

# Child and adolescent **development**



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Printed and published by the  
University of South Africa  
Muckleneuk, Pretoria

CAD1501/1/2019–2021

70779562

InDesign

HSY\_Style

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# INTRODUCTION

In this module, you will learn how children grow and develop. We will review different aspects and different stages of development and growth throughout the life of a child until adulthood (from before birth until the age of 18).

| Age                 | Stage                            |
|---------------------|----------------------------------|
| Conception to birth | Prenatal                         |
| Birth to 12 months  | Early childhood: The infancy     |
| 12–36 months        | Early childhood: The toddler     |
| 3–6/7 years         | Early childhood: The preschooler |
| 7–12 years          | Middle childhood                 |
| 12–18 years         | Adolescence                      |

FIGURE 1

*Different ages and the stages of child and adolescent development*

In this module we will do the following:

- Introduce you to different theories of child and adolescent development from diverse cultural perspectives.
- Give special attention to cultural differences in the developmental tasks that children and adolescents need to master.
- Discuss factors that may influence the mastering of developmental tasks.

The module includes different activities and tasks that will guide you through the body of work. It will be in your best interest if you work through all the activities, and not only the ones for assessment purposes. Your tutorial letters will refer you to websites to assist you in completing the different activities. You have to complete all the required activities and tasks for assessment purposes. The completion of activities and a portfolio serves as proof that you meet the outcome requirements of the module, namely:

- A basic understanding of the physical, cognitive, emotional, social and moral development of children and adolescents including prenatal development.
- Knowledge of the factors that influence child and adolescent development putting the child and adolescent at risk.

The units in this module are as follows:

- **Study unit 1** is about whole-child development. We will explore and explain all the areas of the development of children and adolescents.
- **Study unit 2** will familiarise you with different developmental theories that will help us to understand child development.
- In **Study unit 3** we will look into the development of the child before birth, also named the prenatal stage.

## INTRODUCTION

- **Study unit 4** will cover all aspects of the growth and development during infancy and early childhood.
- In **study unit 5** we will study the development of the child during middle childhood.
- **Study unit 6** will explain the development of the adolescent.

Hopefully, you will find this module interesting and useful. Contact your lecturers and tutors if you do not understand the work and/or do not understand what is expected from you.

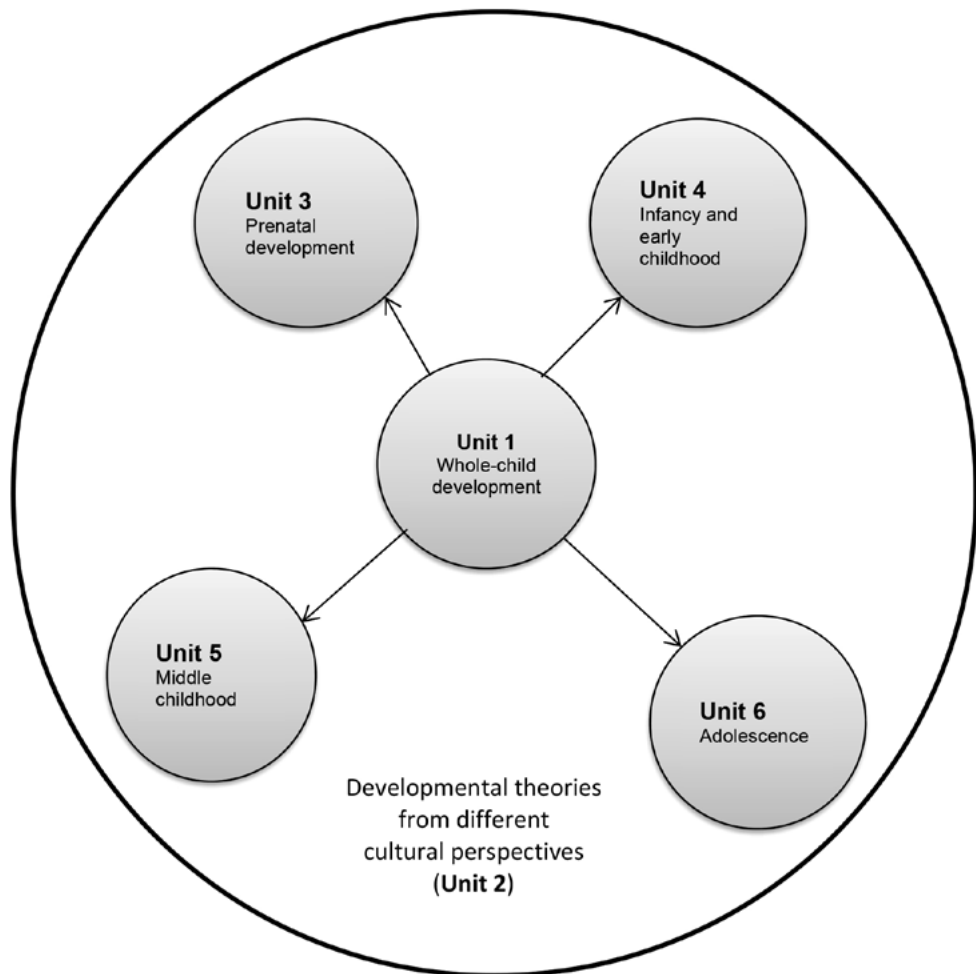


FIGURE 2  
*Overview of the unit*

# STUDY UNIT 1

## Introduction

We will start this unit with Sifiso's story. We all have our own stories and we are all shaped by our stories. Our stories tell how we became what we are, how we learned, grew and developed on different levels. Sifiso's story will show you how we are affected and formed by our surroundings and circumstance. You will see how all aspects of the child are influenced and facilitated to grow and mature.

In order to enable us to understand the full process of development, we will study five areas of child growth and development. They are the physical, cognitive (thinking), emotional, social and normative (moral) areas of being human. These five areas represent all the qualities of a human being. It is referred to as the holistic development of the child. If we are interested in child development all five areas must be taken into account. We must look at the child as a whole.

We must also keep in mind that development is influenced by nature and nurture.

- **Nature** refers to the biological characteristics that are inherited from the parents.
- **Nurture** refers to environmental influences such as social and cultural communities in which the child grows up.

### THIS UNIT WILL HELP YOU TO

- understand what the term “whole-child” development means
- explain aspects, keywords and concepts of the five areas of development
- understand the whole child and development in different cultures
- be able to apply them to Sifiso's development

### CONTENT OF THIS UNIT

- 1.1 Sifiso's story
- 1.2 Development and growth
- 1.3 Aspects of whole-child development
  - 1.3.1 Physical aspects
  - 1.3.2 Cognitive aspects
  - 1.3.3 Emotional aspects
  - 1.3.4 Social aspects
  - 1.3.5 Moral aspects
- 1.4 The whole child and cultural differences
- 1.5 Conclusion

## 1.1 SIFISO'S STORY

### **This is Sifiso's story**

Sifiso used to live on a farm in a small village with his father, his mother and two younger brothers. Both his parents were glad that they had a healthy strong boy and the name they chose for him meant “what we have wished for”. Sifiso was a clever boy and was quick to crawl and walk and talk. Even as a little boy he would feed the chickens and fetch eggs with his mother. He learned easily from the older boys in the village. By the age of six, he could name all the village goats and would notice quickly when one was missing or sick. Sifiso often joined in the fun of catching a slaughter pig and even helped to skin the carcass. His father introduced him to the cattle when he was ten years old. Sifiso loved the animals and the open spaces of the farm.

His mother had AIDS. Although she had medicine she increasingly became thinner and weaker. Some days she was too sick and too tired to get up. Every morning Sifiso would help his father to dress and feed his two little brothers before they went off to school. As the oldest, it was his responsibility to look after the two boys and be certain that they came home safely after school. Sometimes they would not listen to him and would mock him. He then became very angry and frustrated and shouted at them at the top of his voice.

Sifiso would never forget the day his mother died. He was thirteen. As he walked back home, he was thinking about school. He liked his teachers and his friends. The boys had a soccer match early that morning and he scored a goal for his team. He looked forward to playing ball with his brothers and the other boys at home. However, his mother was very sick during the night and he would first have to make lunch for the little ones. He, also, was hungry after the long day. He then had to make sure that his two brothers feed the chickens. As he walked around the corner he saw his gogo\* at their house. He knew something was terribly wrong because she came from the city. Unlike his little brothers, he did not cry when she told them that his mother had passed away. His heart turned heavy like a rock and he could not breathe.

After the burial rituals, he and his brothers went with his grandmother to live in the city. It was busy and noisy and dirty. The people seemed unfriendly and often appeared to be angry. He did not have any friends and he did not like the school or the teachers. He had many chores around the house because his grandmother was old and frail. His two brothers refused to listen and to help him, even though he was now the “man” in the house. Sifiso missed his mother and his father and his house in the village. Yet, he could not cry. He still had the heavy rock in his heart.

When his grandmother fell ill his father resigned from the farm and came to live with them. His grandmother died shortly thereafter. His father was unable to get a job in the city and the only money they had was rental income paid for four rooms on the property. They could not go back to the village. Then his father started to drink. He was drunk most days and Sifiso had to look after his brothers and do the washing, cleaning and cooking. Meals were meagre and they all became skinny and undernourished. Sometimes he became so angry with his drunken father that he would knock him over. Mostly, however, he preferred to sit behind the house where he found a quiet spot behind a hedge.

School became torture. He could not concentrate and was in trouble all the time. Sifiso lost all interest in his school work. Most evenings he was just too tired to do his school homework. His grades were so poor that he failed grade 9. He felt helpless and hopeless and wished that he could die.

gogo\* – the Zulu word for grandmother

We will come back to Sifiso's story later in the unit.

## 1.2 DEVELOPMENT AND GROWTH

Human beings are not just bodies with brains. We are complex beings. We laugh and cry, we relate to our family and friends, we think and learn and we choose how to behave. The ability to think, feel, relate to people and to choose responsible behaviour are all inherent abilities of being human. These abilities distinguish us from animals or robots. They also enable us to live meaningfully in a highly complex society.

An especially important characteristic of being human is that we do not stay the same. Throughout our lives we learn, grow and change on different levels. These changes start at conception and carry on until the day we die. It is a continuous process and a requirement to deal with the increasing pressures of life. Through these changes, we become responsible and mature adults.

To study this process of change in children we need to look at the whole child. There are five areas in which children function and develop. They are the physical, cognitive, emotional, social and normative (moral) areas. Looking at the aspects of these areas separately will enhance our understanding of the growth and development of the child. In reality, they are linked and interwoven and function as a whole.

**Human Development** in the literature is explained as a process of growth, change and maturation that starts at conception and carries on until death. It happens in all areas of human existence: Physical, cognitive, emotional, social and normative. It enables the person to cope with the challenges of life.

### ACTIVITY 1.1

Explain in your own words what you understand by the words “whole-child” or “holistic” child development.

We are now going to explain the different aspects that influence the development of the child and adolescent.

## 1.3 AREAS OF WHOLE-CHILD (HOLISTIC) DEVELOPMENT

The following figure shows the five areas of development in the relation to the whole child:

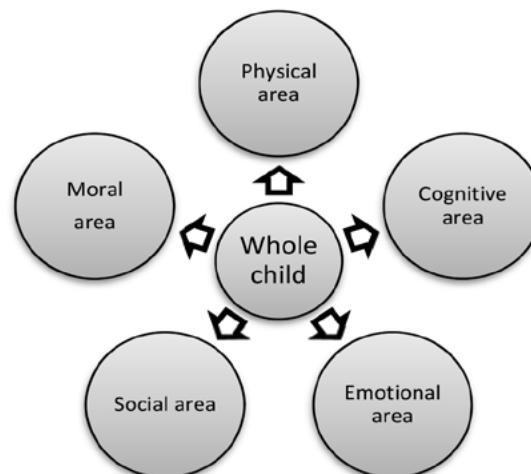


FIGURE 1.1

*Five areas of human development*

We will now look into the different aspects of each area as explained by Gouws (2014); Lightfoot (2009); Louw and Louw (2014); Venter, Haasbroek, Nthangase, Snowman and McCown (2016) and Woolfolk (2013).

### 1.3.1 Physical aspects

The physical area has to do with the body and the functioning of the body. The body is what we see when we interact with the child. The concept includes genetic aspects of gender, blood type, eye colour and other physical characteristics. It concerns the physical appearance of the child but also the physical abilities and developmental possibilities. It also includes physical limits and weaknesses.

Our bodies are created to be active. Through movement, the child can explore and interact with his or her surroundings. Aspects such as balance and coordination are important for crawling, walking, climbing and playing. Through the five senses (sight, hearing, taste, smell and touch) the child collects information from the environment. The child is then able to respond to the surroundings through his body.

A child with physical disabilities might find it challenging to interact sufficiently with his surroundings and his development might be hindered. The perception of one's body (body image) and physical abilities also have a huge impact on how you learn.

A healthy body is important for healthy development. Good nutrition and exercise help to keep the body healthy and enable the child to grow and mature adequately. Physical development can be hindered by aspects such as inactivity, obesity (overweight), malnutrition (undernourishment) and illness.

In the study of whole-child development, we always need to consider the effect of the physical aspects as possible barriers to normal development.

### ACTIVITY 1.2

---

Read Sifiso's story again and draw a circle around all the physical aspects of his development.

---

### 1.3.2 Cognitive aspects

Cognition is concerned with the process of “getting to know”. It thus has to do with thinking and learning. The brain is constantly trying to make sense of the world around us. We are often not even aware of the way our brains process information. Cognitive development and learning happen when the brain adds new information. Cognitive development involves aspects like attention, comprehension, memory, problem-solving and decisionmaking. Communication and language are very important in this cognitive learning process.

Cognitive abilities are inherited (nature) but are also hugely influenced by the environment (nurture). Each child is a special person with different abilities and different circumstances. Different children respond in different ways to their surroundings. Every child has a typical style of thinking and solving problems. Healthy cognitive development means that the child grows mentally to the best of

his ability in his unique situation. This will enable him to solve problems and to make mindful and responsible choices to cope with life.

In unit 2 you will be introduced to theories on cognitive development.

### ACTIVITY 1.3

---

Underline the cognitive aspects of Sifiso's development.

---

#### 1.3.3 Emotional aspects

Feelings are a normal part of our daily lives. One morning you get up feeling moody and irritable. The next morning you are cheerful and content. You may be fuming with anger at your brother for something he has done. On the other hand, you may feel very nervous and anxious before a test. Sometimes we feel worried or we are frightened and full of fear. All people have pleasant and unpleasant feelings. The way we react to our feelings is a choice that we make. You can react in anger to your brother by hitting him with the fist or you can choose to sit down and explain to him why you are so angry.

Children must learn to understand and accept their feelings. They must be able to control themselves and express and voice their feelings in a fitting way. They also need to develop respect and understanding of the emotions of people around them. By sharing the feelings of others and caring for their suffering they mature into emotionally stable and kind adults.

The inability to control and express feelings may lead to depression or anger outbursts. This may very well influence all the other areas of development in a harmful way.

#### 1.3.4 Social aspects

We are all social beings. We need people in our lives to interact with. Children learn social and communication skills through interaction with family and friends. The family provides much-needed support and security. They also specify social values and behavioural guidelines that enable children to become part of their community. The child must understand and act according to the social rules of his group.

Through social contact, the child learns how to make friends and how to deal with relationships. Friends provide company and a safe place and space to practise social skills. The peer group offers valuable feedback that guides the social behaviour of the child. They also provide opportunities to learn about communication, relationships and roles.

As the child functions in the community, he gradually learns more about himself. Feedback from family, friends and teachers enables the child to discover his likes or dislikes and strengths or weaknesses. He develops an image of himself and his standing in different groups. Through social interaction, the child develops a uniquely personal identity as well as a social identity. Social identity is the child's sense of who he is as a member of a social group.

The study of social learning and development will be explored further in unit 2.

### 1.3.5 Normative or moral aspects

Each community lives according to their own values and norms. These are sets of rules that indicate what is seen as right and wrong in the specific community. Values and norms serve as guiding principles as to what is acceptable and what is unacceptable. Values and norms differ from community to community.

The child must develop an internal value system. This means that he must understand and accept the values and rules of his community. He must then choose to live by the rules by making mature behavioural choices. The child must also learn to respect the values and norms of other communities, even if they are different from his own.

Values and norms serve as a means to structure and order groups and communities. They enable our children to become valuable and responsible members of society.

Think about the emotional, social and normative aspects of Sifiso's development and then do the following activities:

#### ACTIVITY 1.4

---

Complete the following table to show the aspects of Sifiso's development.

| Aspect of development | Sifiso's development |
|-----------------------|----------------------|
| Cognitive aspects     |                      |
| Moral aspects         |                      |
| Social aspects        |                      |
| Physical aspects      |                      |
| Emotional aspects     |                      |

Do you think that Sifiso's development is progressing appropriately? Give reasons for your answer.

---

## 1.4 THE WHOLE CHILD IN A CULTURAL ENVIRONMENT

The child lives in a cultural environment. Each culture determines what is acceptable and what is expected of its members. There are different cultures in South Africa and therefore there are different expectations.

Cultures are typically divided into two categories: **collectivism** and **individualism** which determine our social behaviour and influence our personality (Triandis, 1986, 2002).

**Collectivist cultures:** Collectivism is the idea that the individual's life belongs to the group or the society of which he is a part. He must give up his values and goals for the group's "greater good." Examples are the cultures of China, India, Japan and Africa.

**Individualist cultures:** Individualism is the idea that an individual's life belongs to himself. He has the right to live it as he chooses, and he can follow the values of his choice. This describes American, German and Australian cultures.

The following table describes the traits of collectivism and individualist cultures

| Collectivist                                                                                        | Individualist                                                                                                                |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| You are expected to be an active member of the society. You always do what is best for the society. | "I" identity. It is all about yourself.                                                                                      |
| The rights of your family and community are always more important than your own.                    | Your own goals, achievements and initiative are important.                                                                   |
| Rules promote unity and selflessness.                                                               | Your rights as an individual are most important. Rules tend to ensure the importance of the individual and of individualism. |
| Everyone co-operate with others and support each other.                                             | Independence is the main value. It is not so important to help others. You are responsible for yourself.                     |
| The family and the community are more than the individual.                                          | To rely on others and to be dependent on others is shameful.                                                                 |
| The society is interconnected and unified.                                                          | You must rely on yourself and do things on your own.                                                                         |
| Ubuntu                                                                                              | You do all you can to ensure your own success.                                                                               |

FIGURE 1.2  
*Collectivist versus individualist cultures*

### ACTIVITY 1.5

Are you part of a collectivist or an individualist culture? Give reasons for your answer.

## 1.5 CONCLUSION

The child is a complex being that develops and functions in different areas. We must keep all areas of change and growth in mind when we want to study childhood

development. We have discussed the five aspects of being a whole child: Physical, cognitive, emotional, social and normative. We will use these five aspects as guidelines when we examine the development of children in different phases of their lives. We will also keep the expectations of various cultures in mind.

# STUDY UNIT 2

## A short summary of the relevant developmental theories

In this unit, we will give you a short overview of different theories of physical, cognitive, social, emotional and moral development. We will include Western developmental theories as well as African theories. The theories will allow you to understand the different stages of development and the developmental tasks that a child must achieve at each stage.

### THIS UNIT WILL HELP YOU TO

- understand and explain concepts and key terms of the different developmental theories
- understand and explain developmental tasks that must be completed during normal development
- become aware of different developmental tasks in diverse cultural settings

### CONTENT OF THIS UNIT

- 2.1 Introduction
- 2.2 The constructivist theory of Jean Piaget
- 2.3 The social-cultural theory of learning of Lev Vygotsky
- 2.4 The multiple intelligences theory of Howard Gardener
- 2.5 The social cognitive learning theory of Albert Bandura
- 2.6 The psychosocial development theory of Erik Erikson
- 2.7 An Afrocentric view on child development
- 2.8 The moral development theory of Lawrence Kohlberg

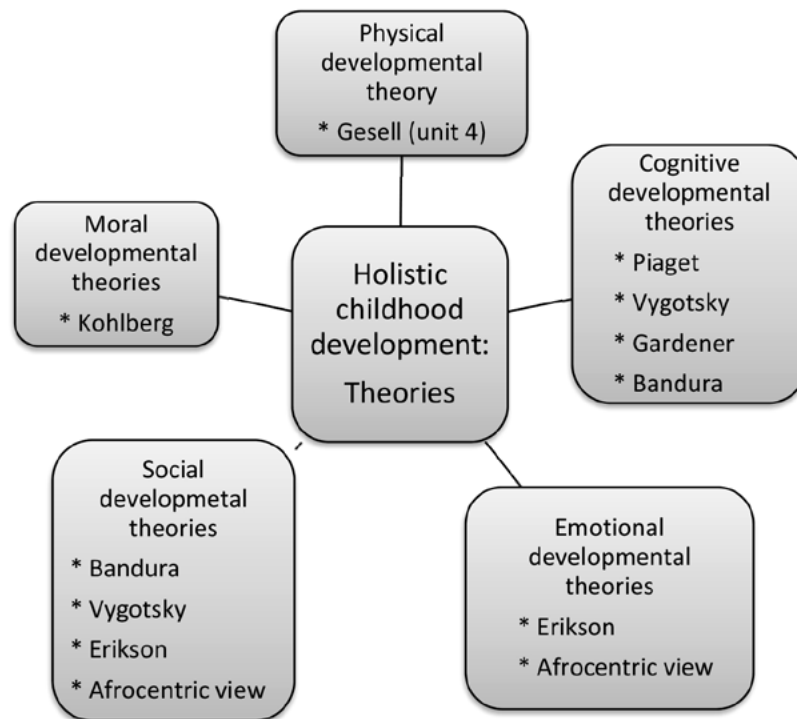


FIGURE 2.1

*Developmental theories for holistic childhood development*

## 2.1 INTRODUCTION

A developmental theory seeks to explain how children develop and grow. Each theory focusses on different areas and ways of development. It helps us to understand development and growth. It also indicates what we can expect of children. This enables us to timely assist children to enable them to reach their full potential.

