. Do your tutor-marked assignments and consult your facilitator where necessary.

STUDY UNITS

There are 13 study units in this course. They are as follows:

Module 1

Unit 1	Roles played by the Teacher in Promoting the Child's Health
Unit 2	The Healthy Child
Unit 3	Indices or Characteristics of a Mentally Healthy Child

Module 2

Unit 1	Physical Growth and Development
Unit 2	Growth and Principle of Development
Unit 3	Types of Development
Unit 4	Factors Influencing Development in School Children

Module 3

Unit 1	Common Causes of Health Problems in Children
Unit 2	Factors That Leads to Low Birth Weight
Unit 3	Common Health Problems in Children
Unit 4	Some Physical Defects Observed in School Children
Unit 5	The Functions of the School

Module 4

Unit 1	Revision and answer to activities
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COURSE MATERIALS

You will be provided with the following

- Course Guide
- Study Units

In addition, you are required to consult the recorded textbooks and do your assignment

ASSESSMENT

There are two main forms of assessments in this course that will be scored: the Continuous Assessments and the Final Examination. The continuous assessment shall be in three fold.

There will be three Computer Based Assessments. The computer-based assessments will be given in accordance to university academic calendar. The timing must be strictly adhered to. The Computer Based Assessments shall be scored a maximum of 10% each. Therefore, the maximum score for continuous assessment shall be 30% which shall form part of the final grade.

The final examination for HED 127 will be maximum of two hours and it takes 70 per cent of the total course grade. The examination will consist of 70 multiple choice questions that reflect cognitive reasoning.

THE PRESENTATION SCHEDULE

The presentation schedule gives you the important dates for the completion of your computer-based tests, participation at facilitation and participation in forum discussions. Remember, you are to submit all your assignments at the appropriate time. You should guide against delays in submitting your computer-based tests..

FINAL EXAMINATION AND GRADING

The final examination for this course will be three hour duration. It will have a value of 70% of the overall marks. The examination will consist of questions which reflect the type of self-test, activities and computer-based tests.

COURSE MARKING

The following tables lays out how the actual course marking is broken down.

Assignment	Marks
Computer-based tests	3 Computer-based tests @ 10 each = 30% of each mark
Final exam total	70% overall course mark 100% of course mark

COURSE OVERVIEW

An overview of the meaning of health; wellness; health problem; growth and development. Outward indices or characteristics of a healthy child were discussed. The indices or characteristics of mentally healthy children were equally discussed. Some of the physical characteristics of the pre-school child were identified and the similarities and differences in growth and development were explained. Malnutrition was explained in

this guide and some physical defects observed in school children were highlighted and explained.

This table brings together the units and number of hours you should take to complete to complete them and the assignment that follow them.

Unit	Title of Work	Hours	Assignment
	Course Guide		
Module 1			
1	Roles Played by the Teacher in Promoting the Child's Health	3	Assignment 1
2	The Healthy Child	3	Assignment 2
3	Indices or Characteristics of a Mentally Healthy Child	3	Assignment 3
Module 2			
1	Physical Growth and Development	3	Assignment 4
2	Growth and Principle of Development	3	Assignment 5
3	Types of Development	3	Assignment 6
4	Factors Influencing Development in School Children	3	Assignment 7
Module 3			
1	Common Causes of Health Problems in Children	3	Assignment 8
2	Factors That Leads to Low Birth Weight	3	Assignment 9
3	Common Health Problems in Children	3	Assignment 10
4	Some Physical Defects Observed in School Children	3	Assignment 11
5	The Functions of the School	3	Assignment 12
Module 4			
1	Revision Answers to activities		

HOW TO GET THE MOST FROM THIS COURSE

To get the most in this course, you need to have a personal computer and internet facility. This will give you adequate opportunity to learn anywhere you are in the world. Use the Intended Learning Outcomes (ILOs) to guide your self-study in the course. At the end of every unit, examine yourself with the ILOs and see if you have achieved what you need to achieve.

Carefully work through each unit and make your notes. Join the online real time facilitation as scheduled. Where you missed the scheduled online real time facilitation, go through the recorded facilitation session at your own free time. Each real time facilitation session will be video recorded and posted on the platform.

In addition to the real time facilitation, watch the video and audio recorded summary in each unit. The video/audio summaries are directed to salient part in each unit. You can assess the audio and videos by clicking on the links in the text or through the course page.

Work through all self-assessment exercises. Finally, obey the rules in the class.

SUMMARY

HED 127 exposes you to various concepts in health problems that affect school children, which are applicable to school level. After you have completed this course, you will be equipped with the basic knowledge of these methods and how to apply them in primary school. You will be in position to answer these types of questions:

1. Explain the concept of health problems
2. Explain the term 'healthy child'
3. Mention some outward indices or characteristics of a healthy child
4. Mention some of the indices or characteristics of mentally healthy children
5. Mention some of the physical characteristics of the pre-school child
6. Define development and growth
7. Identify similarities and differences in growth and development
8. Identify the implications of development pattern to learning
9. Describe some common causes of health problems in children
10. Identify possible ways of preventing low birth weight and prematurity
11. identify some forms of malnutrition
12. Enumerate some physical defects observed in school children

We wish you success in your course

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Module 2 Growth and Development

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Unit 2	Growth and Principle of Development
Unit 3	Types of Development
Unit 4	Factors Influencing Development in School Children

Module 3 Health Problems

Unit 1	Common Causes of Health Problems in Children.....
Unit 2	Factors That Leads to Low Birth Weight
Unit 3	Common Health Problems in Children.....
Unit 4	Some Physical Defects Observed in School Children.....
Unit 5	The Functions of the School.....

Module 4

	Revision and answers to activities.....
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MODULES 1 CHILD'S HEALTH

Introduction

Unit 1 Roles Played by the Teacher in Promoting the Child's Health

Unit 2 The Healthy Child

Unit 3 Indices or Characteristics of a Mentally Healthy Child

UNIT 1 (HED 107): ROLES PLAYED BY THE TEACHER IN PROMOTING THE CHILD'S HEALTH

CONTENTS

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Definitions of Health Problems
 - 3.2 Factors Influencing Health Problems
 - 3.3 Determinants of Health
 - 3.4 The Roles Played by the Teacher in Promoting the Child's Health
 - 3.5 The Concept of Normal Child
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

Definition of Health

The term Health has been defined as the quality of physical, emotional, mental and social wellbeing which allows one to live effectively and enjoy life. Health is a positive quality of individual that leads to the total development of the body and its various systems, and not just the absence of deformity or illness. Health is a positive quality of life, which is concerned with all aspects of the 'WHOLE MAN'.

However, there are degree of ‘wellness’ just as there are degree of illness; physical, mental and social wellbeing are interrelated. Health is the quality of life that renders the individual fit to live most and to serve best. Health is a sense of balance resulting in adaptation between human beings and the environment. It is incontrovertible that the health of the people is the greatest natural resource of a nation, upon which all their happiness and all their powers as a state depend.

Ill-Health is a significant factor that reduces our effectiveness. We will regularly contract mild or severe illness that interfere with our functioning abilities, and each of us will eventually die as a result of disease or some form of disfunctioning of the body or apart of the body. However, what is vitally important for us to be concerned about is the unnecessary suffering and premature deaths resulting from preventable health problems.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

1. Define health.
2. Explain the concept of health problems.
3. List and explain the factors influencing health problems.
4. List the determinants of health.

HOW TO STUDY THIS UNIT

1. Read carefully this unit as many times as you can.
2. Take note of the important points and ideas.
3. Do the activities and assignment in this unit. Do not look at the answer to this unit at the end of the book before you do the assignment.
4. Follow the above procedure carefully for a better understanding of this unit.

NOTE: All answers to the activities in this unit are at the end of this book.

3.0 MAIN CONTENT

3.1 Definitions of Health Problems

Authors such as Mohammed, Suleiman and Musa (2013), describe health as not the finest flower of life but, it is the seed from which the finest flower grows.

While health problem is the outcome effect upon the seed or human effectiveness. Health problems usually results from failure to develop full health potentials. These failures are due to lack of adequate health knowledge, misinformation about health matters, development of hazardous life styles, inadequate health knowledge, misinformation from Government (local, state and federal) on health matters, poor background (parental or financial) and lack of good guidance and counselling by relatives and friends.

One of the most significant actions affecting our health is decision-making. The choices and decisions we make can have a direct bearing on our healthy and effective living. The action we choose to take, or decide not to take may affect our growth and development, the condition of our body, the maintenance of improvement of our health, obviously, our decisions concerning health matters greatly affect our health and life.