Children develop in two different ways:

- The first is a biological process that happens according to a predictable pattern across all societies. It is called a process of **nature**.
- The second is a social process that differs between cultures. This is called a process of **nurture**.

The developmental theories that we are going to explore will help us to understand how children are the same but also how they are different. Most theories were developed for western societies. However, we also included theories of diverse cultural societies. When we look at the different stages of child development we will refer back to the theories. This will assist you in identifying the developmental tasks that a child must master in different cultural situations.

One of the best-known theories that influence human development is Maslow's theory of human motivation and the hierarchy of human needs (Maslow, 1943). His theory is often presented by a pyramid. Maslow reasoned that we all have basic human needs which are related to each other and are arranged in a hierarchy. At the bottom of the hierarchy are basic physiological needs. A person can only move to the second level (safety needs) when his basic physiological needs (food, water, shelter) are met. Once his safety needs are met he can move up to the next level of the hierarchy

(social belonging). In this way, he can move up to the highest level of development, which is self-actualisation. Self-actualisation means to reach your fullest potential.

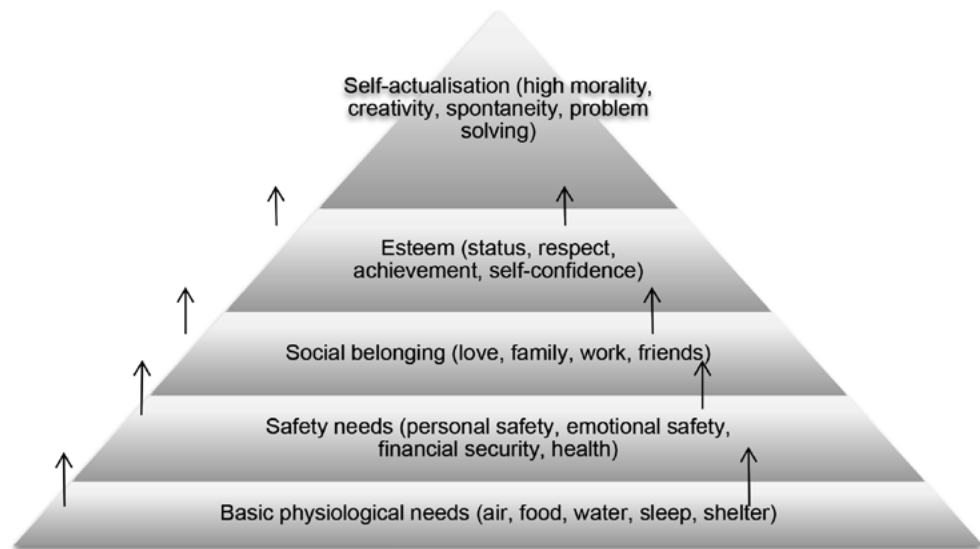


FIGURE 2.2  
*Maslow's hierarchy of human needs*

Maslow's theory makes it clear that human development is influenced by the link between satisfying basic needs and development/growth needs (Noltemeyer, Bush, Patton & Bergen, 2012). When you think about your community you will undoubtedly be able to identify homeless and poor people, hungry children, lonely adults, and vulnerable and sick elders. Think about the effect on their development and well-being.

We will now explore some theories on cognitive development as explained by Gouws (2014); Lightfoot (2009); Louw and Louw (2014); Venter et al (2016) and Woolfolk (2013). Cognitive development theories focus on the development of thinking skills, learning, and problem-solving.

- The constructivist theory of Jean Piaget
- The socio-cultural theory of Lev Vygotsky
- The multiple intelligences theory of Howard Gardener
- The social cognitive learning theory of Albert Bandura

## 2.2 THE CONSTRUCTIVIST THEORY OF JEAN PIAGET

Constructivism has to do with education and cognitive development. It is a theory that explains how people acquire knowledge and how they learn. According to this theory, children use their experiences to build knowledge and meaning.

Jean Piaget was of the opinion that child development starts from inside the child and is directed outside to the environment. It proceeds in a fixed order (or pattern) in all children, regardless of culture. He was interested in how children think. He said that even infants have basic skills that they use to explore their surroundings. These are simple sensory-motor skills that enable the child to acquire knowledge of his world.

**Sensory-motor skills** involve the process of *receiving* information through the five senses (see, hear, feel, smell, taste, and touch) and then *act in response* to them through the movement of the body (behaviour).

Gradually the sensory-motor skills become more fine-tuned and the child starts to get more information from his surroundings. The child now forms an internal picture or image of his environment. Piaget called these internal images **schemas**.

**Schemas** are the internal images or pictures that children develop when they use their sensory-motor skills to discover and react to the world around them. Schemas enable us to *understand* and *predict* experiences.

The knowledge that the child builds through these schemas, acts as a framework of understanding to which new experiences are added. When new information or experiences are able to fit into the child's existing understanding of the world the child includes the knowledge through assimilation.

**Assimilation** is when a new object is included in the framework of knowledge in an existing schema.

When an object does not fit into an existing schema the child must adapt the schema or develop a new schema to accommodate the new object. This is called accommodation.

**Accommodation** is when an existing schema must be changed to include a new object into the framework of knowledge.

Let us look at an example:

When the child sees a brown dog he is able to easily add (assimilate) this into the same schema (internal picture) as the family's black dog: Both are dogs. However, when the child sees a tortoise it will not fit in the dog schema. He will either have to adjust the schema or completely change it to add the tortoise to his framework of understanding. The child will thus have to develop a schema for a tortoise.

Piaget divided cognitive development into four phases according to age:

- Sensory-motor phase
- Pre-operational phase
- Concrete-operational phase
- Formal-operational phase

**Operations** refer to common-sense (or logical) principles or rules that we use when we solve problems.

Cognitive developmental characteristics according to phase and age:

| Phase                      | Age           | Characteristics and changes                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sensory-motor phase        | ± 0–2 years   | <ul style="list-style-type: none"> <li>The baby experiences his surroundings through his five <i>senses</i> and <i>reflex</i> movements like sucking and grasping.</li> <li>Reflexes slowly develop into more complex sensory-motor skills.</li> <li>The baby starts to build simple <i>internal images</i> of his surroundings.</li> <li>Over time activities become more purposeful.</li> <li>By the end of this phase, the baby can use thought and memory successfully.</li> </ul> |
| Pre-operational phase      | ± 2–7 years   | <ul style="list-style-type: none"> <li>The child uses <i>language</i> to explore the environment.</li> <li>In this phase, the child is <i>self-centred</i> and cannot see things from another person's point of view.</li> <li>He finds it difficult to think about abstract (not concrete) concepts.</li> </ul>                                                                                                                                                                       |
| Concrete-operational phase | ± 7–11 years  | <ul style="list-style-type: none"> <li>Thinking involves concrete objects and rules.</li> <li>The child can organise and classify information.</li> </ul>                                                                                                                                                                                                                                                                                                                              |
| Formal-operational phase   | ± 11–15 years | <ul style="list-style-type: none"> <li>In this phase, the child can carry out formal operations.</li> <li>He can think about abstract concepts like science, politics and religion.</li> <li>The child can apply abstract concepts to specific information.</li> <li>The child can handle possibilities and assumptions (hypotheses)</li> <li>He develops concerns about social issues and identity.</li> </ul>                                                                        |

FIGURE 2.3

*Cognitive developmental characteristics according to Piaget*

## 2.3 THE SOCIO-CULTURAL THEORY OF LEV VYGOTSKY

- Social-cultural theory

Lev Vygotsky developed a socio-cultural theory of cognitive development. He believed that children develop through their interaction with nature as well as through the nurturing of their cultural environment. Development starts outside the child in the environment and is directed inward. He highlighted the role of the environment in the development of the child. You develop when you learn things from your friends, your parents, your teachers, and other adults.

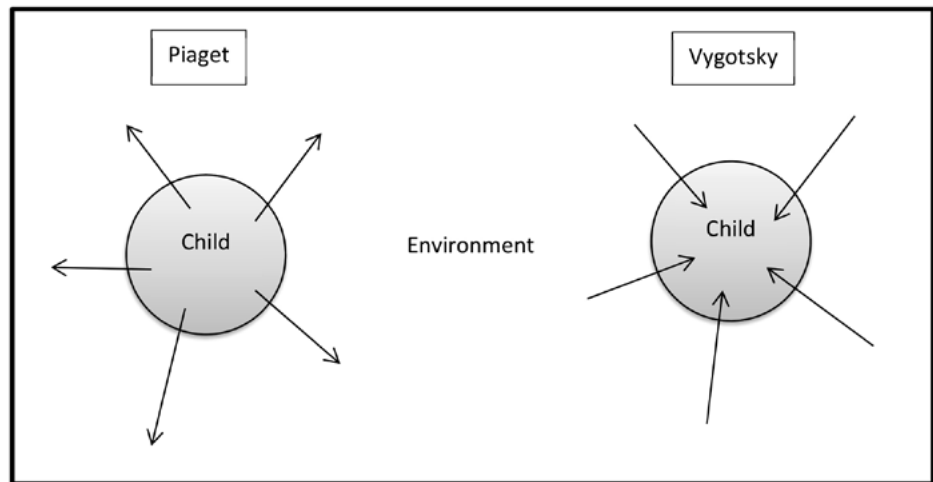


FIGURE 2.4

*Vygotsky's view of development as opposed to Piaget's view of development*

Vygotsky believed that development takes place with help from the environment. When a task is too difficult to do alone, it can be mastered with the guidance of a skilful adult or friend.

- Scaffolding  
Scaffolding refers to the level of support the child needs to master a task. The skilled helper gives short-term help to the child to inspire the child to reach the next level. As the child begins to master the task, the helper gives less help until the child can finish the task alone. Gradually the child does more and the helper does less.

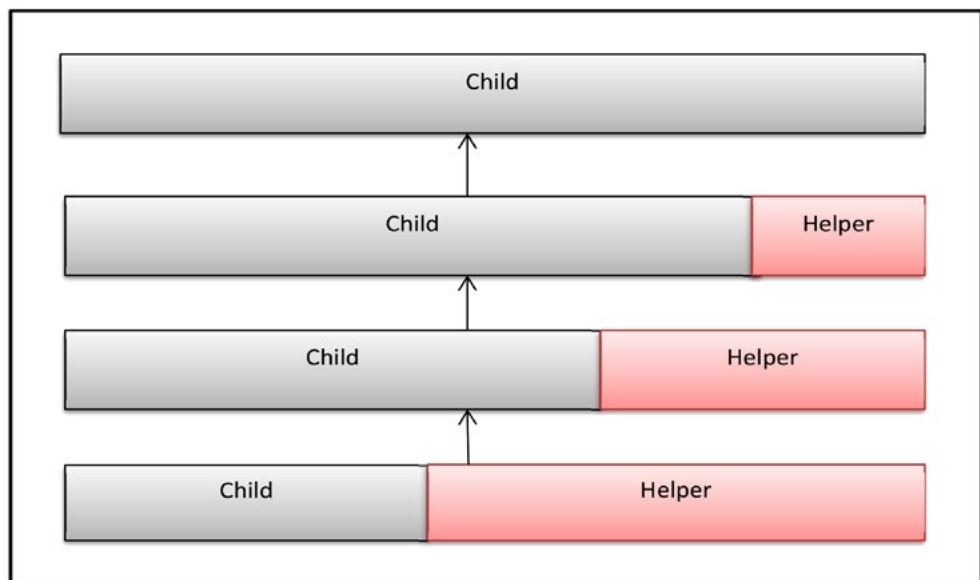


FIGURE 2.5

*Scaffolding: A skilled helper helps the child with learning*

When you teach a child to read you will have to help a lot when you begin. You will have to help the child to recognise letters and single words. As the child starts to read more easily you will only have to help with difficult words and complex sentences. In the end, the child will be able to read alone and will not need any help.

- Private speech

Vygotsky thought that children learn about the meaning of cultural views through social interaction with adults. Cognitive development takes place when the child accepts and adopts the meaning and views of their culture. Cultural and psychological *signs/symbols* and *tools* are important in cognitive development. Cultural tools that improve cognitive development are real objects such as sticks and stones, clay, pens, paper and even mobile phones. These are things that come from the day-to-day life of the child. Signs and symbols such as language, mathematical systems (addition and subtraction), maps and artworks are examples of psychological symbols and tools.

Language is very important in the process of cognitive development. Children talk to themselves to guide their actions when they are playing. Vygotsky called this private speech. The child tries to control his own behaviour and thoughts by speaking out loud. As the child becomes more skilful, private speech becomes internal speech and it is then seen as thought. Vygotsky saw language as the development of thought. Piaget, however, believed that cognitive development leads to the development of language.

Piaget was more interested in the *level* of development of the individual. Vygotsky focussed more on the *processes* of learning, rather than on the expected levels of development.

## ACTIVITY 2.1

---

Make a short comparison between the theories of Piaget and Vygotsky in table format. Which theory may be more appropriate for traditional learning situations?

## FEEDBACK

Formal schooling is concerned with learning the basics of science and scientific knowledge (Muthivhi & Broom, 2009). This involves formal and abstract ways of problem-solving (or formal-operational thought). According to Piaget, all children acquire formal-operational thought as a result of biological maturation. However, schools that do not specifically teach critical and questioning thinking will not provide suitable environments that will help the child to develop formal-operational thought (Muthivhi & Broom, 2009). These children might not develop and use formal-operational thought patterns. In fact, concrete-operational thinking is mostly not enough for normal day-to-day problem-solving.

Teachers in South Africa can play an important role as change agents. Cappy (2016) explains that teachers can by encouraging respect, morality and racial reconciliation, assist learners to reflect and take action to improve on matters such as inequality, violence and insecurity. This can be achieved when South African schools support the socio-cultural perspective. The school system supports the value of integrated learning, scaffolding, and play-inspired learning. Vygotsky's view of socio-cultural development relates to everyday spontaneous learning contexts and also to formal, school-specific contexts of learning. It fits in with the special consideration in South African schools as social change agents. The theory is also very appropriate for traditional learning situations.

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## 2.4 THE MULTIPLE INTELLIGENCES THEORY OF HOWARD GARDENER

Howard Gardener defines intelligence as the biopsychological potential to solve problems and create valuable products in a culture. This means that intelligence includes biological and psychological factors. Gardener believed that a person has various different strong kinds of intelligence that can be developed. He defined nine different kinds of intelligence.

| Intelligence        | Description of intelligence                                                                                                                                             | Famous people who exhibit this type of intelligence | How the learner will react to school                                                             |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Verbal-linguistic   | It is the ability to use language well and to excel in abstract reasoning and symbolic thinking. They learn the best through language.<br><b>Word-smart</b>             | Sol Plaatje<br>Daleen Matthee                       | The learner will want to speak and communicate and write notes to others.                        |
| Mathematical-logic  | It is the capacity to use and understand numbers and logical patterns effectively. They learn through numbers and reasoning and problem-solving.<br><b>Number-smart</b> | Anton Rupert<br>Raymond Ackerman                    | The learner will quickly understand concepts in mathematics, science and accountancy.            |
| Musical             | This is the ability to recognize, use and interpret rhythmic and sound patterns. They learn through the use of music and rhythms.<br><b>Music-smart</b>                 | Miriam Makeba<br>Hugh Masekela                      | The learner may drum nonstop with his fingers on the table or sing under their breath.           |
| Visual-spacial      | A sensitivity to colour, line, shape, form and space. They learn visually and organise their thinking spatially.<br><b>Picture-smart</b>                                | Errol Arenz<br>Mary Sibande                         | The learner learns through pictures, graphs and diagrams and may constantly draw in his books.   |
| Bodily-kinaesthetic | It is the ability to use the body to play and create and express emotions. They learn through physical activity.<br><b>Body-smart</b>                                   | Brian Habana<br>Ryk Neethling                       | This learner is restless and needs to move. He plays with his stationary or swings in his chair. |

| Intelligence  | Description of intelligence                                                                                                                                                                                                         | Famous people who exhibit this type of intelligence | How the learner will react to school                                         |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|
| Interpersonal | It is the capability to coordinate with people and communicate successfully verbally and non-verbally. They learn best in groups.<br><b>People-smart</b>                                                                            | Nelson Mandela                                      | The learner is social and talks constantly. He engages in activities easily. |
| Intrapersonal | This refers to the possession of an accurate self-image, awareness of personal moods, motivations and desires. It includes self-discipline and self-understanding. They learn through meta-cognitive thinking.<br><b>Self-smart</b> | Shaleen Surtie-Richards<br>Charlize Theron          | The learner is self-examining and may daydream in class.                     |
| Existential   | It is the ability to think about questions like “Who are we?”, or the meaning of life and death. They learn best when they see the big picture.<br><b>Thinking-smart</b>                                                            | Desmond Tutu<br>Emily Hobhouse                      | The learner asks and thinks about questions. He may be a daydreamer.         |
| Naturalist    | It is a sensitivity to an understanding of the features and species of the natural world. They learn through the environment.<br><b>Nature-smart</b>                                                                                | Mike Horn<br>Margareth Roberts                      | The learner wants to be outside.                                             |

FIGURE 2.6  
*Gardener’s multiple intelligences (Gouws, 2014)*

Multiple intelligence is valid across various cultures. The Zulu girl who weaves baskets with beautiful designs may have visual-spatial intelligence. Using the baskets and designs as a language to communicate information about her history and her future may indicate existential intelligence.

## ACTIVITY 2.2

Read through Gardener’s multiple intelligences carefully.

1. Evaluate yourself and name three kinds of intelligence that you think you might have.
2. Now complete the questionnaire at <https://www.edutopia.org/multiple-intelligences-assessment> to determine your strongest intelligence.

3. Is the assessment on Edutopia the same as your own assessment of your different kinds of intelligence?
  4. Name your three highest scores and explain how you can use them to improve your studies.
- 

## 2.5 THE SOCIAL COGNITIVE LEARNING THEORY OF ALBERT BANDURA

Albert Bandura was a behaviourist. Behaviourism is a learning theory. It suggests that behaviour is a reaction to a stimulus and that growth takes place through conditioning. All behaviours are learned from interaction with the environment and the people therein.

Bandura thought that you can acquire knowledge by watching other people in social interactions, through your own experiences, and through outside media influences. When you watch the behaviour and the outcomes of that behaviour, you will remember the order of the actions. You can then use this information to guide later behaviours.

New behaviours can thus be learned by copying the actions of others. However, the process must be reinforced or supported. Reinforcement can either come from inside the person (intrinsic) or from outside the person (extrinsic). Bandura also believed that cognition plays a major role in the choice of behaviours. The choice of behaviour is influenced by personal, behaviour and environmental needs.

*I am sure that we all have seen cricket matches on TV or at the school. If someone gives you a cricket bat and throw a ball at you, you will have a good idea what to do with the bat and the ball even if you have never played cricket before. If you enjoy the experience (intrinsic reinforcement) and your friends encourage you (extrinsic reinforcement) you may continue with the behaviour and may even become a good cricket player.*

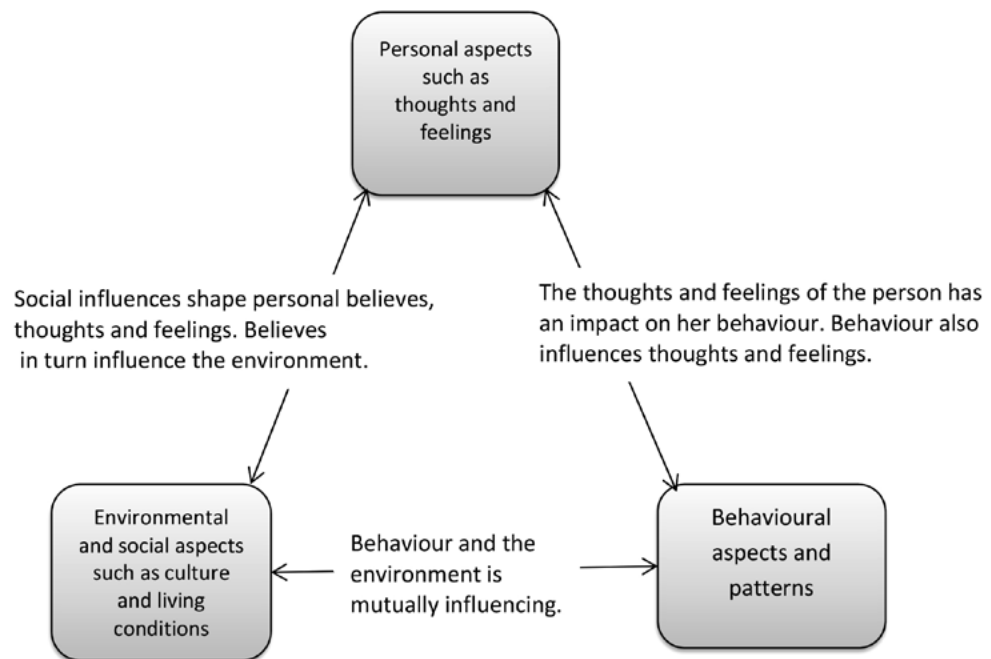


FIGURE 2.7  
Social cognitive development

According to Bandura, your confidence in your ability to succeed is especially valuable in social cognitive learning. Bandura calls this confidence **self-efficacy**. It refers to a positive belief that you can accomplish a task successfully. There are four sources that enhance self-efficacy:

- Mastery experiences refer to experiences in which you are successful in mastering a task. It builds self-belief in your ability to overcome obstacles. *If you successfully hit the ball with the cricket bat several times you will start to believe that you have the ability to play good cricket*
- Vicarious experiences are when you watch and observe role models succeeding in tasks by repeated efforts. It strengthens the belief that you can also do what others have done. *You may then start to watch how Hashim Amla bats to learn more about the art of batting. This may motivate you to succeed as a cricket player.*
- Verbal persuasion happens when influential people in your life strengthen your belief that you have the capacity to master activities and succeed. This empowers you to put in enough effort to succeed. *Watching Hashim Amla may motivate you to practise your batting skills. Your parents may be very proud of your achievements and encourage you to continue playing.*
- Emotional and physiological states influence how you judge your efficacy. Stress and vulnerability reduce performance whilst positivity will enhance your confidence in your skills. *You may start to feel positive, optimistic and confident about your ability to play cricket. That confidence is called self-efficacy.*

You can see how the four sources can boost your confidence and your self-efficacy.

### ACTIVITY 2.3

---

Think of something that you can do well (for example singing, dancing, playing soccer, beading). Use Bandura's four sources that enhance self-efficacy and explain why you are confident that you are good at these activities.

---

## 2.6 THE PSYCHOSOCIAL DEVELOPMENT THEORY OF ERIK ERIKSON

Erik Erikson highlighted the importance of the social level of development. He believed that personality development is the result of a combination of genetic factors as well as social factors. However, he called attention to cultural and social factors.

According to Erikson, you have to move through eight stages that are influenced by the development of particular skills and interests. Each stage is characterised by a “crisis” because it causes conflict within you. You must work through each task to move to the next stage. During each stage, you must also reassess the previous stages.

When a child does not “overcome” a crisis he will remain stuck and will internalise feelings such as mistrust, doubt and shame, inferiority, isolation and despair. The child can still progress to the next stages. However, the internalisations of the previous stage will affect the outcomes of future stages. A child who did not establish trust in infancy may struggle with trust in relationships as an adult.

The eight stages of development according to Erikson:

| <b>Psychosocial conflict or crisis</b> | <b>Existential question (It is concerned with your existence)</b> | <b>Important relationship</b> | <b>Qualities</b>       | <b>Approximate Age</b>           |
|----------------------------------------|-------------------------------------------------------------------|-------------------------------|------------------------|----------------------------------|
| Trust–mistrust                         | Can I trust others?                                               | Mother                        | Hope                   | Infancy<br>0–1 year              |
| Autonomy–shame/doubt                   | Can I act on my own?                                              | Parents                       | Will                   | Early childhood<br>2–3 years     |
| Initiative–guilt                       | Can I carry out plans successfully?                               | Family                        | Purpose                | Preschool age<br>3–6 years       |
| Industry–inferiority                   | Am I competent compared to others?                                | Neighbours, school            | Competence             | School-age<br>6–12 years         |
| Identity–role confusion                | Who am I?                                                         | Peers, role models            | Fidelity (Reliability) | Adolescence<br>Puberty-adulthood |
| Intimacy–isolation                     | Am I ready for a relationship?                                    | Friends, partners             | Love                   | Young adulthood                  |
| Generativity–stagnation                | Have I left my mark?                                              | Housemates, workmates         | Care                   | Middle adulthood<br>25–65 years  |
| Ego Integrity–despair                  | Has my life been meaningful?                                      | Mankind                       | Wisdom                 | Late adulthood<br>60-death       |

FIGURE 2.8  
*The eight stages of development according to Erikson*

In this theory, Erikson shows the interaction between the individual and the society and culture where he grows up and learns.

## 2.7 AN AFROCENTRIC VIEW ON CHILD DEVELOPMENT

Afrocentric views (Nsamenang, 2006) on development recognise both nature and the social environment in which the child develops (also called nurture).

- Development is seen as the ongoing and methodical social inclusion of the child in the community.
- You need other people, but you also carry a social responsibility to develop into a dependable mature person.
- The child cannot exist in isolation.
- The sense of self can only be achieved through interconnection in a community and through the performance of your social roles. Archbishop Desmond Tutu explained this principle as follows: *“My humanity is bound up in yours, for we can only be human together.”*

Although there are differences between various cultures, Nsamenang (2006) has suggested three phases in the development of social selfhood.

- A **spiritual selfhood** that starts at conception. When the umbilical cord falls off, the child is incorporated into the living community through a name-giving ceremony.
- The **social selfhood** begins with the naming ceremony and ends at death.

- iii. The **ancestral selfhood** follows the biological death. Ancestors influence people in their daily lives.

The child does not develop according to fixed ages, but rather according to readiness to perform a certain task. Ramokgopa (2001) reviewed the literature and described the development stages that fit the African perspective as follows:

- i. **Birth and infancy:** This is the period between birth and weaning. When a baby is born the whole village shares the joy and excitement. The father is not allowed to see the baby. This is to protect the baby by preventing villains to harm the child through the father. The baby is pampered and this leads to a warm and secure life. This helps the baby to gain trust in its environment. (Also think of the first stage of Erikson's theory.) The baby is carried on the mother's back to experience closeness and to become accustomed to the tempo of his people. Certain rituals help the baby to adjust. These are as follows:
  - The child accepts increased responsibility.
  - It represents growth, development and ability.
  - The child relates to and learns cultural values.
  - Socialisation is enhanced and improved and the child has a feeling of belonging. He also learns to control emotions.

When the baby is weaned it is seen to be ready to move on to the next stage.

- ii. **Early childhood:** At this stage, the child begins to assume certain roles in the community. The child is given certain duties according to gender and the readiness of the child. Human relationships are more important than physical and mental development and the child is introduced to the community by the mother or the caretaker. Childhood play also prepares the child to be socialised. Children play mostly with other children of the same sex and same age-group.

Children learn by copying. Boys' duties include the herding of goats and lambs, milking goats, helping to plough fields, hunting and slaughtering of chicken and goats. Girls are expected to take care of smaller children. They also fetch water and wood, learn to cook and hoe, and gather "morogo" (a dark green leafy vegetable).

The introduction of roles has a psychological function:

- The child accepts increased responsibility.
  - It represents growth, development and ability.
  - The child relates to and learns cultural values.
  - Socialisation is enhanced and improved and the child has a feeling of belonging. He also learns to control emotions.
- 
- iii. **Pre-puberty:** This stage plays an important role in the emotional and social development of the African child. Children tend to form groups with others that are similar to them. Boys now have proved that they are capable of handling goats and they are ready to herd cattle. Girls learn more advanced chores like weaving. They are now able to do all the housework that is expected of a woman. Children start to be interested in the opposite sex.
    - Children now feel proud of what they can accomplish.
    - They experience a sense of achievement.
    - They feel just as competent and appreciated as other children.

In this stage, interdependence is strengthened. This leads to the development of feelings of unselfishness and concern for others.

- iv. **Puberty:** This is the stage of physical maturity. The boy's first nighttime discharge and the girls first menstrual period mark the start of adulthood. African societies use rituals to guide the child into the adult world. The initiation ceremony indicates the changeover from childhood to adulthood. Initiation has the following functions:
- It is seen as a rebirth. It reflects a positive move from childhood to adulthood. It enhances cooperation between group members and it discourages competition.
  - It indicates the end of dependency on the parent. It encourages identification with the peer group and promotes interdependence.
  - The process of transformation enables the child to accept responsibilities.
  - The initiation process represents social and shared achievement in all members of the community. This increases feelings of unity and interconnectedness.

This stage is meant to guide and assist the child to assume adult roles.

Ngaujah and Dirks (2003) proposed a perspective on the indigenous African view of life stages. Once again there may be differences between various cultures.

| Sequential stage                                     | Core features                                                                                                              | Developmental task(s)                                                                                                                |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Spiritual self-hood:<br>Fetus                        | The fetus is a "project-in-progress" in a human frame to shelter a spiritual self-hood.                                    | Begins at conception and ends at the naming ceremony.                                                                                |
| Social selfhood:<br>First social stage:<br>New-born  | The period is characterised by happiness for the gift, the safe arrival, and the projections about the future of the baby. | The naming ceremony: History and circumstances determine the name. The name is inspiring, suggests character, and shows expectation. |
| Second social stage:<br>Infancy                      | This is the pre-social period.                                                                                             | Social priming such as smiling, crying, teething and sitting up proceeds.                                                            |
| Third social stage:<br>Social apprentice             | The child is a social novice or beginner.                                                                                  | Introduction to social roles and expected to recognise, understand, and practise social roles.                                       |
| Fourth social stage:<br>Social entrée                | The child is a social beginner.                                                                                            | Secondary sex characteristics appear. May attend initiation ceremonies.                                                              |
| Fifth social stage:<br>Probation and<br>"socialised" | Trial period and mix socially.                                                                                             | Social introduction and orientation.                                                                                                 |
| Adolescence                                          | Training period.                                                                                                           | Preparation and training for adulthood.                                                                                              |

| Sequential stage              | Core features                                   | Developmental task(s)                                                                                           |
|-------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Sixth social stage: Adulthood | Adulthood.                                      | Marriage and responsible parenthood. Rank increases with the birth of each child.                               |
| Seventh social stage: Old age | Elderliness (or weakening with age) till death. | Grandparent. The perfect example of social ability. Offspring live with their blood in them.                    |
| Ancestral self-hood           | Biological death.                               | Transcendence or existence beyond the normal physical level. Extends to rituals of the higher spiritual realms. |

FIGURE 2.9

*Indigenous African view of life stages*

## 

*Rites of passage* are special rituals that societies employ to assist their members at times of change. It supports the movement of the child from one development stage to another. Examples are “the covenant of circumcision,” or *Brit Milah*. *This Jewish rite refers to circumcision* when the baby is eight days old. Bar Mitzvah is a Jewish coming of age ritual for boys and Bat Mitzvah is a Jewish coming of age ritual for girls. When a baby is born in a Hindu family it is welcomed with a ceremony in which honey is put in the child’s mouth. The name of God is then whispered in the child’s ear. After ten to twelve days the priest announces the baby’s name and says prayers. In a similar fashion, Christian parents baptise their babies.

There are five major rites of passage in traditional African cultures (Ampim, 2003):

- i. The rite of birth involves the initiation of the infant into the world. It refers to a ritual and the naming ceremony. Most African cultures believe that the infant comes from the spirit world. It brings special talents and gifts to the community. The infant comes to the world to carry out a specific task. The name is given after the task is clarified. It then reflects the infant’s personality or life task.
- ii. Rites of adulthood are usually done at the start of puberty. They ensure the forming of productive, community-oriented and responsible adults. African societies initiate boys and girls. They take the children out of the community to teach them all the ways of adulthood. This includes the rules and taboos of the society. They also learn about morality and social responsibility

The transition to adulthood is very difficult in Western societies. There is no way to systematically guide and direct the young person through this important stage in his life. When the child reaches a certain age, they are expected to magically transform into an “adult”. This is the root of most teenage and young adult confusion, chaos, and uncertainty.

- iii. Rite of marriage represents the joining of two families. It also symbolises the joining of the two life tasks of the new couple. The marriage rites are meant to help both the husband and wife to fulfil their life tasks and objectives. In

- African societies, marriage is focused on building families and communities. The focus is more on the collective than the individual.
- iv. Rite of eldership: Elders represent tradition and the wisdom of the past. In African culture, an older person who has lived a longer life than other people does not necessarily deserve high praise and respect. An elder has high status in the community because his life has been purposeful and a positive example for the community. The life of an elder is aligned with the tradition of the community and he is a living model for the members of the society to follow.
  - v. Rite of ancestorship refers to passing over into the spirit world. This rite is an extension of the elder distinction. The status that a person has in life is the same status that they bring with them when they pass on. African cultures agree that the spirit of the deceased is still with the living community. There are differences in the status of the various spirits, just as there are differences in the status of the living. When a respected elder passes on, he becomes a respected ancestor and is given the highest honour. Ancestors are respected elders who have passed away but who continue to serve as an extension of the community.

## ACTIVITY 2.4

Complete the following table to compare the Western development stages such as proposed by Erikson with the perspective of Ngaujah & Dirks (2003).

| Western developmental stages | Sequential stage                               | Core features                                                                                                              | Developmental task(s)                                                                                                                            |
|------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | Spiritual self-hood:<br>Fetus                  | The fetus is a "project-in-progress" in a human frame to shelter a spiritual self-hood.                                    | Begins at conception and ends at the naming ceremony.                                                                                            |
| <i>Infancy</i>               | First social stage:<br>New-born                | The period is characterised by happiness for the gift, the safe arrival, and the projections about the future of the baby. | The naming ceremony: Historical and circumstantial factors determine the name. The name is inspiring, suggests character, and shows expectation. |
|                              | Second social stage: Infancy                   | This is the pre-social period.                                                                                             | Social priming such as smiling, crying, teething and sitting up proceeds.                                                                        |
|                              | Third social stage: Social apprentice          | The child is a social novice or beginner.                                                                                  | Introduction to social roles and expected to recognise, understand, and practise social roles.                                                   |
|                              | Fourth social stage: Social entrée             | The child is a social beginner.                                                                                            | Secondary sex characteristics appear. May attend initiation ceremonies.                                                                          |
|                              | Fifth social stage: Probation and "socialised" | Trial period and mix socially.                                                                                             | Social introduction and orientation.                                                                                                             |
|                              | Adolescence                                    | Training period.                                                                                                           | Preparation and training for adulthood.                                                                                                          |

| Western developmental stages | Sequential stage              | Core features                                   | Developmental task(s)                                                                                           |
|------------------------------|-------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                              | Sixth social stage: Adulthood | Adulthood.                                      | Marriage and responsible parenthood. Rank increases with the birth of each child.                               |
|                              | Seventh social stage: Old age | Elderliness (or weakening with age) till death. | Grandparent. The perfect example of social competence. Offspring live with the elders' blood in them.           |
|                              | Ancestral self-hood           | Biological death.                               | Transcendence or existence beyond the normal physical level. Extends to rituals of the higher spiritual realms. |

FIGURE 2.10

*Indigenous African view of life stages*

What are the main differences between the developmental theory of Erikson and the perspective of Ngaujah and Dirks?

---

South Africa is a multi-cultural country with a constitution that is meant to protect every culture. However, the Western culture has invaded African cultures through years of colonisation, apartheid and globalisation (Venter et al, 2016). Africa has undergone endless transformations since its contact with foreign cultural elements. Many people of Africa emerged from this contact with a bruised cultural identity (Boakye-Boaten, 2008). The situation in South Africa highlights the fact that we must be more sensitive to different cultural norms.

## 2.8 THE MORAL DEVELOPMENT THEORY OF LAWRENCE KOHLBERG

Kohlberg believed that moral development and cognitive development are strongly related. He supported some of Piaget's ideas. A person's moral judgement and behaviour proceed through a series of stages. The stages are unchanging. When you pass from one stage to the other, you can find yourself partly in the one and partly in the other stage. Your behaviour may then reflect both phases.

Moral development can be divided into three levels. Each level can be subdivided into two stages, adding up to six stages in total. The levels and stages are as follows:

|                                                    |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level 1<br/>(4–10<br/>years)</b>                | <b>Pre-conventional morality (about the self)</b> <ul style="list-style-type: none"> <li>• Emphasis is on external control and rules.</li> <li>• Reward or punishment determine what is right or wrong.</li> </ul>                                                    | <b>Stage 1: Punishment/obedience</b><br>Fear of punishment: e.g. the child does not skip school because his father might find out and punish him.                                 |
|                                                    |                                                                                                                                                                                                                                                                       | <b>Stage 2: Rewards</b><br>Hope for reward: e.g. the child washes the dishes in the hope that the parent will pay her for doing the chore.                                        |
| <b>Level 2<br/>(10–13<br/>years)</b>               | <b>Conventional morality (about social expectations)</b> <ul style="list-style-type: none"> <li>• Wants to be seen as ‘good’.</li> <li>• Seek approval and avoid blame.</li> </ul>                                                                                    | <b>Stage 3: Good intentions</b><br>Meet the moral expectations of others: e.g. the child wants to be the “good boy” by carrying the teacher’s books.                              |
|                                                    |                                                                                                                                                                                                                                                                       | <b>Stage 4: Obedience to authority</b><br>Obey the law to maintain social order: e.g. stopping at the STOP sign.                                                                  |
| <b>Level 3<br/>(13–early<br/>adult/<br/>never)</b> | <b>Post-conventional morality (rules maintain social order and protect human rights)</b> <ul style="list-style-type: none"> <li>• An abstract notion of justice.</li> <li>• Rights of others can override rules/ laws.</li> <li>• Attain genuine morality.</li> </ul> | <b>Stage 5: Difference between moral/ legal rights</b><br>Understand the tension between democracy and human rights: e.g. show respect for different opinions, rights and values. |
|                                                    |                                                                                                                                                                                                                                                                       | <b>Stage 6: Individual principles of goodness</b><br>Acknowledge your own individual principles: e.g. based on ethical principles and commitment to justice.                      |

FIGURE 2.11

*Six stages of moral development according to Kohlberg*

Kohlberg was of the opinion that some adults never reach the level of post-conventional morality.

## ACTIVITY 2.5

You are a student at UNISA. You worked really hard through the semester to complete your portfolio to get good marks. You also spent time with your friend, whose mother has cancer and was very sick during the semester. She had to look after her mom, hold a morning job and continue with her studies. Your friend comes to you in tears. She did not have enough time to complete her portfolio. She asks if she can copy parts of your portfolio. You feel sad for her because you know that she really struggled through the semester. However, you know that it will be

plagiarism if she copies your portfolio. If you are caught both will get zero and both will fail the semester.

- What will you do?
- Will you be willing to buy a completed assignment from another student to hand in under your name? Give reasons for your answer.

---

## ACTIVITY 2.6

---

Read Awande's story:

Awande is happy. It is Friday and she is looking forward to the weekend. She gets onto the bus and finds her friend Fhulu. She also sees Mandla in the back of the bus and feels her heart beating faster. Awande and Fhulu are in the same class although at 16 she is one year older than her friend. They always sit together on the bus. Fhulu came from Mesina to live with her grandmother in Polokwane. Her grandmother is old and frail and cannot live alone anymore. Fhulu also wanted to attend a better school.

As usual, Awande is cheerful and chatty. She tells Fhulu about the day at school and the weekend that lays ahead. All the time she peeks to the back where Mandla sits. Mandla doesn't seem to notice her. Too soon it is time for Fhulu and others to step off the bus. Awande is now alone on the bus and she sits quietly, thinking about the day.

She wonders what her mother will say when she sees her science test. She knows that a mark of 32% is not going to sit well with her mother. Awande does not like science. She prefers art and music. She has a beautiful, strong voice and she loves to sing the solo parts in the school choir. What she likes best, however, is when the girls in their village sing and dance together. She loves the sound of the songs combined with the Amahlwayi (leg rattles), izikeyi (clappers) and the rhythm of the hand clapping\*\*. She would love Mandla to see how she sings and dances, but those things only happen at home. Awande thinks about school. She does not like school. Today she was in trouble again because she talked too much. At home, she talks and sings freely and the smaller children love the stories, rhymes and songs that she teaches them. Once again, she wonders if she will ever fit in at school and find a proper job.

Her thoughts drift to the weekend that lays ahead. She will have to help umama finish painting the beautiful patterns of their culture on the walls of their house. Awande adores the exquisite fresh and bright colours that they use. Just this week she used some of the colours and patterns in an art project at school. Although her teacher was not too impressed, her friends were delighted with her work. She felt so proud.

The bus stops. Awande steps off. She must hurry. She must go with her two little sisters to fetch wood to prepare food. She must clean the house and then put the girls to bed. Umama will be home from work tomorrow and the house must be clean before she comes. If they finish early, she can still help the girls with the beautiful colourful beadwork they are doing. It is her job to teach them the intricate and colourful Ndebele patterns. Awande is so proud that she is able to be a tutor to the girls. They are really progressing well and can almost do all the patterns on their own. She has chosen her patterns carefully and she sometimes wonders if Mandla will be able to understand their message. She often dreams about a future husband and wonders if Mandla perhaps could be the one. In her dream, she is a good wife and mother and a strong leader in the village. She is happy and fulfilled.

Awande sighs deeply and starts to walk to her house.

\*\* Amahlwayi (leg rattles) and Izikeyi (clappers) are used in Ndebele song and dance.

Now answer the following:

- Name three possible strong kinds of intelligence that Awande may have according to Gardner's theory.
  - Rate Awande 's self-efficacy according to Bandura's theory and give reasons for your answer.
  - Name a part of the story that reminds you of Vygotsky's social-cultural theory.
  - Where does Awande fit into Erikson's psychosocial development theory? Why?
  - Where would you place Awande in Ngaujah and Dirks' stages in the development according to African cultures?
- 

## 2.9 CONCLUSION

In this unit, we looked into development and maturational theories with regards to the physical, cognitive, emotional, social and normative aspects of the child. Development takes place in the body of the child but it must be understood within a cultural and social context.

We also explored Western and African development approaches to human development.

| Theoretical approach | Theorist                   |
|----------------------|----------------------------|
| Cognitive            | Piaget, Vygotsky, Gardener |
| Moral-ethical        | Kohlberg                   |
| Psychosocial         | Erikson                    |
| Behavioural          | Bandura                    |
| Africentric          | Nsamenang, Ngaujah & Dirks |

FIGURE 2.12

*Theoretical approaches and theorists*

In the following units, we will study the development stages of a child, starting with the prenatal stage.