3.2 Factors Influencing Health Problems

For a better understanding of health and health education, it is necessary to discuss the essential factors that influence health. These are inter-related factors which add to the total functioning of the individual. These factors are categorized as our major health concepts, each influencing to some degree of the development and maintenance of physical wellbeing and emotional stability (John et al, 1990) these factors includes:-

- i. Heredity
- ii. Growth and development
- iii. Environment
- iv. Interaction
- v. Education

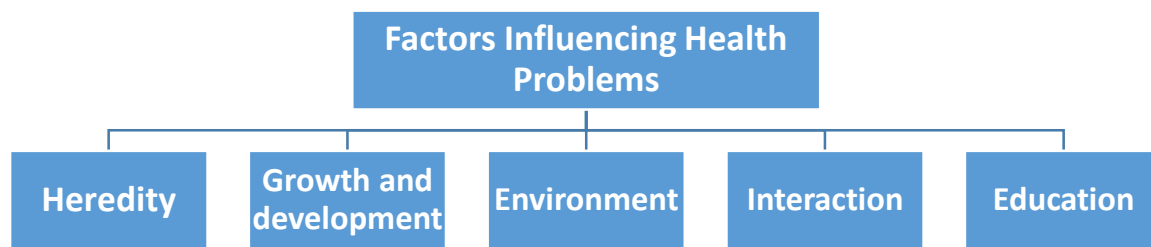


Fig. 1.1: Factors Influencing Health Problems

(i) **Heredity** – The innate endowment given each individual by his or her ancestors, is a major factor influencing individual health. Every generation passes on to the next distinctive genetic message, transmitted via chromosomes and genes in the parental sex cells and influencing, to a remarkable extent, the exact physical and biological characteristics to be expected in the offspring. Good heredity provides the basis for a complete contribution, normal intelligence and a well-developed body. Effective living signifies that you as a person are utilizing all your innate capacities to the fullest extent. For example, one inherits physical appearance, intelligence (IQ) and some disease from parents e.g. Diabetes, Epilepsy, high blood pressure, migraine and coronary heart disease.

(ii) **Growth and Development** - Growth and development include the emerging and expanding of our inherited capacities that enable us to function effectively. Growth and development result in growing in size and growing up or maturing in structure and function physically, mentally and socially. Physical, mental (including emotional) and social growth and development are inter-related so as to make growth and development complex factors and often times difficult to understand. Healthy growth and development produce a well integrated individual capable of attaining his own potentialities and contributing to the betterment of his group and society.

(iii) **Environment** - The environment, whether man-made or natural health hazards threaten human life. Therefore, we need to fashion our environment to

keep us healthy. Certainly, the possible ways in which environment can condition health of human beings are limitless then include: food, climate, clothing, shelter, availability of medical care, superstitions, religious beliefs, general socio-economic circumstances, occupational hazards, accidents all play an important role in individual health.

(iv) **Interaction** - Life involves a constant interaction between the people and their environment. Interaction between people and their environment are essential factors affecting their health and effective living. We must, from time to time, consider how we can adjust to our environment, how we can change it to provide favourable conditions without detrimental effects to us or to the environment itself. Discovering and development of drugs industries and products have all made life easier. These in turn have presented us with some complex health hazards and made life more difficult. Interaction with people and societies made life both easy and difficult at the same time. Therefore, one needs to be informed about health matters so that he/she can behave more intelligently to avoid hazards and to live more fully.

(v) **Education and Health** - The health of any individual in a society is usually very closely related to society's level of health education. Many illnesses are completely and easily preventable if the people are properly informed via some educational channels. Even the chronic complications of many of the more serious diseases can often be avoided, among well-informed individuals, by the process of early diagnosis and treatment.

Health Education, to be maximally effective, must reach every level of society, consequently, effective health education must utilize all possible media like, magazines, newspapers, radio, cinema and television. They are all requisite for permitting education to strengthen the health of individual and of the nation. The fruitful application of modern health education to everyday living depends

on developing a mature psychological attitude towards a sound life-long programme of personal health habits.

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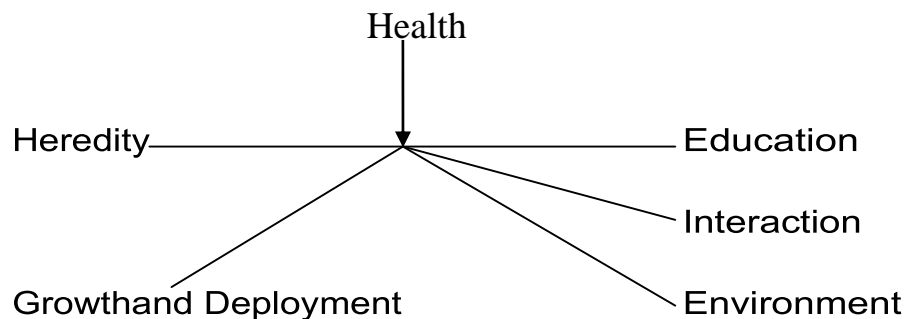


Fig 1.2: Factors Influencing Health

3.3 Determinants of Health

Health, as a vital and fundamental goal of man, provides the keystone necessary for optimum physiological and sociological development of responsible and contributing individual in a democratic society Kajang and Jatau (2003). Health operates as a total force affecting every level of human endeavour – thus directly influencing one’s way of life by improving personal efficiency in the attainment of individual’s goals. The primary goal of Health Education is to provide learning experiences relevant to youth’s needs and interests that will lead to the acquisition of factual health knowledge, sound attitudes and responsible behaviour. The behavioural outcome from a health education programme of activities is a person who intelligently assumes his share of responsibility for his own health and that of his family and the community at large.

Individual wellbeing is determined by four factors:-

- Environment
- Human biology

- Health care resources, and
- Behaviour or life style

In-Text Question

What are the factors that determine wellbeing

3.4 The Roles the Teachers Should Play in Promoting the Child's Health

It should be noted that the most essential thing in the universe is life, the most vital form of life is human life and the most significant human life is one's own.

The teacher should see every child's life as valuable as his or her own. To the conscientious teacher, a child's health is as vital as the teacher's health.

What the teacher does to maintain, promote and protect the health of school children is more than any teaching service which can bring personal gratification.



The teacher should, therefore, understand the children he comes in contact with and their health and applies this knowledge to successfully promote their health.

The teacher should be able to identify problems noticed in children and recommend solutions to these problems.

The (teachers) must possess a sound understanding of children, their growth process, their health and their health problems. The teacher must understand and

appreciate the individual child's health. Children that do not experience the same kind of health problem and not at the same time so must be treated individually.

The teacher should report to the school authority and parents any health problem noticed in a child. Because he or she may be in the best position to observe first that a particular child does not seem to be normal in some aspect. The teacher should cultivate a habit of daily observation of the child.

3.5 The Concept of Normal Child

What is the term, normal child? - Normal is that which is regarded as the usual, not an absolute but in terms of a range. Although each child in a classroom is unique, different from all others, all the children may be normal, within the usual range as accepted by society. So normal is that which is acknowledged as typical. It must be regarded as encompassing a range of conceptions than a single entity. It includes the typical and extends to both sides of average. No two individuals are exactly the same, each is unique or different either physically, mentally, socially or emotionally, yet those people may be considered within the normal range. E.g. pre-school age children 1 – 4 years.

In actual school practice, most cases fall certainly in the normal range, whether a psychological, a physical or a social phenomenon is being assessed.

4.0 SELF-ASSESSMENT EXERCISE

- i. Mention any three (3) roles the teacher should play in promoting the child's health
- ii. Explain the term 'normal child'
- iii. Discuss the teacher's role in promoting the child's health.

5.0 CONCLUSION

Health is fundamental to development of a child and a teacher have a role to play in development of a normal child.

6.0 SUMMARY

In this unit, you have learnt about roles that the teachers should play in promoting the child's health. You also have learnt about the concept of a normal child.

REFERENCES/FURTHER READING

Mohammed, S., Suleiman, M.A. & Umar, M. (2013). *Handy tabs on health*.

Zaria: Ahmadu Bello Press Limited.

[http://www.ijhssi.org/papers/v2\(5\)/version-2/D252934.pdf](http://www.ijhssi.org/papers/v2(5)/version-2/D252934.pdf)

UNIT 2 THE HEALTHY CHILD

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 3.2 Outward Indices or Characteristics of a Health Child

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5.0 Conclusion

6.0 Summary

7.0 References/ Further Reading

1.0 INTRODUCTION

One may think of health and wellness as personal concerns. Wellness is an expanded idea of health. Most people think of health as being just the absence of physical illness. Wellness surpasses the concepts of healthiness. Healthiness, therefore, can be defined as ideal vitality and health encompassing intellectual, emotional, spiritual, social, interpersonal and environmental wellbeing. No matter what one's health status or age one can optimize your health in six interrelated dimensions. Healthiness and Wellness in any way are not inert goals but are dynamic processes of growth and change.

In this unit, you will learn about a healthy child. You will also learn about outward indices or characteristics of a healthy child.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- explain the term 'healthy child'
- ii. appraise some outward indices or characteristics of a healthy child.

HOW TO STUDY THIS UNIT

1. Read carefully this unit as many times as you can.
2. Take note of the important points and ideas.

3. Do the activities and assignment in this unit. Do not look at the answer to questions on this unit at the end of the book before you do the assignments
4. Follow the above procedure carefully for a better understanding of this unit.