# STUDY UNIT 3

## The prenatal development of the child

In this unit, we will explore the development of the baby in the prenatal stage as explained by Louw, & Louw (2014) and Venter et al (2016). This is the period between conception and birth. It starts when fertilisation occurs and ends when the baby is born.

### THIS UNIT WILL HELP YOU TO

- understand the physical, cognitive, emotional, and social development of the fetus during the three trimesters of development in the uterus.
- learn more about risk factors that may influence this stage of development.

### CONTENT OF THIS UNIT

- 3.1 Introduction
- 3.2 Physical development from conception to birth:
  - The germination phase
  - The embryotic phase
  - The fetal phase
- 3.3 Cognitive development in the prenatal stage
- 3.4 Emotional development in the prenatal stage
- 3.5 Social development in the prenatal stage
- 3.6 Risk factors for development during prenatal development

### 3.1 INTRODUCTION

One of the most joyous moments in the life of most mothers is the birth of a child. For nine months the mother carries the child in her body, feeling the movement of the growing baby. She may wait anxiously to see and meet the baby that she is already so close with. Her body provides all the nutrients that the baby needs to develop and grow. The baby grows and develops at a remarkable rate in the prenatal stage.

Prenatal development refers to the growth of a baby from a single cell at conception into an embryo and then into a fetus. The following are important concepts of the process:

- Conception refers to the fertilisation of the egg.
- Fertilisation usually takes place two weeks after the last menstruation (the monthly discharge of blood from the inner lining of the uterus/womb through the vagina).
- *Gestation* is the time between fertilisation/conception and birth.
- The whole development process of the fetus is usually completed by week 38 from the date of conception.
- Birth typically takes place around week 40 after the last menstruation.

The prenatal stage can be divided into three phases:

- i. The germination phase
- ii. The embryonic phase
- iii. The fetal phase

Prenatal development happens in three trimesters (phases of three months each): First trimester (1–3 months), second trimester (4–6 months), and third trimester (7–9 months).

Development happens rapidly and the following image shows the timeframe of the development and growth before birth.

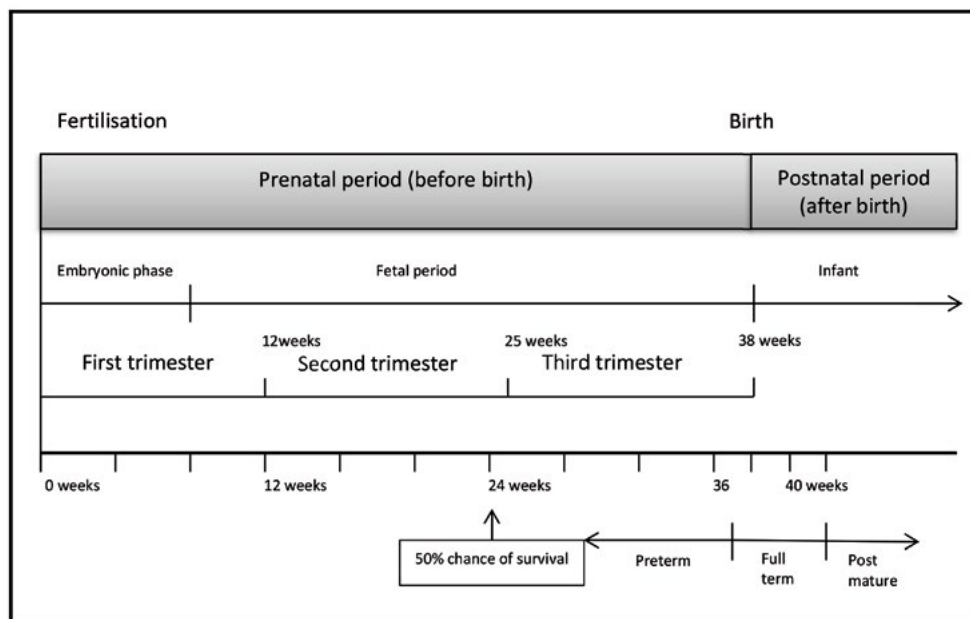


FIGURE 3.1

*Timeframe of the development before birth*  
(Available at: [http://www.ehd.org/dev\\_article\\_intro.php](http://www.ehd.org/dev_article_intro.php))

Prenatal development is mostly a biological process that happens automatically in expected stages. Arnold Gesell, an American psychologist, called this process *maturation* (Gesell & Frances, 1946). Maturation is driven by biology (nature) but it may be influenced by the environment (nurture).

Gesell used the following ideas to explain maturation (Gesell & Frances, 1946):

- **Patterns:** Development happens according to specific patterns. The baby usually first develops the head and upper body and later the hands, feet, fingers and toes. Development always starts with simple skills and then moves on to complex skills.
- **Individuality:** Although all children follow the same order in development, they vary in the pace or tempo of growth.

Physical development tends to follow this more or less fixed pattern in all cultures. You can expect that an Indian, a Venda, an Xhosa and a Chinese baby will start to sit and to walk at more or less the same age. However, cognitive, emotional, and social development depends more on family, community and other social influences.

We will now discuss the different stages and patterns of physical development from conception to birth.

### 3.2 PHYSICAL DEVELOPMENT FROM CONCEPTION TO BIRTH

There are three phases in the prenatal stage

- **The germination phase**

Female eggs are produced in the ovaries. Conception occurs when a female egg is fertilised by a male sperm. They merge into a zygote, which consists of only one cell. The zygote immediately continues to divide itself into a ball of more cells. This process of growth is called germination.

The egg then travels along the fallopian tubes from the ovaries to the uterus or the womb. Growth already happens in the fallopian tubes. When this ball of cells attaches itself to the inside wall of the womb (uterus), it already consists of 200–300 cells. The process of attachment is called implantation. It typically happens in six to ten days after fertilisation.

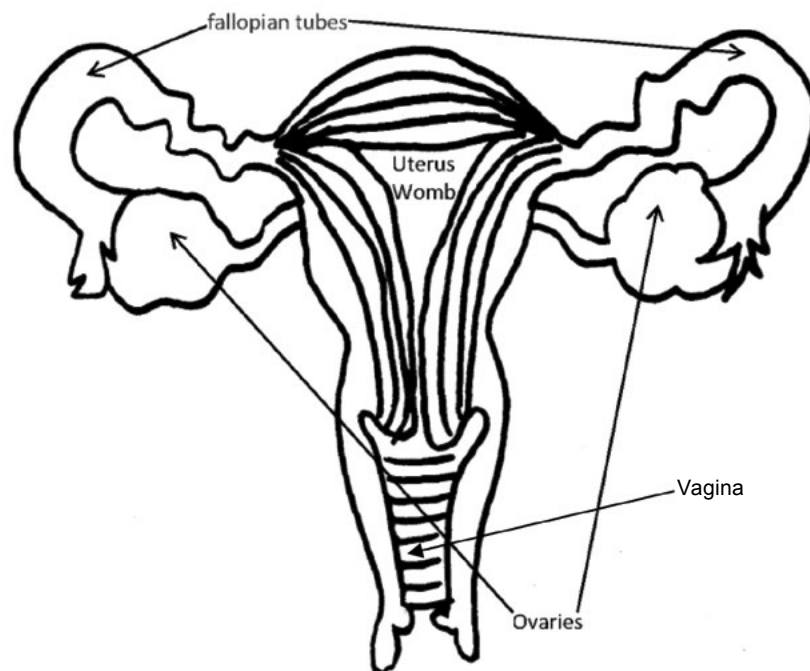


FIGURE 3.2

*The female reproductive organs*

The cells now divide into two distinctive layers. The outside layer becomes the placenta and the inside layer becomes the embryo. The placenta provides oxygen and nutrients like vitamins and minerals to the fetus. It also removes waste products from the baby's blood. Hormones start to prepare the woman's body for the pregnancy.

Implantation indicates the end of the germination phase.

- **The embryonic phase**

The embryonic phase starts when germination is completed and it lasts until the eighth week. During this phase, the cells start to separate or differentiate into several

simple organs. The process of differentiation takes place over a period of weeks. Different organs develop at the same time. Let us look at the development in the first eight weeks, which is also part of the first trimester of pregnancy.

**Week 1:** The sperm cell fertilises the egg.

**Week 2:** Implantation takes place. The two layers of the placenta and embryo are formed. The layer of the embryo will separate into different tissues and organs.

**Week 3:** The brain, heart, and the spinal cord start to develop. The spinal cord is a bundle of nerve tissues that starts in the brain and is contained in the spinal column.

**Week 4:** The embryo is 4 mm long and it begins to curve into a C shape. Bones, facial structures, and arm and leg buds develop. The heart continues to develop and starts to beat. The brain and nervous tissue continue to develop.

**Week 5:** The embryo is 8 mm long and weighs 1 gram. The eyes, nose, lungs, kidneys and digestive track start to develop. The heart forms valves that control the flow of blood. The brain and nervous tissue still continue to develop.

**Week 6:** The embryo is 13 mm long. Webbed hands and feet can be noted. The development of the brain, heart, and the blood circulation system continues.

**Week 7:** The embryo is now 18 mm in length. The hair sacs, the nipples, eyelids, and sex organs (testes or ovaries) develop. The first urine forms in the kidneys and there are the first sign of brain waves.

**Week 8:** The embryo is 30 mm long and now weighs around 3 grams. The features of the face are more noticeable and internal organs are well developed. The brain can signal the muscles to move and the development of the heart is completed. The external sex organs begin to form.

By the end of the eighth week, all the important internal and external structures are completed. The embryo is a complete and a unique human being. It is now called a fetus.

### ACTIVITY 3.1

---

Gesell says that development happens according to *patterns* and according to *individuality* (Gesell & Frances, 1946). In the germination and embryonic phases, it is easy to see the *patterns* of development. Explain how you think that *individuality* can influence development in the embryonic phase.

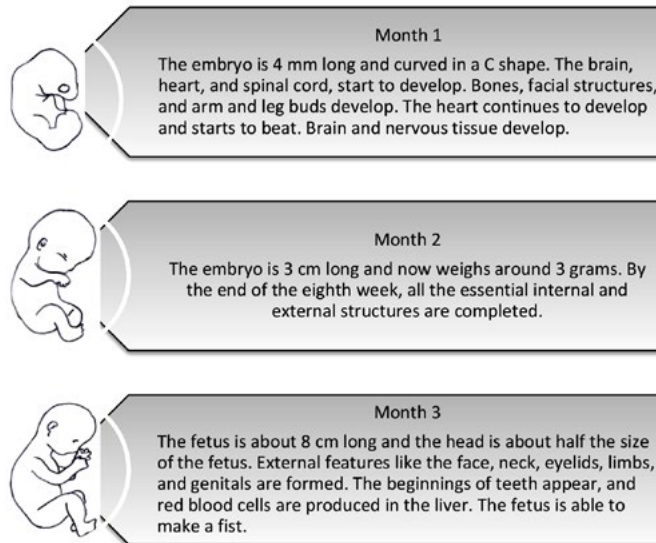
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- **The fetal phase**

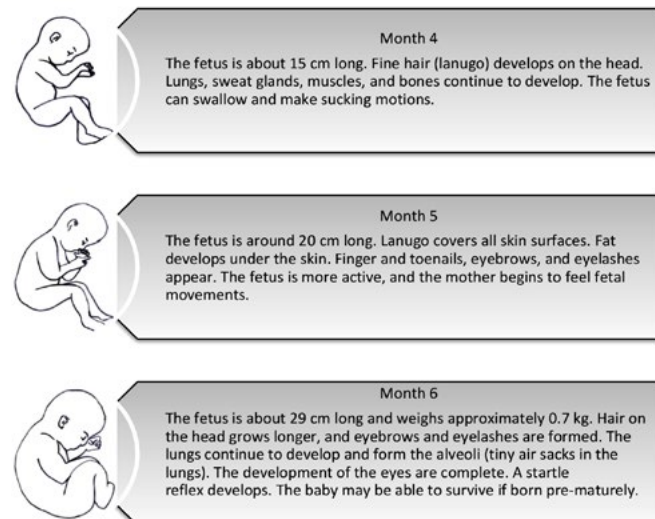
This phase starts around week nine after conception and it ends with birth. By week twelve the development of all the different cells and body structures is mostly completed. The body systems will continue to grow and mature until birth.

Physical development during the three trimesters of pregnancy can be summarised as follows:

• **Trimester one**



• **Trimester two**



• **Trimester three**

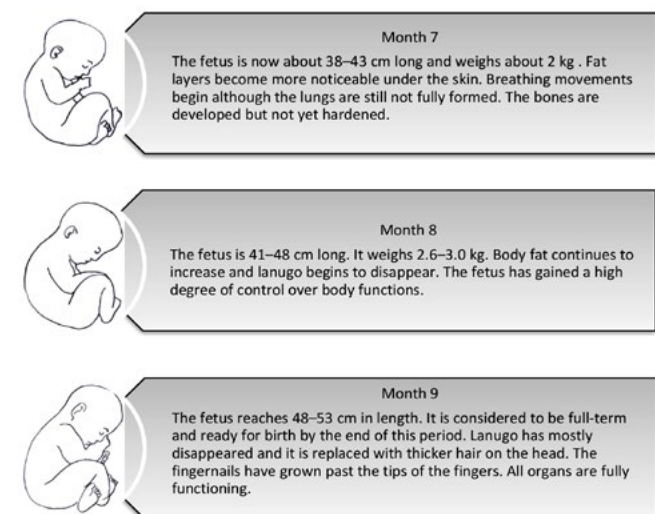


**FIGURE 3.3**  
*Development from conception to birth*

The tempo of physical development is at its highest in the embryonic phase. However, the structures and organs continue to grow and mature steadily until birth. You can now see the patterns of development as described by Gesell. These patterns are the same for all babies.

### 3.3 COGNITIVE DEVELOPMENT IN THE PRENATAL STAGE

The brain is a forceful and active organ right from the beginning of development after conception. Only 16 days after conception the basis of the brain and spinal cord is formed. Around 6 or 7 weeks it divides into three sections: the forebrain, midbrain, and the hindbrain. It then forms the five regions of the brain:

- (1) Cerebrum (It is responsible for logical and rational thought.)
- (2) Cerebellum (It is in charge of the senses and motor control.)
- (3) Brain stem (It controls the heart rate, breathing, and blood pressure.)
- (4) Pituitary gland (It operates the endocrine system that controls hormones. Hormones are the chemicals that control the functions of the body.)
- (5) Hypothalamus (It controls the body temperature, thirst, hunger, sleep, the sex drive, and moods.)

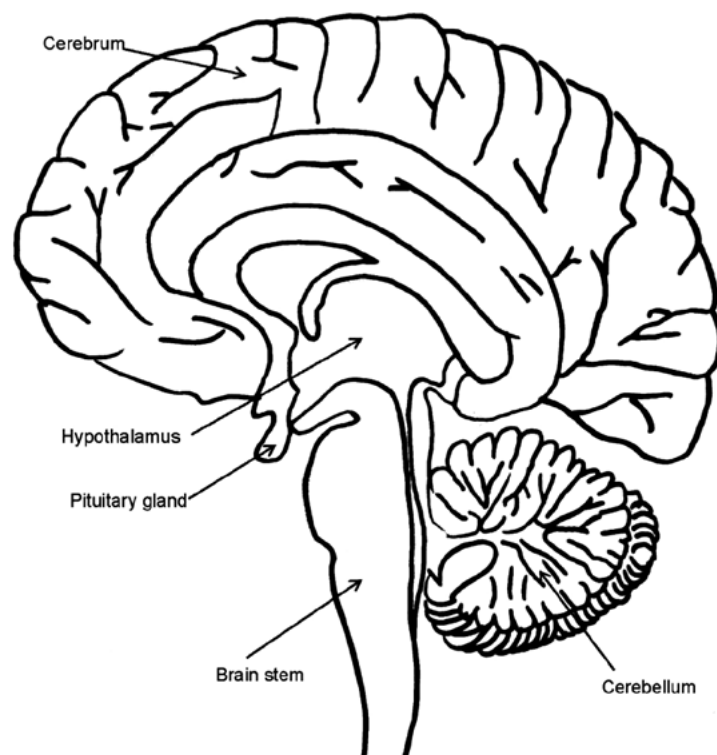


FIGURE 3.4

*The five regions of the brain that develop during the embryonic phase*

At the same time, the nervous system starts to develop. It is a network of nerve cells that communicate between the body parts and create early movements. We will now look at the development of the senses that is an important preparation for learning after birth. (You can also refer to Piaget's sensory-motor phase in unit 2.)

- The embryo develops a sense of *touch* when movements start at around week eight.

- Natural reflexes allow the fetus to swallow and develop a sense of *taste* in the second trimester.
- The brain can understand complex sensory experiences and the fetus can *hear* and recognise different sounds at around 22 weeks.
- The fetus can *blink* by the end of the second trimester and can *dream* in the third trimester. Eyes open by the end of the second trimester and the fetus can see light and dark.
- In the third trimester, the fetus can also *smell* the things that the mother smelled (Tynan & Wood, 2016).

The five senses are developed and functional at the end of the second trimester and the fetus is ready to experience the environment and to learn.

Studies indicate that the fetus is able to learn and remember. Learning and memory abilities differ in certain periods of development. Fetal learning and memory take place through exposure of the senses through the mother's body. The brain then already forms certain learning patterns (Hepper, 1996). For example, the fetus can become accustomed to and remember certain sounds. This happens through repeated exposure to the sounds. This process is called conditioning (Rettner, 2009).

Fetal memory is important for attachment and bonding between the baby and the mother after birth (we will discuss attachment and bonding in the next unit).

### ACTIVITY 3.2

---

In which way does the development of the fetus already link to Piaget's theory of cognitive development?

### FEEDBACK

According to Piaget, the newborn baby experiences his surroundings through the five senses. The development of the senses in the womb already prepares the fetus for interaction and learning after birth.

---

Research results showed that language development already starts in the womb. The fetus tunes his ears to the rhythmic patterns of the language that he is going to learn. A study showed that the heart rate of a fetus changes when the fetus hears the sound of unfamiliar rhythmic patterns of a strange language (Gustafson, 2017). The fetus also can become familiar with music in the womb (Skwarecki, 2013) and it can remember the music even after birth.

It is clear that cognition, as shown by the development of the brain, memory and language, is an important part of the development of the fetus.

## 3.4 EMOTIONAL DEVELOPMENT IN THE PRENATAL STAGE

A mother's emotions affect the unborn fetus. Everything a mother thinks and feels is shared with the unborn fetus. This happens through the hormones and chemicals in her blood. When the mother's body releases certain chemicals, they are carried to the fetus through the placenta. The fetus can then feel fear, pleasure, anxiety

and other emotions. They respond to these emotions by means of startle reflexes, sucking their thumb and increased heart rate. Music can then often calm the fetus.

### 3.5 SOCIAL DEVELOPMENT IN THE PRENATAL STAGE

Castiello, Becchio, Zoia, Nelini, Sartori and Blason (2010) studied twins in the womb. They found that the twin fetuses showed touching movements specifically meant for the co-twin. These movements gradually and swiftly increased in the second trimester. The study showed that social actions are already formed in the second trimester of pregnancy.

It is clear that the fetus actively learns in the womb and thereby prepares itself to survive in his community of birth. According to Paul (2011), the fetus not only remembers the tastes and smells that it experienced in the womb, but it also prefers the same tastes and smells after birth. It also becomes used to the language, music and other sounds of the family and community. Therefore, the fetus becomes accustomed to the pace and even some traditions of the people in the community and culture into which it will be born.

The physical development of the fetus follows the same path across all cultures. However, we will see that even before birth the social environment and culture already play a large role in the development and learning of a child.

#### ACTIVITY 3.3

---

In unit 2, section 2.7, you saw that traditional cultures believe that a spiritual selfhood starts at conception. You also learned in this unit that the embryo is a complete and unique human being by the end of week eight after conception. If you keep that in mind, would you say that abortion is a good thing? Give reasons for your answer.

---

We will now look at risk factors that can influence and slow down fetal development. When you know what the risk factors for development are, you can give early assistance to the baby and ensure acceptable development and growth of the fetus.

### 3.6 FACTORS THAT PUT THE DEVELOPMENT OF THE FETUS AT RISK

- We will first look at **genetic** problems. Genetics is the study of genes and heredity in people. Heredity refers to the traits that you get from your parents. It happens through deoxyribonucleic acid, also called your DNA.
  - The DNA is the plan of “instructions” that will regulate how you develop.
  - A gene is a part of your DNA.
  - Genes are responsible for characteristics that are passed from parents to the child.
  - A group of genes is called a chromosome.
  - Humans have 23 pairs of chromosomes.

Genetic disorders refer to faults or abnormalities in the genes. There are different aspects that can go wrong in genes. The fault may at times be on the inside of the gene. Sometimes genes are absent or some chromosomes can be missing. There can even be an extra chromosome. The following are a few of the better-known disorders:

- Down syndrome is a growth and cognitive disability. (The child has an extra chromosome.)
- Colour blindness is a disability to see colours. (There is a permanent change, called a mutation, of the X chromosome.)
- Albinism is a problem with skin, hair and eyes. (This is due to an unusual form of a gene.)

### ACTIVITY 3.4

---

Choose one of the three genetic disorders above and do research on the disorder via the internet. Describe the disorder according to the following headings:

1. Symptoms of the disorder
  2. Causes of the disorder
  3. Practical problems that the person will have to overcome
  4. Treatment of the disorder
  5. Other interesting facts
- 

- We will now look at risk factors that have to do with the pregnant **mother**.

- The mother with chronic health problems:

The health of the mother is very important for the development of a healthy fetus. Some of the factors that are risky for the development of the fetus are diabetes (high blood sugar), high blood pressure, HIV/AIDS (see unit 6), and obesity (overweight). Infections like rubella (German measles) and certain bacteria can also cause birth faults.

- Mother's age:

*Teen pregnancy:* Pregnant teens are more likely to develop high blood pressure. They also tend to become anaemic (not enough red blood cells). Often they do not receive good prenatal care. Pregnant teens often go into early labour.

*First-time pregnancy after the age of 35:* These women may have more delivery difficulties like life-threatening bleeding, lengthy labour and having a cesarean section to deliver the baby. Their babies are also more likely to have genetic disorders like Down syndrome.

- Mother's lifestyle:

A healthy lifestyle is important for the health of the fetus. Smoking, drinking alcohol and using drugs puts the fetus at risk for low body weight, hyperactivity disorder, vision and hearing problems, and intellectual disabilities. Medications can also be a risk factor. A healthy lifestyle includes a healthy diet. The mother needs a balanced diet of protein, vegetables, fruits and whole grains.

### ACTIVITY 3.5

---

Think about five ways that a pregnant woman can improve the health of her baby. Name and explain each.

---

### **3.7 CONCLUSION**

In this unit, we explored the development of the baby in the womb. We followed the physical development as well as the cognitive, emotional and social development of the fetus. We also studied risk factors that can influence the development of the baby during pregnancy.

In the next unit, we will continue to examine the development of the infant, the toddler and young child.

# STUDY UNIT 4

## Development of the child from infancy and during early childhood (0–6/7 years)

In this unit, we will explore the development of the child from infancy to early childhood. This is the period between birth and six to seven years as explained by Gouws (2014); Lightfoot (2009); Louw and Louw (2014); Venter et al (2016) and Woolfolk (2013). This particular child development stage includes three stages:

- the infant (0–1 years)
- the toddler (1–3 years), and
- the pre-schooler (3–6/7 years)

### THIS UNIT WILL HELP YOU TO

- understand the physical, cognitive, emotional, social and moral development of the infant, the toddler and the pre-schooler.
- learn more about risk factors that may influence this stage of development.

### CONTENT OF THIS UNIT

- 4.1 Introduction
- 4.2 Development of the infant
- 4.3 Development of the toddler
- 4.4 Development of the pre-schooler
- 4.5 Risk factors that may influence development during early childhood development

#### 4.1 INTRODUCTION

The development of the young child happens in an orderly and expected manner. It takes place in all areas, physical, cognitive, emotional, and social (holistic development). Specific milestones or developmental skills enable us to recognise a possible disability and to offer support early. It is, however, important to keep in mind that cultures and social groups have different beliefs, values and norms. Developmental tasks and expectations will, therefore, be different in various cultural environments.

We will now explore the physical, cognitive, emotional, and social development of the young child.

#### 4.2 DEVELOPMENT OF THE INFANT (0–12 MONTHS)

##### 4.2.1 Physical development

According to Gesell and Frances (1946), physical development happens automatically and in predictable and foreseeable stages. Infants grow quickly. Their bodies change rapidly. Important aspects of the *physical development* of the infant include the development of the brain, and the maturation of reflexes, motor skills, senses, and perceptions.

Developmental milestones refer to skills that the baby can perform. It can be easily identified. Babies have a tendency to follow the same progression through the physical milestones. All babies do not go through the milestones at exactly the same age. Development happens at certain intervals. For instance, most babies learn to sit without support between five and seven months old, regardless of ethnicity and culture.

Physical development begins at the head and then moves to other parts of the body. For example, the baby can suck right after birth but can grasp a toy on purpose only much later. During the first month, the baby's behaviour is mostly reflexive. The mouth reflex and rooting reflex helps the baby to turn her head and suck. An interesting reflex is a stepping reflex. The baby appears to take steps when she is held upright with the feet touching a solid surface. These reflexes disappear during the first few months.

During the first twelve months, the gross motor skills of the baby develop rapidly. Gross motor skills refer to the larger movements that the baby makes with her body. The main gross motor skills that a baby masters in the first year are:

- i. Holds the head up.
- ii. Pushes chest up when lying on stomach.
- iii. Rolls from front to back and later also from back to front.
- iv. Sits with support and later without support.
- v. Crawls on hands and knees.
- vi. Pulls up to stand.
- vii. Walks with support and finally walks independently.

Fine motor skills are the smaller movements the baby makes. These movements occur in the fingers, hands and wrists and in the toes and the feet. Fine motor skills the baby masters in the first year are:

- i. Transfers a toy from hand to mouth.
- ii. Transfers a toy like a rattle from one hand to the other.
- iii. Picks up two blocks and holds one in each hand.
- iv. Pokes with the index finger.
- v. Pincher grasps with the tip of the index finger and the thumb.

Gross and fine motor skills work together to provide coordination.

#### ACTIVITY 4.1

---

1. Google videos on how to get babies to walk, as well as exercises for babies to walk early.
  2. Look at Vygotsky's concept of scaffolding (unit 2, section 2.3) and show how it can be used to teach a baby to walk.
  3. Do you use the same methods in your culture?
- 

#### 4.2.2 Cognitive development

Cognitive development is seen in the growing ability of the baby to understand and to think. Cognitive development depends on learning. Learning contains three components: Giving attention, processing of information, and remembering

information (memory). According to Johnson and Blasco (1997), cognitive development can be measured by looking at language development and problem-solving skills. Piaget claims that the infant is in the sensory-motor phase. The baby, therefore, learns through her senses.

In the first weeks of life, the baby explores the world through her eyes (visually). This promotes movement and soon the baby brings toys and objects to her mouth to explore it orally (with the mouth). Increased curiosity and a longer attention span assist the baby to learn to handle objects or toys.

By the age of one year, the baby can recognise objects and know their function. Her way of playing with objects and toys become purposeful. The baby will now try to brush her hair with a hairbrush or will put a toy phone to her ear.

#### 4.2.3 Language development

Language development has to do with *receptive* and *expressive* language.

- Receptive skills involve watching, listening and understanding.
- Expressive skills involve speaking as well as body language.

Language development starts with the development of receptive skills. The baby starts to become aware of sounds and orienting herself to a voice. Later she progresses to playing games like peek a boo. She starts associating words with their meaning.

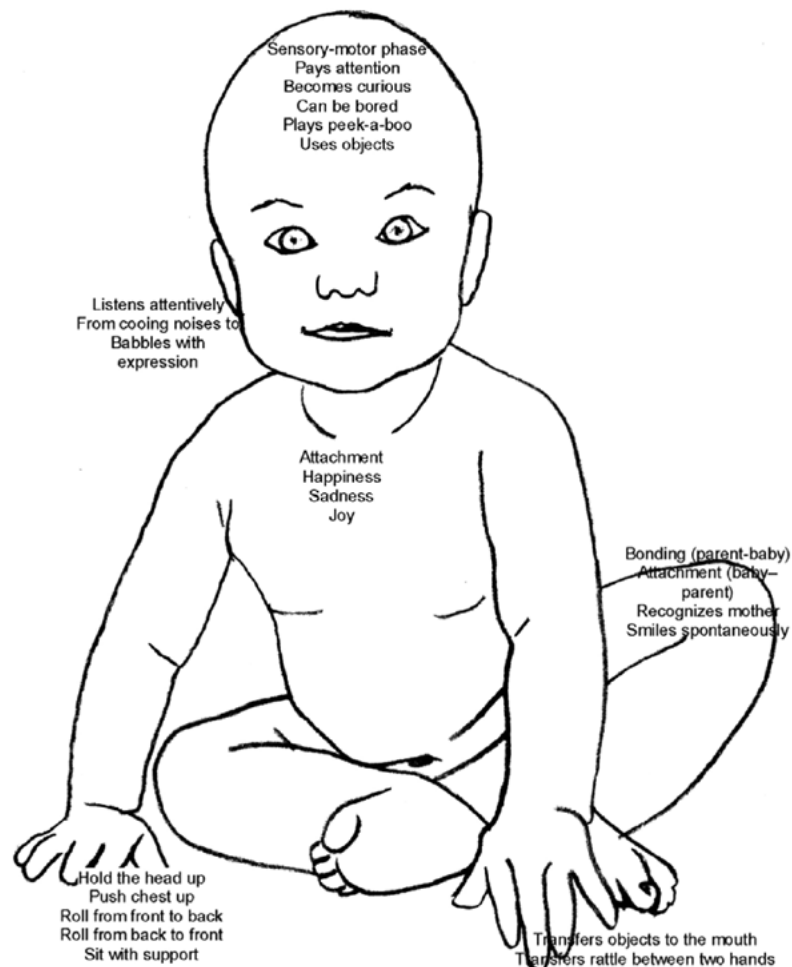


FIGURE 4.1  
*The baby at six months*

The baby learns to understand “no” and can identify family by their names. She can also follow a command like “give me the block”.

Expressive language develops from crying, to coos and babbles, to laughing out loud. The baby first listens and then babbles back when the mother stops talking. Babbles are random. Words like “mama” and “dada” are at first used incorrectly. However, by the end of the first year, the baby can name her “mama” and her “dada” and can point to the objects and toys that she wants.

#### 4.2.4 Emotional development

Emotional and social development varies. Emotions include the *feelings* of the infant as well as the *expression* of these feelings. The infant inherits social-emotional characteristics and a style of connecting with others from their parents. However, these characteristics are changed by parenting and the social expectations.

- The baby shows distress, disgust, enjoyment and interest in the first three months after birth.
- Then follows anger, joy, sadness, displeasure and fear.
- After the sixth month, the personality of the baby begins to unfold.
- By the end of the first year, the baby becomes cautious but also more self-confident. She can become shy but also may start to show empathy.

She is now in the stage of trust versus mistrust according to Erikson and in the pre-social period according to Ngaujah and Dirks (2003) (see unit 2).

#### 4.2.5 Social development

Social milestones begin with bonding between the mother and the baby.

- **Bonding** refers to the feelings and love of the mother for the baby.
- **Attachment** takes place later and it represents the feelings of the baby for the mother or the caregiver (Johnson & Blasco, 1997).

The baby understands the connections between voices and faces and quickly recognises her mother. She then starts to recognise and understand different facial expressions. By nine months she has a favourite person and she becomes anxious between strangers. Separation anxiety also starts around nine months and the baby may cry when the mother or caretaker leaves. By the time the baby is one year old, social interactions are more purposeful. The baby starts to form relationships of love and friendship through social learning and now enters the period of being a social novice or beginner. You can refer back to Bandura’s theory of social cognitive learning (unit 2).

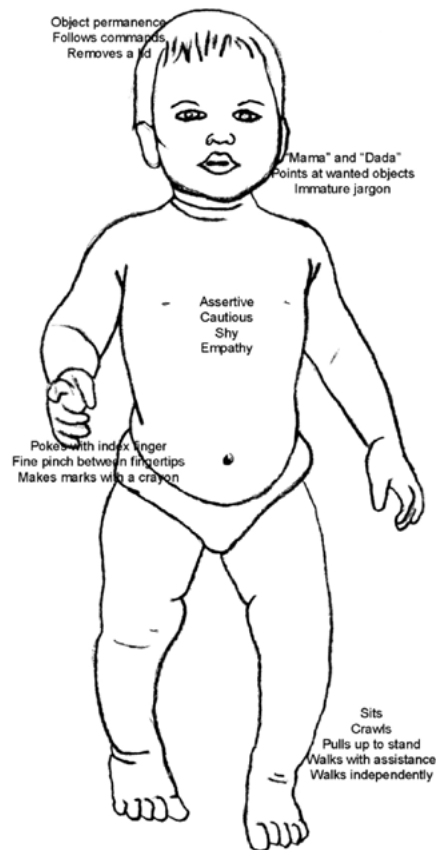


FIGURE 4.2  
*The baby at 12 months)*

#### ACTIVITY 4.2

We have all seen that African mothers traditionally carry their babies on their backs. It is called kanga carrying.

- Google videos on kanga carrying and the reasons for African women to carry babies on their back.
- Name some advantages and some disadvantages to this tradition. Keep the five aspects of development in mind. You can do it in table format.

We will now look into the development of the toddler.

### 4.3 DEVELOPMENT OF THE TODDLER (12–36 MONTHS)

The pace of physical development slows down in the toddler phase. However, growth still happens at a predictable rate. Gross and fine motor skills now develop quickly. The most dramatic development occurs in language and interpersonal skills, but progress is obvious in all areas of development.

#### 4.3.1 Physical development

The toddler's *gross motor skills* become more organised and coordinated. She can now squat, jump and kick a ball. By the end of this stage, she can walk up and down stairs with alternating feet, walk on her toes and pedal a tricycle.

*Fine motor skills* also develop rapidly. By the end of this stage, the toddler can build a tower of 9 or 10 blocks. She now starts to scribble and at three years she can draw the head of a person.

#### 4.3.2 Cognitive development

The toddler makes a cognitive shift from the sensory-motor phase to pre-operational thought (see Piaget, unit 2).

- The child uses language to explore the world and the shift is marked by rapid language development and pretend play.
- The toddler is egocentric (self-centred) and cannot see things from another person's perspective.
- The child now understands her daily routine and she appreciates special events like birthdays.
- She asks many “why” questions, knows nursery rhymes and songs and can repeat three digits in a row.

#### 4.3.3 Language development

The child's language develops rapidly in this stage.

- At the age of one year, the toddler can only say a few basic words. About six months later the toddler uses “I”, “you” and “me” correctly and knows 50 or more words.
- The child can also now speak in two- or three-word sentences.
- At the end of the toddler phase, the child speaks in four- to five-word sentences, uses plurals (house – houses).
- The child now can tell stories.
- The child may be aware of languages from different cultures.

#### ACTIVITY 4.3

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Write down a nursery rhyme that you learned as a toddler in your mother tongue. Who taught you the rhyme? Translate the rhyme to explain the meaning.

---

#### 4.3.4 Emotional development

The main theme in emotional development is the struggle for independence, self-determination and autonomy from parents. Also of importance is the child's attachment to the family. Emotional development includes the achievement of impulse control. The child tests boundaries and limits and the temper tantrum is a common show of these struggles. According to Erikson (unit 2), the child must master autonomy in this stage.

The toddler can already think about feelings and also can control or hide feelings according to social and cultural beliefs. For example, in some cultures children are allowed to express positive and happy feelings, but they must not show negative and unhappy feelings. This is a good time to teach the child the necessary vocabulary to express her feelings.

The toddler also develops the ability to delay gratification or pleasure (i.e. not demanding that all her needs and wants are satisfied immediately). By the end of the third year, the toddler is able and willing to potty train.

## ACTIVITY 4.4

How are feelings handled in your community? Are you allowed to cry, to laugh, be sad, or angry? In which situations are you allowed to do what? Explain your answer.

### 4.3.5 Social development

Temperament and behaviour style becomes visible at this age and plays an important role in all social interactions (Colson & Dworkin, 1997). Initially, the young toddler starts to give kisses and hugs but may sometimes feel self-conscious. Then the child starts to copy other people. She can also accept and tolerate separation. By the end of the toddler stage, the child shows concern for others. They play together in small groups and develop the beginnings of true friendships. They may also play with imaginary or make-believe friends.

The figure shows the developmental process and the milestones of the toddler.

| Development/<br>age          | 12–18 months                                                                                                                                                   | 18–24 months                                                                                                                                                                                      | 24–36 months                                                                                                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Physical development</b>  | <ul style="list-style-type: none"> <li>Walks up and down stairs using a rail.</li> <li>Squats in play.</li> </ul>                                              | <ul style="list-style-type: none"> <li>Jumps in one place.</li> <li>Kicks a ball.</li> <li>Builds a tower with 6 blocks.</li> </ul>                                                               | <ul style="list-style-type: none"> <li>Walks up the stairs with alternating feet and jumps from a step.</li> <li>Walks on toes.</li> <li>Pedals a tricycle.</li> <li>Builds a tower of 9 or 10 blocks.</li> <li>Draws a person's head.</li> </ul> |
| <b>Cognitive development</b> | <ul style="list-style-type: none"> <li>Matches pairs of objects.</li> <li>Ability of symbolic play with a toy.</li> </ul>                                      | <ul style="list-style-type: none"> <li>Sorts different objects.</li> <li>Matches objects to pictures.</li> </ul>                                                                                  | <ul style="list-style-type: none"> <li>Asks “why” questions.</li> <li>Understands daily routine.</li> <li>Appreciates special events like birthdays.</li> <li>Knows nursery rhymes and songs.</li> <li>Repeats three digits.</li> </ul>           |
| <b>Language development</b>  | <ul style="list-style-type: none"> <li>Points to self.</li> <li>Points to three body parts.</li> <li>Knows 10–25 words.</li> <li>Names one picture.</li> </ul> | <ul style="list-style-type: none"> <li>Uses “me”, “you” and “I”.</li> <li>Points to 6 pictures.</li> <li>50 or more words.</li> <li>Uses two or three-word sentences.</li> </ul>                  | <ul style="list-style-type: none"> <li>Uses four- to five-word sentences.</li> <li>Tells stories.</li> <li>Uses plurals.</li> <li>Recognises and names common objects.</li> </ul>                                                                 |
| <b>Emotional development</b> | <ul style="list-style-type: none"> <li>Self-comfort.</li> <li>Shy, empathy, shame, guilt, contempt.</li> </ul>                                                 | <ul style="list-style-type: none"> <li>Can think about feelings.</li> <li>Expression and masking of feelings according to social/cultural influences.</li> </ul>                                  | <ul style="list-style-type: none"> <li>Tests boundaries and limits.</li> <li>Temper tantrums.</li> <li>Develops the ability to delay pleasure.</li> <li>Can potty train.</li> </ul>                                                               |
| <b>Social development</b>    | <ul style="list-style-type: none"> <li>Begins to form relationships.</li> <li>Gives kisses, hugs.</li> <li>Feels self-conscious.</li> </ul>                    | <ul style="list-style-type: none"> <li>Imitates and copies others.</li> <li>Parallel play (plays next to a friend but not with a friend).</li> <li>Tolerates separation from a parent.</li> </ul> | <ul style="list-style-type: none"> <li>Shows concern for the actions of others.</li> <li>Plays together in small groups.</li> <li>Develops the beginnings of true friendships.</li> <li>Plays with imaginary friends.</li> </ul>                  |

FIGURE 4.3

*Developmental milestones of the toddler (1–3 years)*

## 4.4 DEVELOPMENT OF THE PRE-SCHOOLER (3–6 YEARS)

Early experiences influence the development of the child. Gouws (2014); Lightfoot (2009); Louw and Louw (2014); Ngaujah and Dirks (2003); Venter et al (2016) and Woolfolk (2013) all agree that it is in the presence of people and through the modelling and demonstration of relatives and communities that children learn and develop. These experiences provide the foundation for language development, problem-solving, and the development of social and emotional skills.

The pre-schooler should be prepared to be ready for formal schooling. Readiness for school requires the physical, cognitive, emotional, and social and language skills that the child needs to flourish in school. Becoming ready for school is a process of maturation. (Think about the theories of Piaget, Gesell and Frances, unit 2.) The facilitation of this process is the responsibility of the parents, day-care providers, pre-school teachers and other members of the community. It is done through timely stimulation of the senses, muscles and language. By the end of this stage at age six, most children will have satisfactorily matured to meet the demands of formal schooling. Flourishing in school is, however, not guaranteed.

We will now discuss some of the skills that the child must have mastered by the end of the pre-schooler stage.

### 4.4.1 Physical development and physical health

Physical health is of utmost importance for the developing child. A child that is troubled by growth defects, poor nutrition, allergies or any illnesses will not be able to develop properly and perform adequately in school. Any health and nutritional problems must, therefore, be identified and addressed by a qualified person as early as possible.

As far as physical abilities are concerned the following are important milestones for school readiness:

- Gross motor abilities: The child must be able to stand, walk, skip, jump, run, stand on one leg and catch a ball. Coordination must be well developed.
- Fine motor abilities: By the time the child goes to school she is expected to be able to use crayons, pencils, cut with a scissor, eat with cutlery, button her clothes and tie her shoelaces.
- Perceptual development: Perceptual abilities are extremely important. Good visual perception (eyes) is needed for reading, writing, and copying. Auditory perception (ears) is necessary for hearing and listening.
- The child should also be able to dress herself, wash her hands and face and use the toilet before she can attend school. Preschool children are curious about their bodies and may sometimes engage in sexual play. The following behaviour is normal for this age:
  - Touching genitals in public or private
  - Looking at or touching a peer's or new sibling's genitals
  - Showing his own genitals to peers
  - Standing or sitting too close to someone
  - Trying to see peers or adults naked

When the child displays these behaviours, the adult can redirect his attention to more suitable behaviour.

#### 4.4.2 Cognitive development

Cognitive development involves thinking and reasoning, problem-solving, creative expression and mathematical knowledge.

- Children learn to watch and recognise similarities and differences.
- They ask questions and learn to solve problems.
- Creative play, drawing, role-playing and story-telling assist to communicate the child's understanding of the world around him.

Cognitive skills grow through interaction with the surroundings. The child must, therefore, have plenty of opportunities to interact with the things and people in his environment to acquire new knowledge and master new skills.

The child can now meaningfully take part in conversations. She knows her age and her address. She can name the days of the week and can tell a story with a beginning, a middle and an end. She can identify shapes and colours and can mostly concentrate on thing only.