3.0 MAIN CONTENT

3.1 The Healthy Child

Health is regarded as that quality of wellbeing that enables one to live effectively and enjoyable. It is considered a means to an end.

The six dimensions of wellness include the following:

1. **Physical wellness:** Ideal physical health requires exercising, eating well, making responsible decisions regarding one's health and avoiding harmful



habits.

2. **Emotional wellness:** Self-esteem, optimism, trust, self-control , self-acceptance, self –confidence, , trust, ability to share feelings and satisfying relationships.
3. **Intellectual wellness:** This is the hallmarks of intellectual health which includes an openness to new ideas or innovations, a capacity to think critically and question, a sense of humour, curiosity, creativity and the motivation to master new skills.

4. **Spiritual wellness:** To enjoy spiritual wellness is to process a set of guiding principles of values that give meaning, beliefs and purpose to one's life.

5. **Social and Interpersonal wellness:**

A satisfying relationship is basic to both emotional health and physical. We need to have equally loving, supportive people in our lives. Developing interpersonal wellness means developing the capacity for intimacy, cultivating support network of caring friends or family and learning good communication skills.

6. Planetary or environmental wellness increasingly, personal health depends on the health of the planet-from the degree of violence in the society to safety of food supply.

According to Mohammed, Suleiman and Umar, (2013), it is relevant to the best interest of the children in a classroom that the teacher is conscious of the health status of every child, whether the child has normal health or is ill or sick. The teacher should have a positive frame of mind and think in terms of the attributes or qualities of health each child possesses. The individual differences are observed in children compositional makeups. One child may be such that he or she has great vitality and almost unlimited energy, endurance and ability to recover, even though neither the child nor the parents follow the accepted practices of good health promotion. Another child may possess a composition that is adequate for a typical living but must practice every principle of health promotion to be able to maintain a normal level of health. Normal health cannot be appraised in terms of physical size or in terms of muscular strength.

In appraising a school child's health in terms of the capacity to carry on the activities he or she wishes to and has a right to engage in, the personality of the individual child must be considered.

In-text Question

List six dimension of wellness

3.2 Outward Indices or Characteristics of a Healthy Child

These indices or characteristics are interpreted in relative terms and not in absolute terms. Physical medical examination by doctors assisted by laboratory tests is essential for deciding a person's precise health status. For practical purposes, therefore a teacher can observe certain outward characteristics a general standard of health. A teacher who is so familiar with the child's normal condition can easily notice or observe any change (deviation) from the normal pattern in the overall condition of the child.



The following characteristics are highlighted by Kayang and Jatau,(2003):

1. **Buoyancy** – The healthy child possesses a feeling of lightness. They run around as if they carry no weight and have a feeling as they have no particular physical restriction to movement.
2. **Unaware of the Body** – A healthy child is not aware or conscious of the existence of his or her body. It is also the same with healthy adults, it is only when they are sick that they may show any recognition of the existence of any part of their physical being.
3. **Pleasure in Activity** – Every normal child shows great interest in physical activity and he or she prevented or stopped from this either physically or psychologically he/she becomes frustrated. A teacher

should recognize that the moment children become restless in the classroom; they should be allowed to do a little bit of physical activity.

4. **Sufficient Energy** – Healthy children possess the energy to do the things they want to do. This does not, however, mean that they have a great deal of muscular power, but they have a feeling of it.
5. **Sleeps well and recovers from the day's fatigue** – A healthy child sleeps well and recovers quickly from the day's fatigue.
6. **Relaxation** – A healthy child always at ease in the school, but a child who is constantly tense is not a healthy child of today or a healthy adult of tomorrow. Constant tension reveals a psychological problem.
7. **Appetite and not irregular appetite (capricious)** – A healthy child has a regular appetite. However, the teacher should be concerned about a child with a very poor appetite.
8. **No appreciable Variation in weight** – Healthy children does not show an appreciable variation or changes in their weight. During their school-age years, they experience a steady increase in weight. There could be noticeable changes in the rate of increase which is quite normal, but a child whose weight continues to fluctuate or is irregular needs a thorough physical checking.
9. **Absence of disabling remediable defects** – A healthy child is able to adapt to any disability. Freedom from defects that limit the effectiveness of one's activities is important to optimum health. For example, some defects are not disabling such as a loss of a toe or finger. Some defects are not remediable so the health of the children must be looked into. However, most of the defects can be corrected or compensated for.

4.0 SELF-ASSESSMENT EXERCISE

- i. Briefly explain the term 'healthy child'
- ii. Mention any five (5) outward indices in characteristics of a healthy child

- iii. State any five (5) characteristics of a healthy child and briefly explain them.

4.0 CONCLUSION

5.0 SUMMARY

In this unit, you have learnt about a healthy child. You have also learnt about outward indices or characteristics of a healthy child.

7.0 REFERENCES/FURTHER READING

Kajang, Y. G. & Jatau, A. A. (2003). *Education for healthy living and national development*. Jos, Plateau: Matches Publishing Ltd. In conjunction with Dan-Sil Press.

Mohammed, S., Suleiman, M. A & Umar, M., (2013). *Handy tabs on health education*. Zaria: Ahmadu Bello University Press Limited.

<http://www.euro.who.int/en/media-centre/sections/press-releases/2013/10/healthy-children-learn-best>

<https://www.youtube.com/watch?v=fXf3CCyhLGU>

<https://cookchildrens.org/about/promise/Pages/Healthy-Child-2020.aspx>

ANSWERS TO SELF-ASSESSMENT EXERCISE

UNIT 3 INDICES OR CHARACTERISTICS OF A MENTALLY HEALTHY CHILD

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- 2.0 Intended Learning Outcomes (ILOs)
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1.0 INTRODUCTION

There is no doubt that everyone wants to enjoy a high level of mental health, but most people would no doubt run into some problems in an attempt to describe the most desirable state. Mental health includes both maturity of character and emotional stability and also the strength to withstand stress integral in living in today's society without unwarranted psychological or physical discomfort. Mental health also implies the ability to judge reality accurately and those things in term of their long-range rather than short time value. (Kajang, & Jatau, 2003)

The degree of a person's mental health is relative since not one person has all the attribute of a healthy mental state all the time. A person's status or condition of mental health is persistently varying dependent on type and intensity of the forces acting upon such a person and his activities.

If everyone were to critically appraise his or her physical health status, she/he would observe that everyone has minor deviations from the normal. It is also likely that a person deviates from normal in one particular' way, and yet is capable to make his daily adaptations in such a way that such aberration does not create distraction from effective living or handicap.

In this unit, you will learn about the indices or characteristics of mentally healthy children.

2.0 INTENDED LEARNING OUTCOME (ILOs)

By the end of this unit, you will be able to

- categorise some indices or characteristics of mentally healthy children.

3.0 MAIN CONTENT

3.1 Indices or Characteristics of Mentally Healthy Children

Though every child is unique, a prototype and or an individual for purposes of understanding children's mental health attributes are seen as a whole and not being individualized. A school should strive to develop the following qualities in each child to assure a high level of adjustment during childhood and adulthood.

1. A healthy child possesses a high level of self-confidence. Every child should have a feeling of worthiness and that others have high regards for him or her.



2. A healthy child needs security – no person reaches absolute security, but normal children seek and need acceptance by their own group.
3. Confidence – All children have a feeling of inferiority however when the acquisition of skill and experience are made, much of this inferiority feeling is replaced.

4. Courage – Children who possess courage to face new and difficult tasks are able to live a valuable, effective and enjoyable life but a child who possesses a fear of failure has a problem even in childhood as well as in adulthood.
5. Orderliness – A normal healthy child has some degree or level of orderliness. This quality is important for efficient living.
6. Adaptability – A mentally healthy child can adapt very easily to life-changing situations. Good mental health needs the flexibility to adjust to changes with a minimum of disturbances.
7. Self-discipline – A mentally healthy child is able to have control over his or her actions rather than becoming a slave to indolence.
8. Sincerity – A mentally healthy child is sincere. Everyone appreciates and even admires a sincere individual.
9. Emotional Control – When the self is frustrated, it begins to exhibit negative emotions. A mentally healthy child must learn to restrain or control these negative emotions.
10. Quick recovery from disturbing experiences – every individual comes across disturbing experiences and even tragedies. A mentally healthy child, although can be disturbed emotionally, is able to recover or overcome it rather quickly.

4.0 SELF-ASSESSMENT EXERCISE

- i. Mention any five (5) indices or characteristics of mentally healthy children.
- ii. Outline any seven (7) indices or characteristics of a mentally healthy child.

5.0 CONCLUSION

A healthy child is a happy child. The capacity for retention ability might be dependent on the child's health and all the characteristics of a mentally healthy child can come to the fore through the health status

6.0 SUMMARY

In this unit, you have learnt about indices or characteristics of mentally healthy children.

7.0 REFERENCES/FURTHER READING

<https://healthylife.com/online/mentalhealth/navyhealthportsmouth/SecIb.htm>

<https://www.medicaldaily.com/characteristics-good-mental-health-234619>

<https://www.ejmanager.com/fulltextpdf.php?mno=157-1464851421.pdf>

<https://www.youtube.com/watch?v=SP3LdYItXGw>

MODULE 2

GROWTH AND DEVELOPMENT

Introduction

Unit 1	Physical Growth and Development
Unit 2	Growth and Principle of Development
Unit 3	Types of Development
Unit 4	Factors Influencing Development in School Children

UNIT 1 PHYSICAL GROWTH AND DEVELOPMENT

1.0 Introduction

2.0 Intended Learning Outcomes (ILOs)

3.0 Main Content

3.1 Physical Growth and Development

3.2 Physical Characteristics of the Pre-School Child

4.0 Self-Assessment Exercise
5.0 Conclusion
6.0 Summary
7.0 References/Further Reading

1.0 INTRODUCTION

Growth and development of children is a continuous and orderly process. The sequence of growth and development remains the same in all children but the rate at which the growth occurs may vary. Following birth, there are two periods of rapid growth, i.e. Infancy and adolescence. The increment in growth over a unit time is not always equal. Therefore, specific periods in a child's life, when the rate of growth accelerates, decelerates, or there is a safety build-up of body tissues

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- i. mention the stages of growth and development of the school child
- ii. analyse the physical characteristics of the pre-school child

3.0 MAIN CONTENT

3.1 Physical Growth and Development

Physical growth and development represent an important and special phase in the maturity process. Understanding physiological change and the rate of change allows the teacher to understand and know each child's development. To assess physical growth and development in a child, weight is the best and most commonly employed index of physical growth. General body growth is fast during fetal life, first or two years of postnatal life and also during puberty. In the intervening years of mid-childhood, the growth is relatively slow down. Brain growth is maximum in the first year of life, while some hormonal growth (Sex hormone) is dormant during childhood and becomes conspicuous during

puberty. As the child grows and matures, general movement (Mass activity) gives way to specific actions. For example, a young infant expresses happiness by moving all his limbs, rolling over and making sounds. An older child would simply smile or laugh to express the same feelings

In this unit, you will learn about the physical growth and development of school-aged children, you will also learn about the physical characteristics of the pre-school child.

3.2 PHYSICAL CHARACTERISTICS OF THE PRE-SCHOOL CHILD

The pre-school period marks a movement from the very rapid growth of infancy to the slower and steady continuous growth.

- At 5 months old, the children will have doubled their birth weight.
- During the first year of an infant's life, babies can grow **10** inches in length and triple their birth weight.
- After the first year, a baby's growth in length slows to **5** inches a year for the next two years and continues from age two or three to puberty at a rate of two to three inches each year

4.0 SELF-ASSESSMENT EXERCISE

- i. Mention the three (3) characteristics of the pre-school child
- ii. State and explain any three (3) stages of growth and development of the school-age child.

5.0 CONCLUSION

Growth and development are similar but different and it is a life long process especially development

6.0 SUMMARY

In this unit, you have learnt about the physical growth and development of school-aged children. You have also learnt about the physical characteristics of the pre-school child.

7.0 REFERENCES/FURTHER READING

Piyush, Gupta (2010). *Text box of preventive and social medicine*. New Delhi: V.K Jain Publishers Ltd.

https://www.youtube.com/watch?v=EnG_lzb8T-c

<https://study.com/academy/lesson/what-is-physical-development-definition-and-examples.html>

ANSWERS TO SELF-ASSESSMENT EXERCISE

UNIT 2 GROWTH AND PRINCIPLE OF DEVELOPMENT

CONTENTS

1.0 Introduction

2.0 Intended Learning Outcomes (ILOs)

3.0 Main Content

3.1 Growth and Development

3.1.1 Growth Pattern

3.1.2 Similarities in Growth

3.2 3.1.3 Differences in Growth Principles of Development

3.3 Special topics in development

3.4 Pattern of Attachments

4.0 Self-Assessment Exercise

5.0 Conclusion

6.0 Summary

7.0 References/Further Reading

1.0 Introduction

This unit focused on the development of a child, its principles, similarities between growth and development as well as the various forms of attachments.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

At the end of this unit, you should be able to:

1. distinguish between development and growth
2. identify similarities and differences in growth and development.
3. demonstrate understanding of various forms of attachments.

3.0 MAIN CONTENT

3.1 Growth and Development

We frequently hear people refer to children's growth and development. We should then ask ourselves are growth and development the same thing? What does each of these expressions mean?

Growth, denotes specific increases in the child's size and body modifications (such as: weight, height, body mass index and head circumference). These

dimensional changes can easily be measured. It is an increase in the size and number of cells as they split and produce fresh proteins, which results in increased weight and size of the whole or any of its fragments (Aishiwarya, 2018).

Development characteristically denotes an increase in complexity (a change from simple to more composite). It involves an advancement along a continuing pathway on which the child acquires more advanced behavior, knowledge and skills. The order is basically the same for every child, conversely the rate differs. It is also a gradual change and expansion; advancement from a lower to a more advanced stage of complexity the expanding and emerging of the individual's, capacities through growth, learning and maturation (Aishiwarya, 2018).

3.1.1 Growth Pattern

Growth is definite **body** changes and increases in the child's size. During the first year of an infant's life, babies can grow **10** inches in length and triple their birth weight. After the first year, a baby's growth in length brakes to **5** inches a year for the next two years and continues from age two or three to puberty at a rate of two to three inches each year. Puberty is a time when a major growth spurt occurs (Ertem, 2018).

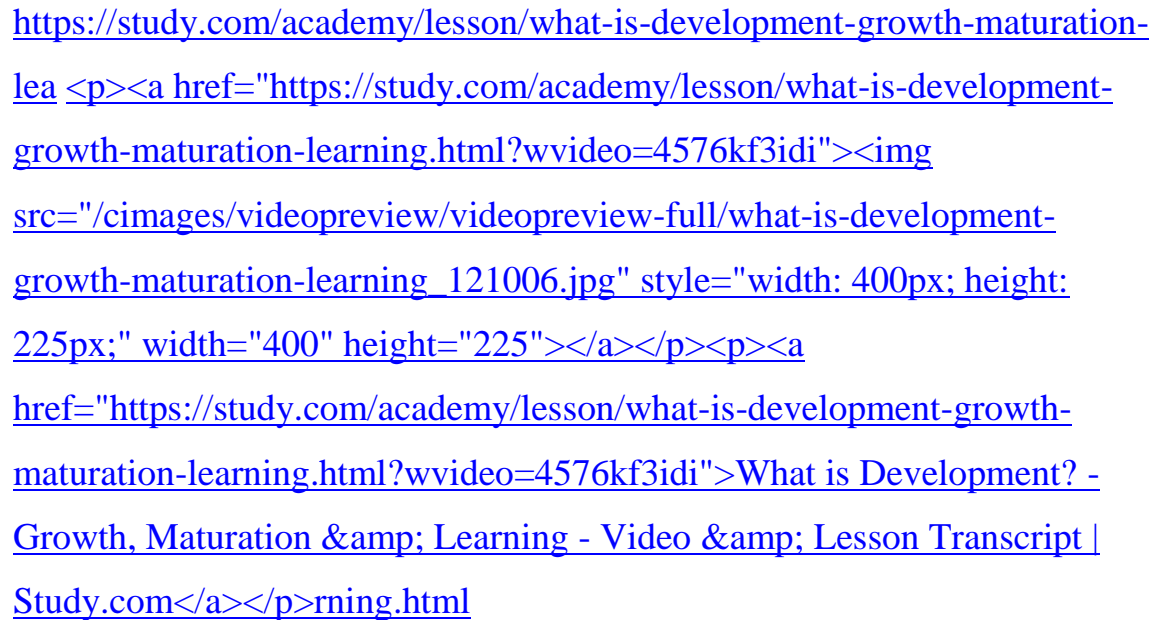
- Boys often reaches puberty at ages **10** to **15** years.
- Girls normally enter puberty between ages **8** to **13** years.

3.1.2 Similarities in Growth

- Growth starts from the **head** downward and from the center of the **body** outward.
- Kids gain control of the **neck** and **head** first, then the arms and lastly the legs.

- At birth, the heart, brain and spinal cord are **completely** functioning to support the newborn.
- As youngsters grow, the **leg** and **arm** muscles develop followed by the toe muscles and finger.

<https://study.com/academy/lesson/what-is-development-growth-maturation-learning.html?wvideo=4576kf3idi>



What is Development? - Growth, Maturation & Learning - Video & Lesson Transcript | Study.com

3.1.3 Differences in Growth

- Children **differ** in their growth. Some children are shorter, some taller. Some children are larger, while others are smaller.
- These variations are completely normal. Normal growth is reinforced by adequate **sleep**, good **nutrition** and regular **exercise**.
- Children do not grow at perfectly fixed rates all through childhood.
- Children will experience weeks or months of somewhat slower growth followed by **growth spurts**.