According to Piaget, the child is in the pre-operational phase. The child is egocentric (self-centred) and only thinks about herself without regard for other's feelings. She still confuses fantasy with reality. The child has difficulty to understand the concept of past and future and cannot think about abstract concepts (things that cannot be felt, heard, seen, touched, tasted, and smelled), like the concepts of morality or freedom.

#### 4.4.3 Language

Language ability refers to the child's ability to understand language and use language effectively for communication. This means that the child must be able to listen, understand and speak properly. The preschooler can use a minimum of 250 words and speak in full sentences. The child asks a lot of questions and enjoys reciting poems and singing songs. She can tell familiar stories from memory. Early language skills include vocabulary, recognising letters, and understanding letter and sound relationships.

The following indicates good language skills:

- The child is fluent in her mother tongue.
- The child can understand and express herself meaningfully.
- She can remember the details of a story in a logical sequence.
- The child has a vast vocabulary and can describe the features of objects (colour, shape and size).
- The child can recognise letters of her own name and of familiar places.
- She can also recognise words and sentences from other languages to which she is introduced.

#### ACTIVITY 4.5

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Google videos on the different ways used to promote language and communication skills of infants and toddlers.

- i. Now explain some of the ways that people in your culture promote language development.
  - ii. Compare your strategies to the strategies that you saw when looking at the videos.
-

#### 4.4.4 Emotional development

The emotional development of the child forms the basis of cognitive development and learning. Children can only flourish when they have a positive sense of wellbeing. The preschooler that has a healthy confidence or self-efficacy (the term used by Bandura, unit 2) in her abilities, will have a much better chance to excel in school.

The child that is emotionally mature enough for school will be able to do the following:

- Have reasonable control over her emotions.
- Be independent and can complete tasks on her own.
- Be confident enough to speak to teachers and friends when she needs assistance or approval.
- Separate easily from parents to go to school.
- Take responsibility for her belongings and will remember her shoes, clothes and pencils when she leaves for home.
- Be able to solve the basic problems during the day. For example, she will be able to ask to borrow a sharpener from a friend to sharpen her pencil. She can make plans to solve certain problems on her own.

#### 4.4.5 Social development

A positive sense of wellbeing is nurtured by reliable, caring relationships in the early years. Reliable relationships build the child's confidence in her ability to function as a member of a group. The relationships that the child builds with teachers and peers are of special importance. It is based on the child's ability to regulate emotions in a socially acceptable way.

The preschooler must be able to adapt to social situations, whether it is an individual context or in groups contexts. The child must be able to integrate into a group.

- She must be able to play with a friend.
- She must be able to carry on a conversation.
- She must be willing to share toys.
- She must be willing to help a friend.

The social readiness of the child to attend school is of great importance at the end of this phase and any problems must be identified and addressed as early as possible. Only when the child has mastered the developmental milestones, will she be able to develop sufficiently.

#### 4.4.6 Moral development

Children begin to help others by the age of 14 months.

Gestures of kindness may be as simple as picking up something and throwing it in a bin. This is called **instrumental helping**.

In the second year, the toddler begins to display **empathetic helping**. The toddler attempts to ease those in distress or giving a blanket to someone who is cold. By the age of 30 months the child provides **altruistic (unselfish) help** by sharing resources like possessions and toys. The capability for empathy and compassion is one of the foundations of moral development (Hammond, 2014).

The pre-schooler accepts rules that are set by adults without questioning. Obeying these rules has a twofold function: The first is to escape punishment and the second

is to get rewards. The pre-schooler is egocentric. This means that he only thinks about himself without regard for other people's feelings. The child needs help with the shift towards empathy (the ability to understand the feelings of others).

You can help by

- demonstrating helpfulness
- paying attention to feelings and by talking to the child about it
- naming feelings
- talking honestly about your own feelings
- expressing concern for the feelings of others
- showing respect for the feelings of others
- connecting the child's behaviour and the feelings of others when explaining rules
- treating others as you want to be treated

#### ACTIVITY 4.6

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In urban environments children may attend pre-primary schools and creches where teachers and caretakers can stimulate development with special toys like clay, scissors, tricycles and jungle gyms. How can a child in a rural village be prepared to be ready for formal schooling?

---

### 4.5 RISK FACTORS DURING EARLY CHILDHOOD DEVELOPMENT

There are many factors that place the development of the young child at risk. These factors can be due to challenges within the child, within the family and the environment or due to certain life events.

- Risk factors within the child  
There are a great variety of challenges that the child can face. It can be physical, cognitive, emotional, or social.
  - Physical challenges refer to things like allergies, illnesses, physical disabilities, and perceptual problems.
  - Cognitive challenges may include attention and memory problems.
  - Language and speech deficits are especially damaging for scholastic success. Insufficient vocabulary or incorrect sentence construction will lead to an inability to communicate, read and write properly.
  - Emotional problems may include anxiety, irritability, aggression and an inability to control emotions.
  - Social challenges may include behaviours like withdrawal and isolation, or the child may find it difficult to get along with others.
- Risk factors within the family and environment  
The child develops within a family, community and in a specific environment. Gouws (2014); Lightfoot (2009); Louw and Louw (2014); Ngaujah and Dirks (2003); Venter et al (2016) and Woolfolk (2013), all call attention to the importance of the environment in the development of the child. The family and environment may impact negatively on the child when
  - the family is negligent and unsupportive
  - parents reject the child
  - parenting is inconsistent or harsh
  - there is conflict in the family
  - parents are separated

- there is drug abuse, alcohol abuse, physical abuse or sexual abuse in the family
  - the family is poor and do not have enough resources
  - the child lives in a violent neighbourhood
- The risks of specific life events  
Significant life events can also put the young child at risk:
    - death of a family member, friend or pet
    - change of creche or preschool
    - separation from parents, caregivers, and friends
    - moving to a new house or a new country
    - being affected by natural disasters such as flooding, fires and tornados
    - being diagnosed with a serious disability such as hearing problems, attention deficit disorder (problems with attention), and cerebral palsy (the child cannot control his body movements)
    - medical illness such as cancer, HIV/AIDS, and diabetes (high blood sugar)
    - war or political unrest, and violence such as gangsterism in the community

Even adults find it difficult to cope with these events and thus even more so for young children.

#### ACTIVITY 4.7

Google and read articles about the Sharpeville massacre. How could a situation like Sharpeville impact on the development of a young child? Explain your answer.

### A CASE STUDY

#### ACTIVITY 4.8

Study the case of Simon.

Lisa was 15 when she became pregnant. Her parents were extremely upset and did not want to see her or the baby. She went to live with her boyfriend, Henry, who was 18 years old and did not have a job. He left school after he failed grade 10. They lived in a shack on the Cape Flats. Henry was drunk most of the time and was very abusive. They fought constantly. Lisa was angry. She used drugs and alcohol and smoked heavily to try to soothe herself. There was nowhere she could go. She considered an abortion but was too scared.

Little Simon was born in week 32 of the pregnancy. He weighed 1.75kg. Lisa had severe hypertension (high blood pressure) and passed away two weeks later due to complications during birth. Simon's lungs were not yet fully developed and he was kept in the intensive care unit for a month. Social workers were fortunate to find a foster family and when he was discharged the Johnsons were waiting for him. Simon came from an Afrikaans-speaking family and the Johnsons were English speaking, but the social workers felt that Simon would be in a safe and loving environment.

The family immediately fell in love with the little curly haired boy. They showered him with love and attention. Mrs Johnson knew the details about the pregnancy and put in a lot of effort to learn and to minimise the effect of risk factors. After eight months they applied for adoption. Simon's family suddenly became interested in the baby but repeatedly failed to adhere to conditions and did not show up for appointments with the little boy. After four years the uncertainty finally ended when the adoption was finalised.

Simon's adoptive father plays with him every day. They chase each other and wrestle and tickle and laugh a lot. The dad uses Simon's interests to teach him new things. His mother reads stories, sings songs and builds lego blocks with him. She also helps him with occupational therapy. Simon seems to be a happy little boy.

Simon is now six years old. He is in pre-primary school. He is small for his age. It took him a while to adapt to the school and to become comfortable with his teacher and the children. Simon shows a lack of confidence when presented with tasks and have difficulty to cut with a scissor or draw pictures. He struggles to pay attention in class and prefers to play outside where he can run around. Simon mostly plays with younger children. Although he has an extended vocabulary, his pronunciation of words often makes it difficult to understand what he says. This leads to much frustration and anger and he would often throw temper tantrums.

The parents are not sure that Simon will be able to cope with formal schooling the following year.

- a. Name and discuss the risk factors that played a role during pregnancy and after Simon's birth.
  - b. Name the positive factors in the little boy's life.
  - c. Evaluate Simon's physical, cognitive, language, emotional and social development by giving examples to motivate your answer.
  - d. Do you think that Simon will be able to cope with formal schooling? Why?
- 

#### 4.6 CONCLUSION

In this unit, we studied the holistic development of the infant, the toddler and the pre-schooler in the areas of the physical, cognitive, language, emotional, social and moral development. We also identified some risk factors that could hinder the development of a child in this age group. In unit 5, we will look at the development of the child in middle childhood.

# STUDY UNIT 5

## Development of the child in middle childhood

We have examined the rapid growth and development of the child in the preschool or early childhood period. Early developmental psychologists saw the middle childhood as a quiet period where children strengthen the gains they made in the preschool period before the dramatic changes of adolescence start.

We will now explore the development of the child in middle childhood as guided by Gouws (2014), Lightfoot (2009), Louw and Louw (2014), Venter et al (2016) and Woolfolk (2013). Middle childhood is the period of 6 to 12 years.

### THIS UNIT WILL HELP YOU TO

- understand the physical, cognitive, language, emotional, social, and moral development of the child in middle childhood.
- learn more about risk factors during these stages of development.

### CONTENT OF THIS UNIT

- 5.1 Introduction
- 5.2 Development in middle childhood:
  - 5.2.1 Physical development
  - 5.2.2 Cognitive development
  - 5.2.3 Language development
  - 5.2.4 Emotional development
  - 5.2.5 Social development
  - 5.2.6 Moral development
- 5.3 Factors that can influence the general development of the child in middle childhood

#### 5.1 INTRODUCTION

According to Erikson, the middle childhood period is the time when children move from relationships at home to a wider social context. They must learn to cooperate with their peers and other adults. The child becomes involved in formal schooling and organised activities and is introduced to new roles. They must become competent in roles and activities to earn social status in the group. This is the period of social introduction and orientation.

#### 5.2 THE DEVELOPMENT IN THE MIDDLE CHILDHOOD YEARS (6–12 YEARS)

This is the phase where the young child starts with formal schooling. During this stage, friends become more important. Physical, social, and mental skills develop rapidly. Children start to develop confidence in all areas of life through peer relationships, schoolwork, and extracurricular activities such as sport, hobbies or religion.

### 5.2.1 Physical development

In the middle childhood years, physical growth happens more gradually than in the previous years. The arms and legs grow quickly in comparison with the rest of the body. Balance, strength and coordination increase and the child has more muscle control over his body. Children use their bodies to run, jump, kick, climb and to do a variety of sports. Coordination, timing and concentration are often just as good as that of an adult, but children may not have the strength and speed of an adult. Boys normally develop more rapidly with regard to gross motor activities and they are typically stronger than girls.

Children also learn to use their hands in detailed ways. It is a way to practise their fine motor skills. Children cut, paste, mould, shape, draw, paint, create and write. They can tie shoelaces, untie knots, and floss their teeth. Learning to play a musical instrument also helps a child to further develop his fine motor skills. Fortunate children may be able to take music lessons for piano, violin, flute, guitar, drums or other instruments. Creative children in townships often make their own musical instruments.

#### ACTIVITY 5.1

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- Google videos to listen to the sound of the Kalimba. The Kalimba is an African musical instrument that is played by the fingers, especially the thumbs.
- Do research on the internet and name and describe two other traditional African musical instruments.
- Do you think musical instruments can improve the physical development of the child? Give reasons for your answer.

With the development of gross and fine motor skills comes a sense of competence and confidence to use these skills (self-efficacy).

---

Part of physical development is sexual curiosity and the adoption of gender roles. The well-known psychologist and neurologist, Sigmund Freud believed that middle childhood is a period where children do not show any interest in sexuality. However, by the end of middle childhood children have an established sense of his or her gender (Louw & Louw, 2014). They also may become aware of issues of sexual orientation and learn that not all people are heterosexual. They may be confronted with same-sex partners and parents in movies, on television and in streets. At this stage, parents should start with sexuality education. Starting early will enable the parents to provide information about sexuality according to their own value system.

### 5.2.2 Cognitive development

The brain and nervous system continue to develop during middle childhood. The central nervous system gradually matures and more complex cognitive abilities become possible. Between six and nine years the growth of the brain surges and by the end of the period the child's brain is nearly the size of an adult brain. The development of the brain is characterised by the growth of the frontal lobes. These lobes are located in the front of the brain. They are responsible for planning, reasoning, social judgement, and moral decision making.

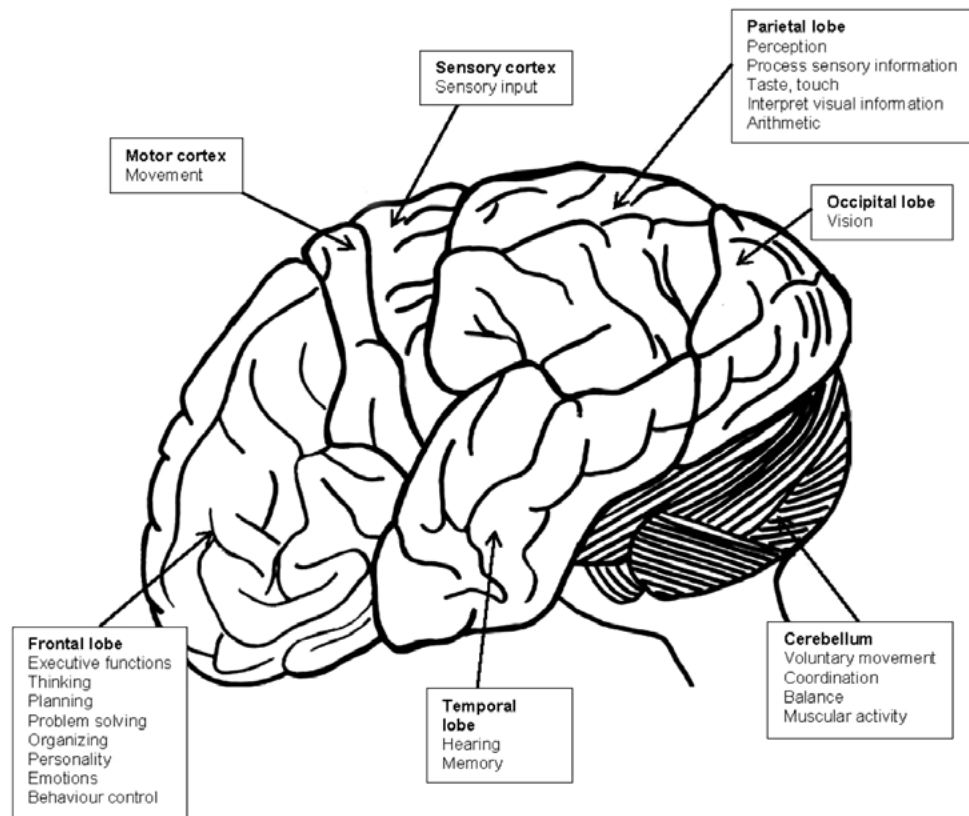


FIGURE 5.1  
*Areas of the brain*

With the development of the frontal lobes, the child can take part in increasingly difficult mental tasks.

- Concentration and memory skills increase significantly.
- Due to the better focus of attention, the child can tune out distractions and pay attention to their tasks.
- Short-term memory also improves hugely, and the child can think more quickly. For example, the child is able to focus on a teacher's question and think about several possible answers.
- He can also listen to solutions that other children provide and can participate in class discussions.

According to Piaget, the child in middle childhood is in the concrete operational stage. The child starts to use mental operations to reason and to solve problems. Mental operations are strategies and tactics that make thinking more organised and effective. For example, addition, subtraction, multiplication, and division are mental operations that apply to numbers. The mental operation reflects a general rule about objects and their relationships – addition means making something more and subtraction means making it less (Louw & Louw, 2014). Cultural rules, however, are more flexible and show various alternatives between cultures.

Concrete-operational thought is more effective than preoperational thought. In middle childhood, egocentrism (or self-centredness) diminishes because children have more experiences with peers. They learn that a problem can have many solutions and it can be interpreted in different ways. They also understand reversibility. That means that they understand that actions and mental operations can be reversed. (For example, if  $5 + 6 = 11$  the steps can be reversed:  $11 - 6 = 5$  and get you back to 5 again).

Piaget did not pay attention to culture-based experiences. Although neurological maturation makes the learning of new skills possible, these skills must be practised. The child must be familiar with the skills to be able to use it appropriately. A child may have the cognitive capacity to count. However, if nobody teaches him about counting, he will not know about it. Vygotsky, however, emphasised the importance of the environment and culture in the development of the child.

Muthivhi (2010) used the theories of Vygotsky and Piaget to explore the role of cultural content in the development and cognitive functioning of the child. His research included eighty TshiVenda-speaking children in diverse rural South African settings. The study showed that rural children use concrete-functional, formal-abstract and conceptual ways of thinking at the same time. Muthivhi (2010) found that children demonstrate forms of thinking and problem-solving that come from both their formal learning experiences (school) and from their natural, daily learning and cultural settings (home). The understanding of concepts and the specific styles of thinking and problem-solving are linked to the sociocultural context and the learning activities in which the child participates. The cultural context in which the child's learning and development take place is complex and involves many layers of meaning. It includes the traditions of learning in the formal school as well as their everyday learning within their sociocultural context.

The progress in cognitive development that occur during the middle school years are therefore tied to learning in school but also to learning in sociocultural context. Through learning, children become increasingly skilled and develop critical areas of their brains. Cognitive tasks will be solved according to the experience of the individual child. Parents and teachers can promote cognitive development by providing more learning experiences for the child:

- i. Encourage language development through the use of stories, rhymes and songs.
- ii. Adults must communicate with the child and challenge their thinking. Ask questions such as "What do you think?" and "Why do you say that?"
- iii. Children learn through guided play and tasks and games must challenge their minds.
- iv. Reading can improve cognitive abilities. It helps children to improve concentration, increase language skills, and to expand their knowledge base.
- v. Research showed that learning a second language can offer cognitive gains and increase mental flexibility.
- vi. Build intrinsic motivation. This means that learning behaviour is driven from within the child. This will help to build a love of learning. Reward good efforts and hard work.

### 5.2.3 Language development

Language develops rapidly up to the age of five years and then slows down in middle childhood. There is, however, still meaningful development and refinement in language abilities in middle childhood. The child develops meta-linguistic awareness during this stage. Meta-linguistic awareness is the ability to think about the use of spoken and written language. It helps the child to begin to understand that communications can carry many layers of meaning at once, beyond just the surface layer and the literal meanings of the basic words that are used.

Language develops in the following ways:

- The length and complexity of sentences increase.
- Grammatical forms such as passive voice are mastered (“The food is eaten by the dog.” (passive voice) instead of “The dog eats the food.”).
- Vocabulary increases because the child learns new things.
- Multiple meanings of words are mastered (e.g. “What a *sweet* little girl!” and “The chocolate is too *sweet* to eat”).
- The child begins to understand sarcasm and body language.
- They also understand metaphors and metaphoric language (“That man is a cold-hearted lizard.”).
- The child understands irony (meaning the opposite of what you say).

Most importantly, the child starts to use language in a social way. Their language style changes according to different situations. The way you speak to a teacher is different from the way you speak to a friend.

South Africa has eleven official languages and most people are bilingual or even multilingual. Children become competent in their mother tongue (home language) but are also exposed to other languages. They can learn a second or more languages through the following processes:

- They first learn their home language and then learn other languages.
- They learn different languages at the same time (e.g. when parents are from different language groups).

To become skilled enough to learn effectively in a second language takes about six to eight years. The child must first learn to think and reason in the second language. This will improve linguistic patterns, thoughts, and attitudes. Bilingual and multilingual children perform better in cognitive flexibility, concept formation, verbal and non-verbal creativity, and analytic reasoning. They can easily make a distinction between languages. They also can switch between the different languages. Being bilingual or multilingual does not confuse and disturb identity formation.

## ACTIVITY 5.2

---

- i. Name the official languages in South Africa.
- ii. Which of those languages do you understand?
- iii. Which of those languages do you speak?
- iv. Which of those languages do you read?
- v. What is fanagalo? Why do people speak fanagalo? (You can do research on the internet.)
- vi. What does “lingua franca” mean and which language would you say it is?

It is clear that language capability has a great effect on the cognitive, emotional and social aspects of your life. Language development is, therefore, a very important part of the development of the middle school.

---

### 5.2.4 Emotional development

Pre-schoolers already show a growing awareness of managing and controlling emotions. They also become skilled in talking about feelings. In middle childhood, children have a growing understanding of the link between events and emotions.