Difference in the volume of growth can be a basis for self-consciousness for some children. It is essential to help the children in your care realize that these

variations are **normal**, to help children develop a sense of self-acceptance and that each child is special.

3.2 Principles of Development

- **Growth and development are the result of both nature and nurture.**
They are affected by a mixture of genetic, biological, environmental and experiential factors. An individual child's evolution through the developmental phases is the result of a distinctive blend of physical and mental predispositions and attributes as well as environmental conditions, such as poverty, prenatal drug exposure or empathic parenting (Aishiwarya, 2018).
- **Development arises across a number of interrelated domains.**
Development in each sphere is closely intertwined with development in the others, though it may not progress evenly across domains in a corresponding fashion (e.g., language development may at times surpass physical development or vice versa.) here, we consider three major domains: physical, socio-emotional and linguistic/cognitive. Different writers may divide domains rather differently—for instance, treating moral development as distinct domains or language development rather than a part of socio-emotional or cognitive development. But, conversely it is presented, the information is fundamentally the same.
- **Development is progressive over time.** It reveals in a chain of phases in a regular order. Although each individual develops in a distinctive way, the order of development is constant for all individuals. For example, in over-all, kids gain control over their bodies from head to toe and from the center out (Fahlberg, 1991.) A newborn will be able to focus her or his eyes and follow an object before being able to control his or her head.

- For each phase of development, indicators are there that tell whether or not the individual has attained “normal,” or typical development in the three spheres. Broadly speaking, there are developmental activities that each individual needs to accomplish for every major developmental stage in each domain before she or he can continue with prime hope for success to the next stage. If required activities at a certain stage are not adequately accomplished, issues are likely to ensue at future stages of development.

3.3 Special Topics in Development

- Attachment
- Language development
- Brain development
- Emotional intelligence

Attachment means the close emotional bond that children usually form with those who care for them early on a father or/and mother, and/or other caregivers. This ensues through steady, interaction and positive contact between the caregiver(s) or other familiar figures and the infant, as when the adult plays with comforts, feeds and talks with the infant and the infant responds. In this way, preferably, the infant absorbs that he or she can communicate a need to the caregiver (e.g., by crying) then get a reaction that meets the need. You can see attachment developing in the way a baby reacts to the character to whom he or she is becoming attached; for example, the baby touches the parent’s face. Parental behaviors that stimulate protected attachment are loving and sensitive handling of the infant and responses to his or her emotional situations; for instance, not over stimulating or over handling tired baby. The baby also plays a part, preferably, by interacting positively with and responding to the caregiver. It is tougher for some parents to respond in a constantly loving way to an infant who is often unresponsive and/or irritable (Aishiwarya, 2018).

In-Text Question

Explain the types of attachment pattern we have

3.4 Patterns of Attachment

There are four patterns of attachment that may develop based on early interactions between child and caregiver. These are:

- **Secure attachment** – Infant separate readily from a caregivers who leaves, then happily greet him or her when he returns. Infants use their caregivers as a secure base, leaving them to explore, but then returning to them for occasional reassurance.
- **Avoidant attachment** – Infant seldom cry when his or her caregiver leaves, and avoid him or her upon his/her return. Infants do not reach for their caregivers in time of need.
- **Resistant or ambivalent attachment** – Infants become concerned even before their caregivers leave, but then show ambivalence toward them when they return (looking at them and then repelling contact with them.) These infants are hard to comfort and do little exploring.
- **Disorganized-disoriented attachment** – On the least secure attachment. Infants show contradictory and inconsistent behavior. They greet their caregivers, but then turn away or approach them without looking at them. They look afraid and confuse.

4.0 SELF-ASSESSMENT EXERCISE

- i. Discuss the Principles of Development
- ii. What are the patterns of attachments between the child and care giver?
- iii.

4.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt Growth and Development, similarities and differences in growth. The Unit further exposed you to special topic in development and forms of attachments were discussed.

7.0 REFERENCES/FURTHER READING

ANSWERS TO SELF-ASSESSMENT EXERCISE

UNIT 3 TYPES OF DEVELOPMENT AND FACTORS INFLUENCING DEVELOPMENT IN SCHOOL CHILDREN CONTENTS

1.0 Introduction

2.0 Intended Learning Outcomes (ILOs)

3.0 Main Content

3.1 Language Development

3.2 Brain Development

3.3 Emotional Intelligence

3.4 Implication for Learning

4.0 Self-Assessment Exercise

5.0 Conclusion

6.0 Summary

7.0 References/Further Reading

1.0 INTRODUCTION

This unit bothers on the types of development such as brain development, language development, emotional intelligence and implication to learning.

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- 1. demonstrate understanding of various types development
- 2. identify the implications of development pattern to learning.

3.0 MAIN CONTENT

3.1 Language Development

Language development is vital to the development of reasoning, higher-level thinking and memory processes. Language gives us a way to manipulate and experience our world through symbols. For instance, language gives children a way to relate to and learn from others' thoughts and feelings and a way to express emotions without physically acting them out (Fahlberg, 1991.)

Children learn language in the social context by hearing others use word combinations and words and connecting these with happenings, things and other kinds of meaning. Words are symbols. Other caregivers or attentive parents help babies learn to talk in several ways such as by talking with them, especially distinctly and slowly, and as if they could understand whatever is being said it is also done by talking about what children are doing or looking at; and by playing games with them that involve words and taking turns, as in conversation (for example, pat-a-cake.) (Wells, 1986)

Wells (1986) affirmed that Exposure to speech helps children learn to speak. More specifically, ways to help children learn to speak are **echoing** (repeating what the child says,), **labeling** (identifying the names of objects,) and **recasting or expanding** (restating what the child has said, but in a more advanced form.)

Babies with normal hearing prepare for language development by beginning to around 2 months and to babble around 6 months. They add syllables and consonants to the coos from 6 to 14 months and, on average, by 7 months are making some sounds of mature spoken language.

From 6 to 9 months, children begin to understand words, or have a **receptive vocabulary**. They say their first words around 12 months, on average. These

are commonly words that name important objects (car,), or animals (doggie,) or words or people (mama, dada,) that convey greetings or leave-takings (hi, bye-bye.)

3.2 Brain Development

According to Center for Disease Control (2019), brain development begins in the third to fourth week after conception. By the end of the second trimester, the child has more than 100 billion neurons, or nerve cells—all that he or she will ever have. After birth, these neurons form synapses or connections, in response to outside stimulation. Learning ensues through these connections. Major brain's growth and development happens during the first few years after birth. By age 3, a baby's brain is approximately 90% of its adult size. Therefore, early interaction and stimulation with the world are serious to determining the person we become.

The Pennsylvania Child Welfare Training Program Earlier thinking about children and how they learn viewed them as unreasoning beings who simply took in what was going on around them in infancy without being able to make sense of it until sometime later. More recent research on brain development has shown that this is not the case. In fact, children are reasoning beings even in the early months of life. They take in and assimilate information and experience, acquiring knowledge about the world and skills to function in it.

In-Text Question

3.3 Implications for Learning

firstthingsfirst.org (2019) explain why child care professionals should learn about principles of child development?

- The environment and care can hinder or support development.
- The experienced caregiver can help a child in learning new skills.

- When a child is stressed with a fresh skill, timely help can assist him overcome a problem and catch back up.
- The experienced caregiver can sense indicators of likely delays, and can assist the child with the assistance he needs.

4.0 SELF-ASSESSMENT EXERCISE

- i. Discuss the following: brain development, language development and emotional intelligence.
- ii. Discuss the why care givers should learn about child growth and development.

5.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt about language development, emotional intelligence and language development

7.0 REFERENCES/FURTHER READING

<https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>

UNIT 4 FACTORS INFLUENCING DEVELOPMENT IN SCHOOL CHILDREN

CONTENTS

1.0 Introduction

2.0 Intended Learning Outcomes (ILOs)

3.0 Main Content-

The five environmental influences that can affect child's development are

- Nutrition
- Exercise levels
- Daily routines in physical activities
- Daily routines in learning, and
- Relationships with family and friends

1. **Nutrition:** Why is nutrition important? A child's nutrition (what they eat on a regular basis) and any special supplements or medications influence physical growth, sleep patterns, and temperament.

2. **Exercise Levels:** Why are exercise levels important? Done on a daily basis, regular exercise can help their heart, circulation, lungs, bones and muscles develop as well as help children focus on their learning activities

3. **Daily Routines in Physical Activities:** Why are daily physical and learning routines important? Learning routines help children know what to expect. Establishing learning routines help children enjoy their experiences with learning.

4 **Daily Routines in Learning** Why are day-to-day routines in learning significant? Routines present children with a feeling of security when they know what is envisaged and what takes place next. Routines help set times to eat, nap, and exercise.

5. **Relationships with Family and Friends:** Why are relationships with family and friends important? Human interaction in the family with peers, and

adults at school, with neighbors, at church, and with extended family members can help shape a child's behavior and personality.

3.2 The Effect of Heredity on Child Development

Heredity is the combination of innate physical and temperamental features by a child from the parents. Innate features may have positive or negative effects on a child.