This influence their emotional reactions and behaviour. Emotional development during middle childhood includes the following (Louw & Louw, 2014):

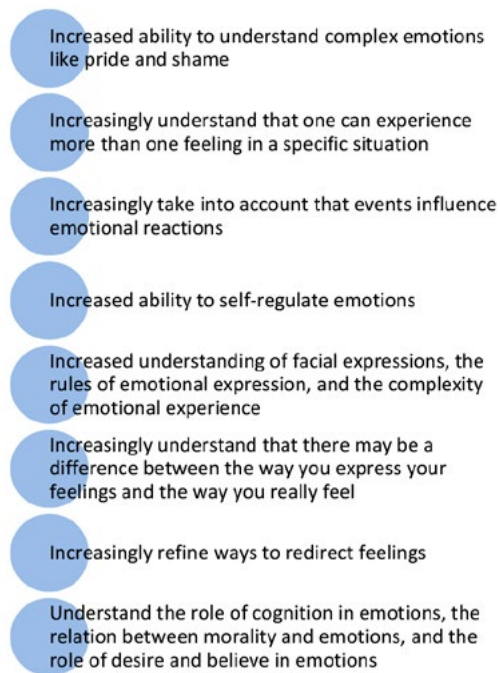


FIGURE 5.2

*Emotional developmental changes in middle childhood*

In middle childhood, the child learns to use emotions more intelligently. Goleman (1995) states that the ability to use emotions intelligently involves four areas:

- i. The development of emotional self-awareness. This means that you are aware of your feelings and can separate your feelings from your actions (e.g. you do not hit your friend when you are angry with him).
- ii. The ability to manage emotions. You can feel and recognise the emotions but you can control your emotions (you may feel sad but do not cry).
- iii. The ability to read the emotions of others. You can recognise the viewpoint and feeling of another person.
- iv. The ability to handle relationships and solve relationship problems.

Children who are emotionally skilled get along better with other people. They have fewer behavioural problems, score higher academically, and have better self-worth and self-acceptance.

Adults can improve the emotional development of the child:

- a. Be aware of the child's feelings, listen with empathy and validate (or confirm) and support the feelings (e.g. I can see you are sad. Do you want to tell me about it?).
- b. Accept the feelings. Remember that it is also an opportunity to teach the child new emotional skills. Never say that a feeling is 'wrong'.
- c. Talk about the feelings and the child's views of the situation.
- d. Help the child to find words to identify and label the feeling (e.g. Are you frustrated or just irritated?).
- e. Allow time to think about the situation and then act on it.
- f. Set limits to solving the problem. Not all behaviour is acceptable. Keep family values in mind when brainstorming solutions.

Parents who respect and listen to the feelings of their child are good role models for the child.

### ACTIVITY 5.3

---

- Read the following case study

Emanuel throws his bookcase on the floor. "I hate my teacher!" he shouts and runs to his room. His mom can hear him crying in his room. She finds him on his bed. "What happened?" she asks as she sits next to him. "She is mean and she doesn't like me", he sobs. "I hate her!".

"You should not hate your teacher.", says mom. "What did you do?"

Emanuel looks at her and then he turns away from her. He says nothing more. He just keeps on crying ...

- Do you think mom handled the situation in an acceptable way? Why?
  - How would you help Emanuel to handle his feelings in a constructive way?
  - Would you throw your bookcase on the floor when you are upset? Explain your answer.
- 

#### 5.2.5 Social development

The child in middle childhood is exposed to many social learning experiences. Learning good social skills is extremely important for the rest of their lives. Although the child spends much more time away from home at this stage, the home is still the place of safety and security:

- The family is still at the centre of the child's life.
- The parents watch over and help with homework and school projects.
- They serve as a buffer between the child and the community when necessary.
- They teach and demonstrate moral, religious and cultural values.

Gradually the child becomes less dependent on the parent. They start to question rules and decisions and compare aspects of their own family with those of other families. Effective parents increasingly start to shift social control from the parent to the child. The parents are still supervisors but they allow the child to make more decisions on his own. Parents assist with social development through the following:

- Direct instruction: The parent teaches the child about rules and regulations and advises them on various situations.
- Being social role models: The parent provides social and communication skills through their own behaviour in situations.
- Being social managers: The parent constructs and manages their house and social environment in ways that express the values of the family and the society.

Peer relationships become more important in middle childhood. Children usually prefer to interact with children of the same age and gender where they can enhance and refine their social skills. The peer group becomes more important than the parents. According to Louw and Louw (2014):

- i. The peer group provides companionship and friendship. Friends provide love, acceptance, affection, and an opportunity for play and talk.

- ii. The peer group provides opportunities for trying out different behaviours. It also offers a safe space for learning social skills such as negotiation and cooperation.
- iii. The peer group assists with the transfer of knowledge and information. It includes jokes, games, riddles, superstitions, or ways to help a friend with problems such as mathematics.
- iv. The peer group teaches its members to obey rules and regulations. The child who disobeys the group rules will be punished by the members of the group. Children thereby learn that violation of rules has negative outcomes.
- v. The peer group helps to implement gender roles. Children become aware of the differences between boys and girls due to the influence of the peer group. Each child must agree with the norms of the group. The child that does not measure up to the expectations of what it means to be a boy or a girl will not be accepted into the group.
- vi. The peer group causes a weakening of the bond between the parents and the child. This improves the development of independence later in life.
- vii. The peer group provides opportunities to compete with others on equal footing.
- viii. The child develops the ability to understand and practise cooperation, assertiveness, competitiveness and mutual understanding.

Social integration into the community is an extremely important part of development. In the middle childhood period, the child is a social novice or beginner in the social life of the community. The child is introduced to social roles and is expected to recognise, understand, and practise social roles.

Friendship in the middle childhood stage is much more than just engaging in each other's activities. It is a mutual relationship in which children respond to each other's needs and desires. It is a complex relationship in which children learn the importance of emotional commitment.

#### ACTIVITY 5.4

Bias is an unfair judgement against other people or groups.

- Google articles and videos on "bias".
- Can you identify recent incidents of bias in everyday life?
- Read the following quote from the UC SF Office of Diversity and Outreach as a better understanding of the meaning of bias.

**Bias** is a prejudice in *favour of or against one thing, person, or group compared with another, usually in a way that's considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences. There are types of biases*

**Conscious bias** (also known as **explicit bias**), and

**Unconscious bias** (also known as **implicit bias**).

*It is important to note that biases, conscious or unconscious, are not limited to ethnicity and race. Though racial bias and discrimination are well documented, biases may exist from any social group. One's age, gender, gender identity, physical abilities, religion, sexual orientation, weight, and many other characteristics are subject to bias.*

**Unconscious biases** are social stereotypes about certain groups of people that individuals from outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organise social worlds by categorising.

*Unconscious bias is far more prevalent than conscious prejudice and often incompatible with one's conscious values. Certain scenarios can activate unconscious attitudes and beliefs. For example, biases may be more prevalent when multi-tasking or working under time pressure.*

South Africa is a country where many different social groups have to co-exist. Each group develops unique characteristics, norms, roles and behaviour that may differ from other groups. Unfounded ideas about each other and our differences may lead to conflict.

- According to you, and apart from race, which other biases exist in South Africa? Give examples from children in the middle childhood.
- How can we teach children in middle childhood to accept differences in other people?

### 5.2.6 Moral development

Morals are the principles and beliefs of what is right or wrong. It serves as guidelines for proper behaviour according to certain accepted standards. Erikson believed that children learn moral rules from both their parents. Emotions such as pride, shame and guilt are complex emotions that play a role in the moral development of the child. When you feel guilty about telling a lie, you may very well decide not to lie again to avoid the feeling of guilt. Positive feelings such as empathy and kindness may also inspire positive moral behaviour.

Bandura is of the opinion that moral behaviour is learned by observing behaviour and the outcomes of the behaviour. When actions are rewarded, the child will be more inclined to copy it.

According to Kohlberg, children up to ten years old are externally motivated either by fear of punishment or by hope for reward (see the discussion of Kohlberg in unit 2). By the age of ten, due to cognitive development, the child can reach level 2, namely conventional morality. Behaviour is then aimed at actively seeking approval or reward and avoiding punishment.

In middle childhood, the child learns moral behaviour through acceptance and copying of the moral behaviour that is showed by the significant people in the child's life. However, as the cognitive development of the child progresses, the child is increasingly able to make his own judgements about moral situations. It is, however, important that the child is surrounded by a positive environment and encouraging role models.

The child's ability to make moral decisions is linked to his cognitive development. As the child grows older he develops the ability to distinguish between right and wrong. However, moral values differ between different cultures and therefore moral choices and behaviour also differ between groups and individuals.

### ACTIVITY 5.5

---

According to South African law, the minimum age of marriage for boys and girls is 18 years. However, in certain of the African cultures the practice of Ukuthwala is supported (Maluleke, 2012). Ukuthwala refers to the abduction of a young girl by a man and his friends to enforce marriage with the girl. The girl is kept hidden and she is raped. After sexual intercourse, she loses her perceived value to the family and the parents are forced to accept the marriage. Sometimes girls as young as nine or ten years are abducted.

How can this cultural practice influence the physical, cognitive, social and emotional development of a young girl?

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### 5.3 FACTORS THAT CAN BE DAMAGING TO THE GENERAL DEVELOPMENT OF THE CHILD IN MIDDLE CHILDHOOD.

There are many factors that can delay the development of a child in all facets of life.

- Physical factors may include physical weakness, exhaustion, poor coordination, and lack of stamina. It can also include poor motor ability, perceptual difficulties, or visual and hearing problems. Major accidents and injuries, illnesses and malnutrition will also be harmful to development.
- Cognitive development may be impaired by damage to the brain, attention deficits, memory problems, insufficient learning experiences, emotional difficulties and psychological disorders.
- Language plays a very important role in learning, as well as in emotional, social and moral performance. Language development can be impaired by hearing problems, pronunciation problems, insufficient vocabulary, and reading and writing problems.
- Emotional stability is very important for the development of the whole child. The child who has to endure abuse (emotional, physical, sexual, drug or alcohol) at home will find it difficult to excel in any area of development. Other factors include the death of pets, losing friends or parents, moving house or changing school. Children may become shy and withdrawn, depressed, anxious, rebellious and aggressive as a way to display emotional problems.
- Social relationships become more important in middle childhood. It becomes important to fit into the group and be accepted. Rejected children may be aggressive and angry, or withdrawn and socially awkward. These children may be victimised and bullied by others.
  - They may be physically bullied through punching, poking, hair-pulling, beating, spitting, throwing stones and threatening.
  - Emotional bullying refers to spreading rumours, insulting, threatening, terrorising and blackmailing.
  - Verbal bullying refers to hurtful name-calling, humiliating remarks, gossiping, crude language, racist remarks and insulting letters or phone messages.
  - Gesture bullying refers to pulling faces and showing offensive signs.
  - Extortion bullying includes demands for the property or money of others.
  - Sexual bullying includes sexual harassment, exhibitionism and assault.

Bullying is a serious social problem. We often hear about a child in middle childhood who committed suicide because he could not stand the bullying any longer.

Depression in children and adolescents is not easily identified, because the symptoms differ during the stages of childhood. In order to recognise depression during childhood, Poquiz and Frazer (2016) developed guidelines to assist caregivers and

professionals. See if you can do the following activity to recognise symptoms of depression.

### ACTIVITY 5.6

Look at the following table developed by Poquiz and Frazer (2016) on what depression looks like at different ages

| Age                             | Behaviour                                                                                                                                                                                                                                                                                                                                                          | Possible causes or precursors                                                                                                                                                                                                                                   |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre-schoolers<br>(Ages 2–5)     | Anger, irritability, tantrums<br>Excessive crying, sad expressions<br>Loss of interest in favourite toys/activities<br>Complains of physical symptoms like stomach aches and headaches                                                                                                                                                                             | A family history of depression and mental illness<br>A family history of suicidal ideation and attempts<br>Family stressors such as divorce or loved one's death<br>Chronic, physical illness                                                                   |
| Middle Childhood<br>(Ages 6–12) | Behaviours listed above, and:<br>Prefers to be alone rather than with family or friends<br>Bullying, or being bullied<br>Sleep problems<br>Eating problems such as no appetite, weight loss<br>Difficulty concentrating<br>Separation anxiety from caregiver<br>Refusing to attend school<br>Poor school performance<br>Thoughts of worthlessness, hurting oneself | Precursors listed above, and:<br>Low parent/peer social support<br>Inconsistent parenting<br>Bullying, or being bullied<br>Social isolation/rejection<br>High academic pressure<br>Other mental illnesses such as anxiety*, learning disorders, substance abuse |
| Adolescence<br>(Ages 13–18)     | Behaviours listed above, and:<br>Feels hopeless or pessimistic about their future<br>No interest and enjoyment in activities<br>Low self-esteem and self-worth<br>Runs away from home<br>Substance abuse<br>Thinks of plans or attempts to hurt oneself                                                                                                            | Precursors listed above, and:<br>Onset of puberty<br>Parent-child conflict due to increased independence                                                                                                                                                        |

\* It is not uncommon for children with anxiety disorders to be diagnosed with depression as well.

FIGURE 5.3  
*What Depression Looks Like at Different Ages*

Now read the following case study:

Joseph is 11 years old and in grade 5. He is a very intelligent boy and is one of the top achievers in his grade. His parents love him dearly and are very proud of him. They believe that he will become a great doctor when he grows up. They encourage him to do even better in his school work. They love to tell the family how bright their boy is and that they know a great future awaits him.

The mother was recently diagnosed with depression and Joseph overheard her saying that she does not want to live any longer. She often stays in bed behind closed curtains all day. Joseph does not want to go into her bedroom. It seems that she does not even recognise him and the dark bedroom feels creepy. Fortunately, his grandmother came to visit and help his family.

Joseph has stomach cramps every weekday and does not want to go to school. It is so bad that he often becomes nauseous in class and has to go to the bathroom. He even sometimes cries when it is severe. The children tease him about his crying and call him a crybaby. This makes him feel even worse. He would sit alone on the playground and eat all the treats that his grandmother packed in his lunchbox. He longs to have a friend, but he avoids the other children and the teasing. He often wishes that he was dead.

Joseph's grandmother is worried about him. Lately, he has been very irritated and would burst out in anger at the slightest provocation. He seems sad and lies on his bed in his room all the time. He has picked up a lot of weight and is rather chubby. She also noticed that he finds it difficult to concentrate and that he makes a lot of mistakes in his homework. He just does not seem to be interested in anything anymore.

- i. Look at table 5.3 again. Now underline the behaviour patterns in Joseph's story that are worrying.
- ii. Circle the possible causes for Joseph's behaviour.
- iii. Do you think that Joseph may be depressed? Give reasons for your answer.
- iv. What would your advice be in this situation?
- v. What would your parents or caregivers do if you had the same feelings and behaviour as Joseph?

## FEEDBACK

Depression and suicide among children and teenagers are a huge problem globally and in South Africa. It is important to be aware of the signs of depression. However, only professionals like psychologists and psychiatrists are allowed to diagnose and treat depression. The following contacts are available for assistance:

- Childline crisis line: 08000 55 555
- South African Depression and Anxiety Group (SADAG) suicide crisis helpline: 0800 567 567

- Moral developmental problems may be due to many factors:
  - Parents may display unacceptable moral behaviour (e.g. a father might be abusive to the mother and the children).
  - The child may become part of a group or gang that shows a lack of good moral thinking or behaviour (stealing cars or shoot-outs between gangs).
  - The child can be exposed to unfitting moral behaviour through the media (sex movies, murder and cruelty, drugs and drinking).

It is very important that damaging factors be identified as early as possible and that the child is supported to resolve the issues.

## ACTIVITY 5.7

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*Bullying is when a child uses his/her strength or influence to harm, intimidate or terrorise another child who is weaker. There are many forms of bullying, as discussed earlier.*

- i. Were you the victim of bullying?
  - ii. Try to google blogs on the experiences of bullied children.
  - iii. Name at least five reasons why some of these children were bullied.
  - iv. Explain in which ways these children were bullied.
  - v. How did they feel and what did they do?
  - vi. Explain how bullying can delay the development of the child in middle childhood.
- 

## 5.4 CONCLUSION

Although the middle childhood stage is often seen as a quiet period in the development of the child, it is clear that development still continues steadily in all areas of living. The middle childhood development stage is a preparation for the rapid development that will happen in adolescence. In the next unit, we will explore the development of the adolescent.

# STUDY UNIT 6

## Development of the adolescent

In our study of the development of the child, we have seen the rapid development of the embryo and the speedy maturation that takes place in the fetus. In the first year after birth, the baby progresses from a helpless infant to a toddler who increasingly moves around and explores his environment. The toddler shows a remarkable ability to learn vocabulary and language structure and by the time he is potty-trained the child can communicate effectively with others. He now starts to learn the social rules of his family and their friends. The physical development also continues at a rapid pace and gross and fine motor skills, as well as perception, improves to such an extent that the child becomes ready for formal schooling. In the middle childhood period, the development slows down. However, the child gradually gains new cognitive and social skills, starts to understand and control emotions, and steadily grows physically stronger. The child is now ready for the next phase of development, namely adolescence.

### THIS UNIT WILL HELP YOU TO

- understand the physical, cognitive, language, emotional, social, and moral development of the adolescent.
- explore how personality and identity are formed.
- understand some risk factors for development during this stage.

### CONTENT OF THIS UNIT

1. Introduction
2. Development of the adolescent
  - 2.1 Physical and sexual development
  - 2.2 Cognitive development
  - 2.3 Language development
  - 2.4 Self-concept, personality and identity
  - 2.5 Emotional development
  - 2.6 Moral development
  - 2.7 Social development
3. Factors that can influence the general development of the adolescent

#### 6.1 INTRODUCTION

Adolescence indicates the period of progression from childhood to adulthood. It starts with the physical changes of puberty around the ages of 11 to 13 years. It ends when the child has mastered the social expectations and norms of the society and can function as a responsible adult. In South Africa, adolescence legally ends at the age of 18. The period is often connected with conflict with authority figures, risky behaviour and moodiness. Adolescence and its related characteristics seem to occur in all cultures. In traditional cultures, however, it appears to be less stormy and stressful than in Western cultures. This may be due to the fact that Western societies emphasise independence in children, whereas traditional cultures expect children to conform to community views (Louw & Louw, 2014).

## 6.2 THE DEVELOPMENT OF THE ADOLESCENT

We will now look at the development of the adolescent as described by Gouws (2014), Lightfoot (2009), Louw and Louw (2014), Venter et al (2016) and Woolfolk (2013). Adolescence starts in biology and ends in society. This means that physical (biological) changes in the body mark the beginning of adolescence, while entering into adulthood is determined by the particular society of which the adolescent forms part.

We will first consider the physical and sexual development of the adolescent.

### 6.2.1 Physical and sexual development

At the start of adolescence, the child's body once again starts to develop rapidly. This period is called puberty. It is the period during which sexual maturation takes place. Physical changes take place so that the child's body matures into an adult body. The child becomes capable of sexual reproduction.

Hormonal signals from the brain to the ovaries (in a girl), and the testes (in a boy) initiate the process. Growth hormones and sex hormones are secreted. Growth hormones are responsible for a growth spurt in the body of the child. Sex hormones start the maturation process of the sex organs and sex characteristics.

Female sex hormones are known as oestrogens and male sex hormones are known as androgens. Testosterone is one of the most important androgens that boys secrete. Boys also secrete a small amount of the female hormone, oestrogen. These hormones start the development of the primary and secondary sex characteristics. Primary sex characteristics are the sex organs that are involved in reproduction. Secondary sex characteristics refer to the appearances that distinguish males from females. An example is the development of breasts in the girl and beard growth in boys.

There are individual differences for the start of puberty:

- For girls, puberty starts around 10 to 13 years and ends around 16 years.
- Boys start with puberty between 12 to 15 years and it ends around 18 years.

The “growth spurt” refers to the rapid increase in height and weight. The tempo of growth for body parts is different and legs, arms, hands and feet grow first. This dissimilar growth tempo of the body parts is called *asynchrony*. Asynchrony is responsible for the awkward and uncoordinated look we often see in adolescents.

The growth spurt starts earlier in girls. Girls reach their adult height by late adolescence. The increase in bone growth (bone width, bone mineral content, and bone density) peaks at the height of the growth spurt around the age of 16. Weight also changes and girls develop a greater proportion of body fat than boys. Fat is distributed toward the upper and lower portions of the body. This leads to a curvy body appearance.

Although boys start growing later than girls, they grow faster. Boys also have an increase in body fat but their muscle growth is faster and they have greater muscle mass than girls. Boys also develop more stamina and strength due to the improved working capacity of their cardiovascular systems (blood circulation systems) and their lungs (Stöppler, 2016).