- **Temperament** is a fundamental or principal feature that distinguishes a person.
- **Personality** is the entirety of a person's attitudes, behavioral patterns, interests, emotional responses, social roles and individual traits that persist over long period of time.

In-Text Question

3.3 The Influence of Birth Order on Child Development

Eisenman (1992) in his work titled: Birth order, development and personality affirm the following:

- The youngest may be more coddled and inventive.

The Only Child may:

- Be the center of attention, frequently pleased by position. May feel exceptional depend on service from others in preference to his personal effort
- Be inventive
- Play "divide and conquer"

The First Child may:

- Cultivate proficiency, accountable behavior, or become very dispirited.
- Occasionally aspire to guard and assist others and assume responsibility
- Believes he must procure and obtain supremacy over other children.

- Feels pressure to satisfy
- Behaves as if in a race, trying to reach or surpass first child. If first child is good, second child may be tagged bad.
- Be defiant. usually dislikes this status in the family.

Never has parents' undivided attention.

- Cultivates potentialities that first child doesn't display, if first child is prosperous, may feel doubtful about self

The Third Child or Middle Children may:

- Feel despised, left out, pressurized
- Be accommodating. May learn to deal with both oldest and youngest siblings
- Feels less worried than older child to meet parents' anticipations

The Youngest Children may:

- Act like an only child. May feel that everybody is superior and more accomplished.
- Remain the Baby. If youngest of three, frequently partners with the oldest child against the middle child.
- Cultivates sense of subserviency or becomes a go-getter and surpasses older siblings. Expects other to do things, make decisions, take responsibilities.

3.4 Domain Definitions

According to Fraser-Thill (2019) the following are the domains in child development:

- **Physical Health** denotes distinctive growth patterns, variations in height and weight, overall health and safety, visual acuity, hearing and comprehending the duties of health care professionals.
- **Motor Development** denotes the capacity of the child to move about and direct several body parts. Examples would be performances like grasping, rolling over, sitting up, hopping on one foot, writing their names and using tools for tasks.
- **Social & Emotional** is an extensive area that emphasizes on how children feel about themselves and their interactions with others. It refers to children's discrete behaviour and reactions to play and work activities, relationship with parents and caregivers, attachments to friends and siblings and pro-social behaviors.

4.0 SELF-ASSESSMENT EXERCISE

- I. Examine the factors that affect child development.
- II. What is the role of genetics in child's development?
- III. Identify the various characters associated with birth position.
- IV.

V. ANSWERS TO SELF-ASSESSMENT EXERCISE

5.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt about factors that affect the development of a child. This unit also examined these factors under environmental, heredity and birth order.

7.0 REFERENCES/FURTHER READING

MODULE 3

Introduction

Unit 1	Common Causes of Health Problems in Children
Unit 2	Factors that Leads to Low Birth Weight
Unit 3	Common Health Problems in Children
Unit 4	Some Physical Defects Observed in School Children
Unit 5	The Functions of the School

UNIT 1 COMMON CAUSES OF HEALTH PROBLEMS IN CHILDREN

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Health Problems Face by School child
 - 3.2 Health Problem of New Born
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/ Further Reading

1.0 INTRODUCTION

In this unit, you will learn about the regular causes of health problems in children. You will also learn about health problems in neonate,

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- i. evaluate some regular causes of health problems in children
- ii. assess some health problems in neonate.

3.0 MAIN CONTENT

3.1 Health Problems Faced by the School Child

The vital among the health problems faced by the Nigeria school child include dietetic problems which customarily result to several diseases such as Kwashiorkor, Marasmus, Rickets and Beriberi. Messy environment, insufficient classrooms, insufficient learning equipment and amenities, unavailability of recreational facilities, poor lighting, insufficient toilets, dispensaries or clinics, inadequate water supply, poor shelter. Lack of good street to school from home and within the school, rowdy and contaminated environment, distance to school from home and insufficient or lack of first aid materials at school clinics. Additionally, school children deal with dental health problem, ear problems, optic problems, skin diseases, drug abuse, alcoholism, HIV/AIDS and drug problems.

The health problems hinge on the following as stated by Achalu (2019):

1. The genetic characteristics of the child
2. The whole environment (the protection and sanitation of the habitat)
3. The economic situation
4. The formation of law and order
5. The several cultural and social activities
6. The availability of food.

3.2 Health Problems of The Newborn

It has been proclaimed that neonatal deaths are mainly due to the following as stated by Mayoclinic.org (2019):

- a. Birth trauma
- b. Infections
- c. Low birth weight and prematurity
- d. Congenital anomalies.

In-Text Question

3.2.1 Birth Trauma

This may be caused by a traditional birth attendant who sometimes uses the method of delivery which is vigorous, toxic and very damaging. For instance, the umbilical cord may be dragged dangerously cut with a very dirty and or rusted instrument such as a razor blade or even scissors and dressed with some undesirable substances.

Prevention

- Antenatal management and prompt referral of any injury
- Evasion of local injurious practices during delivery
- Evasion of local herbs that is poisonous

3.2.2 Neo-Natal (Newborn) Infections

- . **Tetanus Neonatorum** – Tetanus is a disease in which the muscles, especially of the jaw become rigid.

Causes

It is caused by bacteria invading the body via cuts and wounds. It is occasionally denoted as lockjaw. It has a very high death rate. The treatment takes a long time, costly and must be administered by an extremely skilled medical personnel.

Prevention

- This disease is effortlessly avertable. A birth attendant can be trained to use scissors or old blade flamed – the fire for cutting the cord.
 - She can use a disinfected dressing
 - Today, clips are used on the cord and left undressed. The cord dries up by itself and falls off.
 - The mother can be vaccinated against tetanus during her antenatal period
- b. Septicaemia in the newborn** – Septicaemia is an inflammation of the blood or blood poisoning. This may occur in the home or even the hospital. This is common and requires treatment

- c. **Conjunctivitis** – This is a gut wrenching enlargement of the thin pellucid layer which conceals the eyeball.

Cause

- This can be caused by gonococcus or other non-specific infection

- d. **Diarrhoea** – It is not common where the baby is closely kept to the mother and is fed by her without delay and on demand

Causes

- When babies are kept at isolated nursery away from the maternity ward
- When they are bottle fed
- When they are passed round to many relatives to be put to the breast (unhygienic practices)
- Early mixed feeding.

3.2.3 Prematurity and Low Birth Weight

Prematurity was defined by World Health Organization (WHO) in 1948 as a neonate (newborn) of 2.500 grammes or even less. Babies under 2.500 grammes at birth were said to be more vital and physiologically mature.

Low Birth Weight – This has been seen as a problem instead of the gestational prematurity (those babies who developed in the uterus or womb for less than 9 months). Low birth weight babies are matured babies but are small

- 4.0 SELF-ASSESSMENT EXERCISE**
- i. List any four (4) common causes of health problems in children.
 - ii. examine any three (3) health problems in neonate.
 - iii. Identify and briefly explain (2) possible ways of preventing health problems in the neonate.

Answers to the Self-Assessment Exercise

5.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt about common causes of health problems in children. You also have learnt about health problems in the neonate.

1.

7.0 REFERENCES/FURTHER READING

Lucas, A. & Gilles, H.M. (1991). *Preventive medicine for the tropics*. London: Edward Arnold.

<https://www.mayoclinic.org/diseases-conditions/congenital-heart-defects-children/symptoms-causes/syc-20350074>

<https://www.youtube.com/watch?v=Z4pguf62Rzg>

<https://raisingchildren.net.au/toddlers/health-daily-care/health-concerns/young-children-s-health>

Unit 2 Factors that Lead to Low Birth Weight

CONTENTS

1.0 Introduction

2.0 Intended Learning Outcomes (ILOs)

3.0 Main Content

3.1 Factors that can Lead to Low Birth weight

3.2 Prevention of Low Birth weight

4.0 Self-Assessment Exercise

5.0 Conclusion

6.0 Summary

7.0 References/Further Reading

1.0 INTRODUCTION

Tersigni, Castellani, de Waure, Fattorossi, De Spirito, Gasbarrini, Scambia, & Di Simone (2014). Describe Low Birth Weight (LBW) is defined as a birth weight of below 2500g. birth weight is determined by two processes, namely:

1. The length of gestation and
2. The intrauterine growth rate.

The low birth weight thus may be an outcome of either short gestation (prematurity) or from intrauterine growth retardation (IUGR) or both.

Prematurity denotes gestation below 37 completed weeks (pre-term). IUGR babies are also designated as small-for-gestational-age (SGA) or small for dates (SFD) due to their subnormal position (below the 10th percentile) on an intrauterine growth chart.

Birth weight is the distinct most significant indicator of adverse prenatal, neonatal and infantile outcome. In Nigeria, nearly three fourths (75 per cent of neonatal death) materialize in LBW babies who have 11-13 times higher probability of death during the neonatal period compared to normal birth-weight babies (Iorvaa, 2013).

Chief prenatal-neonatal problems such as infection hypothermia, asphyxia, and malformations are noticeably more common among low birth weight. During infancy, LBW is a key factor determining malnutrition, which is a significant factor for infant mortality. The menace of malnutrition at one year is three times for babies birthed with a weight below 2500g compared to those above it. Additionally, birth weight is a determinant of the length of breastfeeding, a widely known protective factor against infant mortality. LBW is also a threat for lower respiratory tract infections. Low birth weight infants have 2-3 times higher probability of death due to infection than infants with normal birth weight beyond 2500g. LBW infants with asphyxia who live past the neonatal period result in neurodevelopmental sequel (Cerebral palsy, seizures, etc.) three times as often as their normal weight counterparts. Small-for –weight (SFW) infants may also remain short in future and therefore have weakened physical work capacity.

In this unit, you will learn about factors that cause low birth weight in new-borns. You will also learn about the precaution against low birth weight and prematurity.



Source: google.com

Figure 2: New born weight measuring scale

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

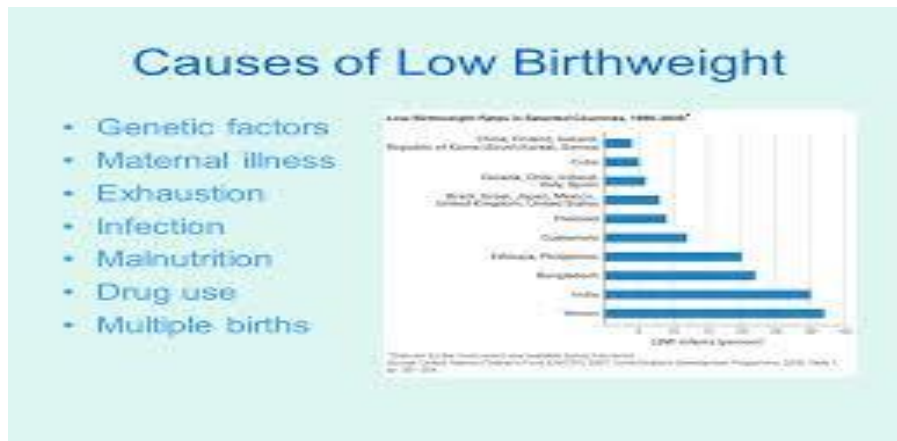
- i. appraise factors that cause low birth weight in new-borns
- ii. identify probable ways of guarding against low birth weight and prematurity.

3.0 MAIN CONTENT

3.1 Low Birth Weight

3.2 Factors that causes Low Birth Weight

1. Underweight as a result of gestational prematurity (baby not up to 9 months)
 - a. Maternal ill-health, for example health disease, hypertension, syphilis, chronic malnutrition, anaemia, physical overwork
 - b. Obstetric – multiple pregnancies, serious foetal abnormality
2. Underweight even after 9 months (full term)
 - a. Small maternal stature – malnutrition – childhood
 - b. Possible adaptation of newborn to high attitude, hot humid environment
 - c. Maternal malnourishment or anaemia in the course of pregnancy bringing about deficiency of folic acid
 - d. Placental disease such as malaria parasite consolidating in the placenta even in immune mothers. Symptomless placental malaria results to lowering birth weight by about 250 grammes.
 - e. Multiple pregnancy
 - f. Poverty lead to a high incidence of low birth weight and prematurity



Source: google.com

Figure 3 Showing causes of low birthweight

3.3 Prevention of Low Birth Weight and Prematurity

1. Timely observation and treatment of acute or chronic abnormality
2. Enhanced diet in pregnancy with significant references to locally available foods. E.g. protein, vegetable, mixture
3. Avoidance of too much physical work
4. Anti-malaria during pregnancy
5. Folic acid supplements should be taken
6. Proper child spacing

4.0 SELF-ASSESSMENT EXERCISE

- i. Identify any four (4) major factors that cause low birth weight.
- ii. List any three (3) possible ways of guarding against low birth weight and prematurity.
- iii. Answers to the Self-Assessment Exercise
- iv.

5.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt about factors that causes low birth weight. You also have learnt about the prevention of low birth weight and prematurity

7.0 REFERENCES/FURTHER READING

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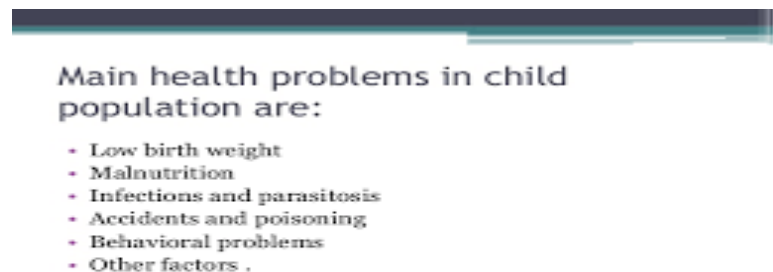
UNIT 3 COMMON HEALTH PROBLEMS IN CHILDREN

CONTENTS

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Common Health Problems in Children
 - 3.2 Major Forms of Malnutrition
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

In this unit, you will learn about common health problems in children. Specifically, you will learn the concept of malnutrition, causes of malnutrition, major forms of malnutrition, signs and symptoms as well as prevention and treatment.



Source:google.com Figure 4

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- i. explain the term ‘malnutrition’
- ii. Identify some forms of malnutrition
- iii. identify the possible ways by which malnutrition can be prevented

3.0 MAIN CONTENT

3.1 Common Health Problems of Children

The health problems of children include:

3.1.1 Malnutrition

Malnutrition is said to be accountable for millions of deaths yearly, indirectly but conjointly with or as a consequence of numerous infections. Most children admitted with infections or diarrhoea are also underfed. Serious or critical anaemia is always due to many causes including malnutrition, infections and malaria.

According to Mohammed, Suleiman and Musa, (2013) malnutrition are not only common among children who are from families who do not get adequate food or undergo dietary insufficiencies. It also refers to the state of overfeeding that can be found in many children from economically stable families. They may be subjected to a form of malnutrition that may involve taking in too many calories resulting in obesity in children and adults. Obesity does result only from eating more calories than one uses.

3.1.2 Causes of Malnutrition

Malnutrition can be triggered by disasters such as accidents, sickness, food, man-made wars which results into poverty, congenital defects e.g. prematurity mal-absorption.

3.1.3 Prevention of Malnutrition

To avoid malnutrition, more understanding of the several causes is needed.

Where food is inadequate, supplementary feeding is essential:

1. Encouragement of breastfeeding
2. Health centres should focus on dietary guidance of all age groups that are opened to malnourishment using obtainable foods.
3. Mothers should be educated to have adequate knowledge of nutrition.
4. Supplementary foods should be supplied to cases in need.
5. School meals should be improved and enriched with help from home economics.
6. Press, radio and television should be used for nutrition teaching.

3.2 Major Forms of Malnutrition

- a. Kwashiorkor** – This disease result from pronounced protein deficiency

Characteristics

- i. Muscular weakness
- ii. Stunted growth
- iii. Digestive disturbances (indigestion, diarrhea)
- iv. Skin colouration

Symptoms and signs may not be noticeable but once it is present, it demands for administration of food supplement that is protein in the diet.

- b. Obesity** – In the case of obesity, the primary problem is to lessen too much intake of calories, participate in regular physical exercise.

Obese children can or must be reinvigorated or motivated to aspire to lose weight if they are to over the many trials and difficulties of weight reduction.

In-Text Question

3.3 Causes or Reasons for Overeating in Children are

- i. A family practice of eating too much

- ii. A relief from tension
 - iii. A low blood sugar level that results in consistent hunger
 - iv. A ill-balanced high-calorie diet
- c. Pellagra** – It is not very common to children and it is not observed in children who are on a milk diet. It is a disease found in people who feed mainly on maize.

3.3.1 Signs and Symptoms

- i. There is skin alteration and it becomes acute when exposed to the sun
- ii. The beginning may be acute with painful redness and burning skin
- iii. There may be diarrhoea later
- iv. Dementia may set out

3.3.2 Treatment

Can be treated with nicotinic acid, the diet should be enriched to include protein.

Other forms of malnutrition health problems noticed in children and even adults include Beri-Beri (rice eating population), scurvy (lack of Vitamin C), rickets (lack of Vitamin D).

4.0 SELF-ASSESSMENT EXERCISE

- i. Explain the term ‘malnutrition.’
- ii. State any two (2) forms of malnutrition.
- iii. Enumerate four (4) possible causes of malnutrition
- VI. List any three (3) possible ways by which malnutrition can be prevented.

Answers to the Self-Assessment Exercise

5.0 CONCLUSION

6.0SUMMARY

In this unit, you have learnt about common health problems in children. Specifically, you have learnt about malnutrition, causes of malnutrition, major forms of malnutrition, signs and symptoms as well as prevention and treatment.

7.0 REFERENCES/FURTHER READING

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UNIT 4 SOME PHYSICAL DEFECTS OBSERVED IN SCHOOL CHILDREN

CONTENTS

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Some Physical Defect Observed in School Child
 - 3.2 Factors to be Considered by School and Home
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/ Further Reading

1.0 INTRODUCTION

The terms disability or handicap were being used interchangeably for those who were incompetent of handling personal or household responsibilities or unable to attend to the needs of self or having practical problems in daily living.

Impairment includes abnormalities or losses that may be short-term or permanent. It includes the presence of an anomaly, defect or loss in a limb, organ, tissue, or other structure of the body or a defect in a functional system or mechanism of the body (Muhammed, Suleiman and Musa, 2012). The term impairment signifies the physical embodiment of disease or disorder and basically, symbolises disturbances at the organ level. Disability takes into consideration the performance or functional capability of the individual entirely, rather than limiting to an organ or organ system. The term disability is concerned with combined activities of an individual in terms of tasks, skills and behaviour that are accepted as important components in everyday life such as personal care, locomotion, hearing speech, sight etc. Physically challenged are those who have a physical defect, apparent or hidden, restricting their physical capacity to work or which evokes an unfavourable social attitude. Physically challenged includes visual and hearing handicaps and orthopedically

handicapped persons or for those with neuromuscular disabilities (Muhammed, Suleiman and Musa, 2012).

School children with physical defects may be faced with many social disadvantages as a result of their physical inadequacy; inability to compete with normal people, lack of self-confidence, the feeling of inferiority, fear of social redid and limited social participation.

In this unit, you will learn about some physical defects in school children. You will also learn about the roles of school in preventing them



Source: goole.com

Figure 5: a child with sight difficulty

2.0 INTENDED LEARNING OUTCOMES (ILOs)

By the end of this unit, you will be able to:

- i. evaluate some physical defects observed in school children

3.0 MAIN CONTENT

3.1 Some Physical Defects Observed in the School Children

3.1.1 Defect of Vision

These defects of vision in a school population are pliable to correction

Correction

- Errors of refraction can be corrected, prescription of glasses.
- Contact lenses can be made available for cases such as astigmatism.

Assistance offer by the School

1. Teachers should direct the new students they assumed should have a comprehensive vision examination
2. They can help in procuring professional service and glasses if needed.

3.1.2 Hearing Impairment

Loss in hearing activity is often so steady that it is flawless or not observed by the person involved. The affected person unconsciously adapts to a gradual loss of hearing. Children with a hearing defect do not display behaviour changes.

The School Role

Most hearing defects are avoidable, the school thorough understanding and an effective approach can contribute directly to the prevention of hearing loss.

3.1.3 Speech Defects

Many studies example, reveal that many children have speech defects. Speech is considered to be defective when it deviates sufficiently to attract the attention of others or causes some difficulties in communication. Speaking is very important in academic, social and other relationships. The school should make every effort to assist in correcting these impediments.

In-Text Question

3.2 Factors to Be Considered by Both Schools and Homes Whenever a Child's Hearing is Threatened

1. Any foreign object in the child's ear canal can cause hearing loss and may lead to infection. A physician can be used to remove the foreign body.
2. Hard packed wax in the ear canal can be softened by warm oil and then removed.
3. A child discharging from the ear should be taken to the doctor

4. Some common infections of respiratory diseases such as measles, scarlet fever, diphtheria can develop into complications
5. Frequent colds can affect hearing
6. Blowing the nose hard, particularly through one's nostril can force infections materials into the ear.

4.0 SELF-ASSESSMENT EXERCISE

- i. Identify three (3) physical defects that can be observed in school children
- ii. Explain two (2) of the physical defects mentioned above.
- iii. Briefly explain how the school can prevent hearing loss in children

5.0 CONCLUSION

6.0 SUMMARY

In this unit, you have learnt about some physical defects observed in school children. You have also learnt about the roles of school in preventing them.

7.0 REFERENCES/FURTHER READING

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Revision

Module 1

In unit I, you have learnt about roles played by the teacher in promoting the child's health. You also have learnt about the concept of a normal child.

In unit II, you have learnt about a healthy child. You have also learnt about outward indices or characteristics of a healthy child.

In unit III, you have learnt about indices or characteristics of mentally healthy children.

Module 2

Unit I discussed the physical growth and development of school-aged children. You have also learnt about the physical characteristics of the pre-school child. IN Unit 2 we discussed growth and principles of development such as growth resulting from nature and nurture and so on

Unit 3 the types of development and factors influencing development of children were discussed.

In Unit 4 you were exposed to factors influencing development in school children which include heredity, birth order and environmental influences

Module 3

In unit 1, you have learnt about common courses of health problems in children. You also have learnt about health problems in the newborn.

Unit 2 acquaint you with the factors that lead to low birth weight. You also have learnt about the prevention of low birth weight and prematurity

Unit 3 you have learnt about common health problems in children. Specifically, you have learnt about malnutrition, causes of malnutrition, major forms of malnutrition, signs and symptoms as well as prevention and treatment.

In unit 4, you have learnt about some physical defects observed in school children. You have also learnt about the roles of school in preventing them.

Answers were provided for activities under each unit.

ANSWERS TO ACTIVITIES

Module 1

ANSWERS TO ACTIVITIES IN UNIT 1

1. The teacher must apprehend and appreciate the individual child's health. Children that do not undergo the same kind of health problem at the same time so must be treated individually.

The teacher should recount to the school authority and parents any health problem observed in a child. Because he/she may be in the best stead to identify first that a certain child does not seem to be normal in some respect.

The teacher should develop a routine of everyday surveillance of the child.

2. Normal is that which is considered as the standard, not an absolute but in terms of a range.

ANSWERS TO ACTIVITIES IN UNIT 2

1. A healthy child is considered as the child with that quality of wellbeing that aids him to live efficiently and enjoyably, it is regarded a means to an end.
2. a. Buoyancy
b. Unaware of the Body
c. Pleasure in Activity
d. Sufficient Energy
e. Sleeps well and recovers from the day's fatigue

ANSWERS TO ACTIVITY IN UNIT 3

- a. Confidence
b. Courage
c. Orderliness
d. Adaptability
e. Self-discipline

Module 2

ANSWERS TO ACTIVITIES IN UNIT 1

1. The pre-school period symbolizes a movement from the very swift growth of infancy to the slower and steady uninterrupted growth.

ANSWERS TO ACTIVITIES IN UNIT 2

Growth and development are the outcome of both nature and nurture.

Development takes place across a number of interconnected domains.

Development is continuous over time.

ANSWERS TO ACTIVITIES IN UNIT 3

Brain development begins in the third to fourth week after conception. By the end of the second trimester, the child has more than 100 billion neurons, or nerve cells all that he or she will ever have. After birth, these neurons form connections, or synapses, in response to outside stimulation.

ANSWERS TO ACTIVITIES IN UNIT 4

- Nutrition
- Exercise levels
- Daily routines in physical activities
- Daily routines in learning, and
- Relationships with family and friends

Module 3

ANSWERS TO ACTIVITIES IN UNIT 1

1.
 - a. The genetic endowment of the child
 - b. The total environment (the protection and sanitation of the habitat)
 - c. The economic situation
 - d. The establishment of law and order
2.
 - a. Birth trauma
 - b. Infections
 - c. Low birth weight and prematurity

ANSWERS TO ACTIVITIES IN UNIT 2

1.
 - a. Maternal ill-health
 - b. Obstetric
2.
 - a. Folic acid supplements should be taken

- b. Proper child spacing
- c. Enhanced diet in pregnancy with significant references to locally available foods. E.g. vegetable, protein, mixture

ANSWERS TO ACTIVITIES IN UNIT 3

1. Malnutrition is said to be accountable for millions of deaths yearly, indirectly but conjointly with or as a result of several infections. Most children admitted with infections or diarrhoea are also underfed. Serious or severe anaemia is always due to multiple causes including malnutrition, infections and malaria.
2.
 - a. Kwashiorkor
 - b. Obesity
3.
 - a. Encouragement of breastfeeding
 - b. Health centres should focus on dietary guidance of all age groups that are opened to malnourishment using obtainable foods.
 - c. Mothers should be educated to have a good knowledge of nutrition.

ANSWERS TO ACTIVITIES IN UNIT 4

1.
 - a. Defect of Vision
 - b. Hearing Impairment
 - c. Speech Defects

2.
 - a. **Speech Defects**

Many studies reveal that many children have speech defects. Speech is deemed to be faulty when it departs sufficiently to draw the attention of others or causes some problems in communication. Speaking is very

imperative in academic, social and other relationships. The school should struggle to help in correcting these impairments.

b. Hearing Impairment

Loss in hearing activity is often so steady that it is flawless or not observed by the person involved. The affected person unknowingly adjusts to a gradual loss of hearing. Children with a hearing defect do not demonstrate behaviour changes.

ANSWERS TO ACTIVITIES IN UNIT 5

1.
 - a. The school should arrange for speech examination for every school child by a qualified examiner.
 - b. Classroom teachers must identify speech difficulties.
 - c. After the teacher identifies that a child has a speech difficulty, an examination by a speech clinician or speech correction should be carried out.