**Sexual maturation** may be one of the most intense experiences in child development. It starts when the hypothalamus in the brain sends signals to the pituitary gland to release the hormones that are responsible for sexual development. Scientists think that the body must probably reach a certain weight or body composition to trigger the signals from the hypothalamus. Therefore, physical health and nutrition are very important for sexual development. Tanner (Marshall & Tanner, 1969, 1970) described sexual maturation in terms of sequence, timing and tempo. It is a series of predictable events. The system is known as the “Tanner Stages”. The following table is a short summary of Tanner’s stages of physical and sexual maturation:

| <b>Tanner’s stages of sexual maturation</b> | <b>Sexual maturation of girls</b>                                                                                                                                                                                                                                                         | <b>Sexual maturation of boys</b>                                                                                                                                                                                                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 1                                     | The girl is pre-pubertal. The body produces female hormones and the ovaries begin to enlarge. Levels of reproductive hormones are low. There are no visible signs of secondary sex characteristics such as breast development.                                                            | The boy is pre-pubertal. The body produces male hormones but the levels of reproductive hormones are low. There are no visible signs of secondary sex characteristics such as penis enlargement.                                                                             |
| Stage 2                                     | Actual puberty starts and signs become visible. Girls begin to put on weight. Breast buds develop and become tender to the touch. Breasts may grow unevenly. Fine light and straight pubic hair appears and fine hair grows in the armpits. There is an increase in physical growth rate. | Actual puberty starts and signs become visible. The scrotum and testes grow and become less smooth. Fine straight and light pubic hair appears. Fine hair starts to grow on the legs and underarms. There is an increase in physical growth rate.                            |
| Stage 3                                     | The breasts continue to grow but the areola (the small circular ring of pigmented skin around the nipple) is still flat and level with the breast. Pubic hair grows darker and becomes coarser and curlier. Ovulation and menstruation begin.                                             | The testes keep growing and the penis starts to grow longer. One testicle may grow faster than the other. Pubic hair grows darker and becomes coarser and curlier. Sperm production may result in night-time ejaculation. Erections occur regularly and spontaneously.       |
| Stage 4                                     | This is the final stage of sexual changes. The areola of the breast becomes noticeable. Pubic hair looks like adult pubic hair but is not so dense. Girls have their periods, although periods can be irregular.                                                                          | This is the final stage of sexual changes. The boy’s vocal chords get thicker and longer and the voice changes. The penis grows thicker and the scrotum and testes larger. The skin of the scrotum grows darker. Pubic hair looks like adult pubic hair but is not so dense. |
| Stage 5                                     | The girl is now a biological adult and the body looks fully matured. Her breasts are completely developed. Monthly periods occur regularly.                                                                                                                                               | The boy is now a biological adult and the body looks fully matured. The sexual organs have reached full size. Facial and chest hair are added signs of adulthood.                                                                                                            |

FIGURE 6.1

*Tanner’s stages of the maturation of sexual characteristics*

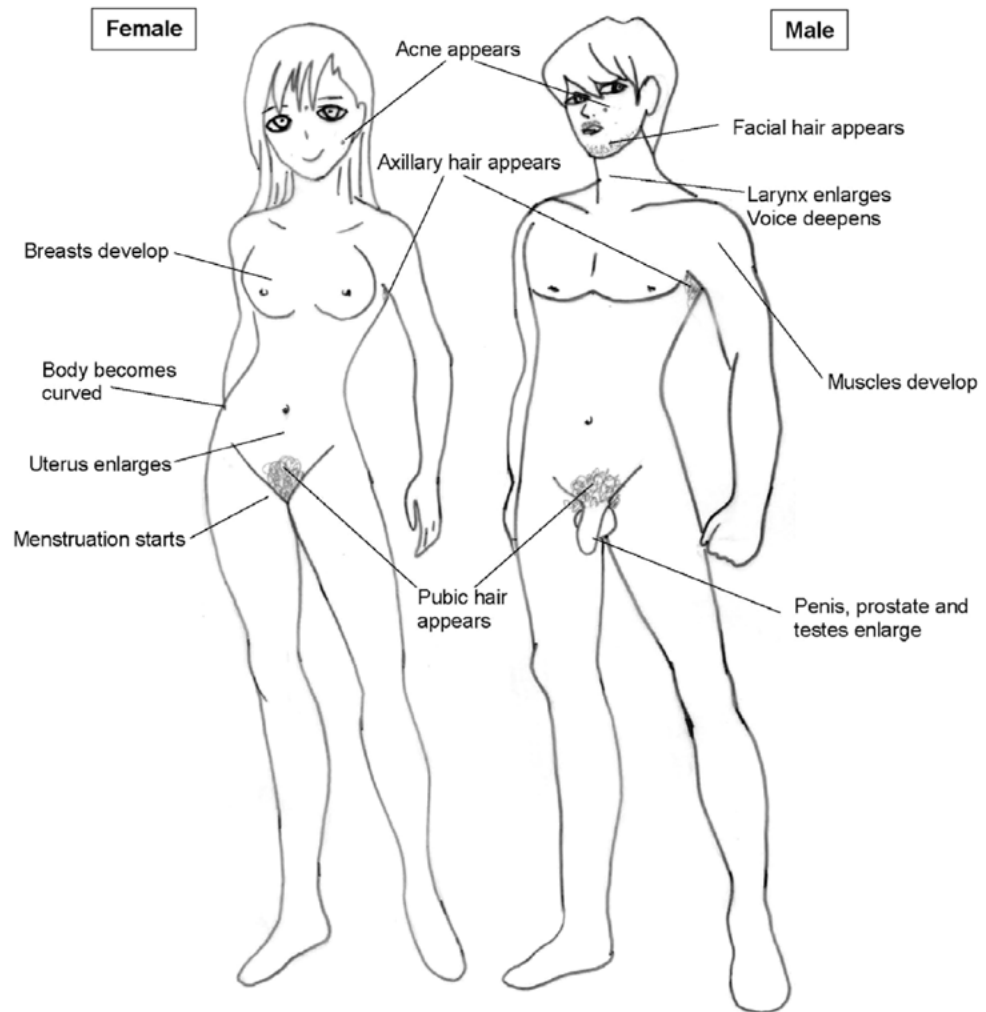


**FIGURE 6.2**  
*Sexual maturation during puberty*

The maturation of sexual characteristics follows the same sequence across different cultures in accordance with Gesell's theory as discussed in the previous units. In Western cultures, the first menstruation or menarche is not viewed as important. In traditional and in rural areas menarche is regarded as a sign that the girl is now a woman. Feasts, rituals, and initiations rites mark this transition to adulthood (Maluleka, 2012).

The most symbolic sign of sexual maturation in boys is the first night-time ejaculation or semenarche. This shows that the boy is ready for initiation. Initiation rituals differ across traditional and other cultures. It may include isolation, smearing the skin with white clay, ritual sacrifice, and circumcision. The circumcision of adolescent boys is widely practised in different cultures. Circumcision is a religious practice among many cultures like Muslims and Jews. Circumcision of boys and girls in traditional cultures may end up tragically. Peltzer, Nqeketo, Petros and Kanta (2008) explain that circumcisions done in non-clinical settings may result in permanent disfigurement, infections, haemorrhage (bleeding) and even death of young adolescents. This is caused by incorrect procedures, unqualified practitioners, insufficient hygiene and poor aftercare. Maluleke (2012) warns that some of the traditional practices, e.g. female circumcision, female genital mutilation and virginity testing are harmful

and may cause physical, emotional and social developmental challenges, violating national and international human rights laws.

### ACTIVITY 6.1

- Google articles and videos on initiation practices for girls and boys in different cultures.
- Do you support child initiation? Give reasons for your answer.

Adolescents are acutely aware of the physical changes in their bodies. They must accept the body changes and develop a healthy body image. This, however, is not an easy task. Adolescents are often self-conscious about the changes in their voices, acne on their faces, clumsiness due to asynchronous growth, and weight increase. Early or late maturation also has a considerable impact on the formation of the body image (Louw & Louw, 2014).

| Maturation/gender       | Boys                                                                                                                                                                                                                                                                                                                  | Girls                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early maturation</b> | These boys are taller and heavier. They display sex characteristics earlier. They often have a positive body image. They tend to be self-controlled, efficient, self-confident and level-headed. They are socially more active and they often become leaders. Early maturation is more beneficial to boys.            | These girls may be isolated because they do not fit in with their peers, but also do not fit in with older adolescents. They may be attractive to older boys but may lack the maturity and social skills to handle the intimacy of the relationships. They may be sexually active and become pregnant at an early age. Early maturation is also linked to poor academic performance. |
| <b>Late maturation</b>  | These boys are more childish and are often not very popular. They are seen as less attractive, more tense and anxious, and are less well-balanced. These boys may experience gender-role doubts. They tend to experience guilt, inferiority, and rejection and need more encouragement and understanding from others. | Late maturation seems to be more beneficial to girls. These girls are often more popular. They are seen as attractive, sociable and lively. They also seem to have a more positive body image than early developers.                                                                                                                                                                 |

FIGURE 6.3

*The effects of early and late maturation on the adolescent (Gouws, 2014)*

Physical changes are not the only changes that the adolescent must manage. We will now look into the cognitive development of the adolescent.

### 6.2.2 Cognitive development

Cognitive changes that take place affect all aspects of the adolescent's life. We have seen that the brain of the child in middle childhood has almost the size and capacity of an adult brain. During adolescence, the brain continues to mature, refine and develop its existing abilities. Arain, Haque, Johal, Mathur, Nel, Rais, Sandhu and Sharma (2013) explain that the prefrontal cortex of the brain enables the adolescent to

- organise the approach to a complex task
- formulate complex theoretical arguments
- reject information that is unrelated to a problem
- follow a sequence of steps to complete a task
- plan for the future
- imagine the impossible
- control impulses (Louw & Louw, 2014)

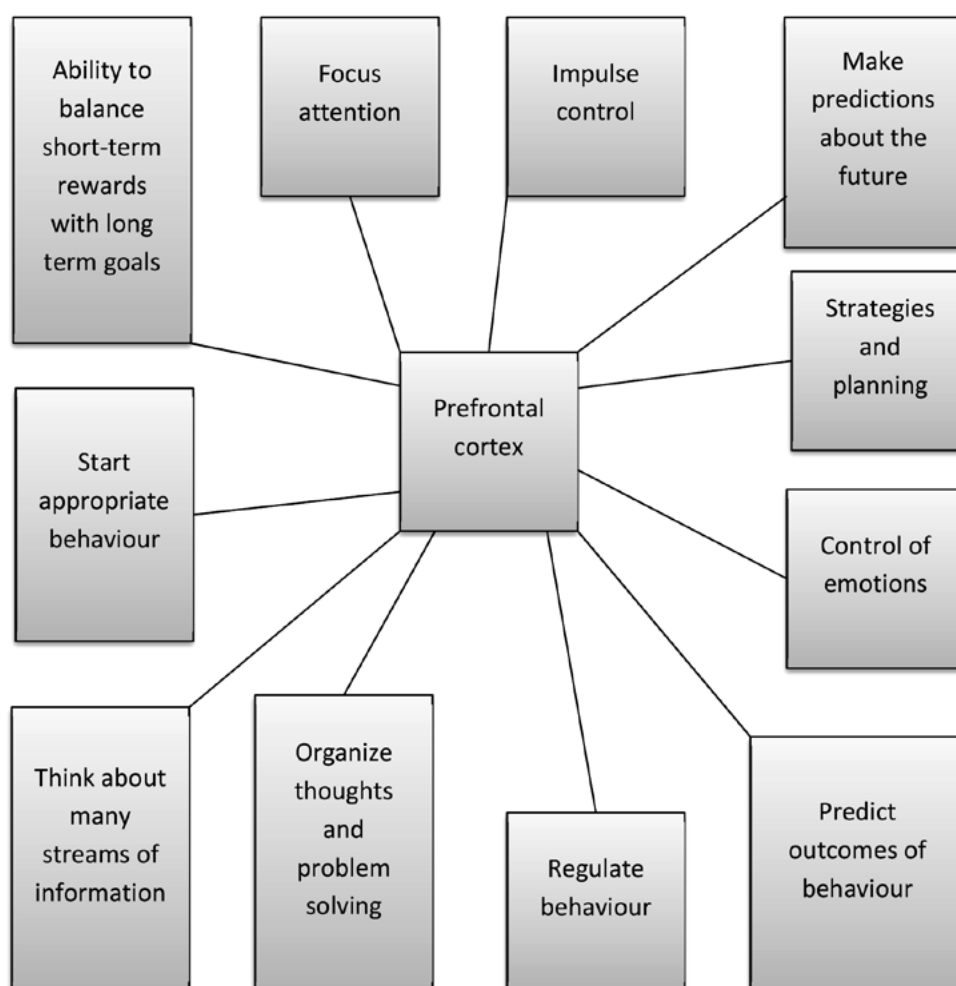


FIGURE 6.4

*The functions of the prefrontal cortex (Research Gate)*

These developing abilities enable the adolescent to increasingly make more responsible and mature choices.

We will now focus on the constructivist perspective on the cognitive development theory of Jean Piaget (see unit 2). According to Piaget, the adolescent is in the formal-

operational stage of cognitive development. They are now capable of abstract and scientific thinking. Piaget identified the characteristics of formal-operational thinking.

- The adolescent can find many different ways to solve a problem. She begins with an idea (hypotheses) of all the facts that may have an effect on the solution. Then she tests each idea to find the answer to the problem. This skill enables the adolescent to plan for the future.
- An adolescent can evaluate the logic behind a statement. She can picture other viewpoints and can understand the outcomes of each viewpoint.
- The adolescent has the ability to find possible patterns in the facts that are linked to the problem. This means that she can examine all the possible factors to find the solution to the problem.
- Realism is the view that an absolutely correct answer exists for each problem. However, the formal-operational thinker knows that there may be different interpretations of the same problem and will consider different options.

Newman and Newman (2012) identify six conceptual skills that develop during the stage of formal-operation.

- i. The ability to work with two groups of changing factors at the same time
- ii. The ability to think about changes that may happen with time
- iii. The ability to think of a logical sequence of possible events
- iv. The ability to foresee outcomes for their actions
- v. The ability to detect the reliability or unreliability of a series of statements
- vi. The ability to think about themselves and others in relativistic ways (truths are relative to a situation)

Piaget highlighted maturation and a set way of cognitive development and believed that all adolescents use formal-operational thinking. Research, however, indicates that this is not true. Formal-operational thought requires much effort, energy and knowledge. Concrete-operational thought is usually enough for day-to-day problems. People thus tend to use formal-operational thought mostly in scientific thinking or in situations in which they are most experienced. Cultural differences also have a large influence on the development of formal-operational thought.

We said earlier that cognitive development has an impact on all aspects of the life of the adolescent. We will now look at some areas that are affected by these changes:

- The classroom: The adolescent is now ready for challenges in the classroom. Due to her capability for abstract and logical thought, she can deal with mathematical problems, science and literature. She is also able to change the way she is learning and she can study more effectively.
- Social cognition: This refers to the way we think about relationships, other people and social organisations. The adolescent is now able to think about and respect another person's thoughts and feelings.
- Planning and decision-making: Adolescents can handle cognitive task effectively. They can set goals and plan what to do first. They can assess the process and the progress towards the goal. They can redirect their actions if necessary.
- Idealism, criticism and argumentativeness: The adolescent can gather facts and build a strong argument for or against an idea. She can create several possible solutions to a problem but may find it difficult to select the best solution. Conflict may arise when parents do not allow the adolescent to make an independent choice. Adolescents also criticise the ideas and decisions of parents and may ask

for explanations for their parent's behaviour and viewpoints. They can think about possibilities and then can imagine an ideal world of perfection. However, they do not always have realistic expectations. They may be unable to keep the shortcomings of normal everyday life in mind. Disagreements may create tension and may lead to conflict between parents and the teenager.

### 6.2.3 Language

Due to brain development as well as social influences and formal schooling, the adolescent's competency in language increases. Aspects of language structure and vocabulary grow. The development of language and the improvement of literacy are more and more dependent on social relations and institutions. In school, the adolescent gains the knowledge and the vocabulary that is used in different subjects. Through relations with peers, they also learn the language of the streets, of courtship, and of cell phones. They learn language from the media, other ethnic groups, and co-workers (when they enter the workplace). There is an emphasis on technical vocabulary that also includes programming languages.

The adolescent does not only learn a better understanding of language structure and vocabulary but also gains the ability to use language appropriately in various social situations.

## ACTIVITY 6.2

Read the following article by Ahmed Areff (News24). Be proud of your township lingo. Available at: <https://www.news24.com/SouthAfrica/News/Be-proud-of-your-township-lingo-says-expert-20150807> (accessed on 3 May 2018).

### ***Be proud of your township lingo, says expert***

*Johannesburg – Township lingo, like Iscamtho, should not be regarded as inferior to African languages because they were a sign of progress, according to a French-born linguist.*

*"Although it may be debated, I consider the standard and official versions of African languages as a colonial construction, never a reality in people's everyday life," Dr Pierre Aycard told News24.*

*"The emergence of an independently mixed variety [of slang] in White City [Jabavu] is a sign modern African cultures can invent their own 'institutions', in the anthropological sense, and their own identities.*

*"Favouring this process is easy: let us stop considering township 'lingos' as inferior things. Let us stop believing an African cannot be a good African if he or she doesn't speak a language which, at best, was spoken 200 years ago, and which most probably was never really spoken as such by anyone.*

*Let us stop teaching children their native language is inferior. Let us create a system in which being born in a culture that speaks an urban language will not be an obstacle to success."*

### ***Native language***

*Aycard has studied the use of Iscamtho, a slang used in Soweto.*

*"In 2007, I enrolled for [a master of philosophy degree] in African Studies at the University of Leiden, Netherlands. As part of this curriculum, I came to Soweto for six months of field research in White City [Jabavu].*

*"I was then interviewing young adults to understand their experience of multilingualism and it became clear they considered the mixed urban language to be their native language, with Iscamtho being a full part of it."*

*He said for his doctorate of philosophy (PhD) at the University of Cape Town (UCT), he decided to investigate these claims by studying children's speech in ekasi.*

*He said Iscamtho is distinct from urban mixed languages developing in South African amakasi and it was kept in an "inferior status" by the fact other African languages had their official standard.*

### **Origin of Iscamtho**

*He said what was now called Iscamtho, started as slang used among a small criminal group before World War I. By the 1920s that slang, known as Shalambombo among Nguni criminals, had spread to a large part of the Witwatersrand criminal community.*

*However, criminals also spoke Tsotsitaal, an Afrikaans kind of slang, with heavy influence from Tswana and later Zulu.*

*Both slangs were then used by youngsters.*

*"Between the 1960s and 1970s, especially with the rise of political resistance among Soweto youth, Tsotsitaal was abandoned due to a large reject of Afrikaans," he said.*

*"As the practice of urban slang was generalised, the youth turned to Iscamtho to replace Tsotsitaal. I have testimonies of Sowetan speakers above 60-years-old who claim Iscamtho was already used by their fathers at home."*

*He said the term Iscamtho was derived from Xhosa ukucamtha 'speak volubly', although some scholars saw its origin in the Zulu ukuqamunda.*

### **Use of Iscamtho among girls and boys**

*Aycard said his research showed boys used Iscamtho with their peers, marking their "friendship and masculinity".*

*"Girls know it as well, but they use it as an ironic and humorous style with lots of Iscamtho terms in a few sentences. However, I have three examples of girls using Iscamtho terms in exactly the same way as boys with no ironic dimension.*

*"Teenagers tend to speak Iscamtho when they are alone with children, either to educate them to local ways or impress them or impose their status as older ones. Whenever children use Iscamtho, adults and elderlies understand everything they say. In addition, children may use Iscamtho in front of adults, but not to discuss improper or vulgar things," Aycard said.*

*"About 85% of Iscamtho utterances from children in my large corpus of data occurred in the street, but 15% occurred in the house, yard or the backroom. Some occurred at the spaza shop. Even when under the care of their grandmothers, children faced no risk to be disciplined for using Iscamtho, but they will naturally tend to avoid using it when addressing their grandparents, parents or any other adult they respect.*

*"However, I have evidence some children address their parents with Iscamtho words, but this is not the norm."*

South Africa has 11 official languages that are spoken by different ethnic groups. These languages are part of the cultural differences between groups. Due to the many different languages, many South Africans cannot understand each other. This may give rise to misunderstandings and biases between groups and people.

- i. Which language is your home language?
- ii. Why, do you think, did Iscamtho develop and grow in townships?
- iii. What are the benefits of Iscamtho?

#### 6.2.4 Self-concept, personality and identity

The **self-concept** refers to the way adolescents understand themselves. It is also associated with cognitive development. The adolescent can make a distinction between the actual self (what he really is) and the possible self (what he can be). The possible self can either be an ideal self or a feared self. The ideal self is what you would like to be (a good musician) and the feared self is what you would dread to be (a drug addict). There are different elements of self-concept such as identity, body image, self-esteem, and role performance.

**Self-esteem** is the way the adolescent views and evaluates herself. The pre-schooler has an exceptionally high self-esteem. In middle childhood, the child starts to compare herself to others and self-esteem may decrease somewhat. The rapid changes in puberty and adolescence often imply that the self-esteem of the child decline further and become more realistic.

Self-esteem consists of different areas such as social appearance, physical appearance, scholastic ability and athletic capability. Each area influences overall self-esteem only in the way that the adolescent thinks it is important. However, factors such as cognitive and physical impairments or learning and psychological disorders may have a negative impact on the development and on the self-esteem of the adolescent. Society and the family of these adolescents need to accommodate their special needs whilst appreciating their value as persons. This may increase their self-acceptance, self-respect, and self-worth. In all cultures, adolescents that have a favourable self-esteem tend to be better adjusted, sociable and responsible.

**Personality** and temperament also develop during adolescence. Personality consists of the qualities that form an individual's unique character. It has a strong base in biology. However, the environment, life experiences and interpersonal experiences also shape personality. The study of personality and temperament (nature of a person) is concerned with stability or changes in the major areas of development. Digman (1990) formulated the Five Factor Model of personality traits. He thought that there are five important traits that indicate personality. These traits are present in all people. The model is also known as the OCEAN model:

**O**penness  
**C**onscientiousness  
**E**xtraversion  
**A**greeableness  
**N**euroticism

The table below shows the description of each personality trait as well as the differences between developing boys and girls.

| Traits/Gender                                                                                                                                                                                                                            | Developing girls                                                                      | Developing boys                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Openness</b><br>Openness refers to the level of intellectual interest, creativity and originality a person has. It refers to how imaginative or independent a person is. This person prefers a variety of activities.                 | Openness largely increases as girls grow older                                        | Openness mostly increases in older boys                                                  |
| <b>Conscientiousness</b><br>Conscientious people are careful and more controlled. They take their responsibilities seriously and do tasks well. This person is effective and organised.                                                  | Girls become more conscientious with age.                                             | Boys are often less conscientious and more inclined to risk-taking behaviours.           |
| <b>Extraversion</b><br>Extraversion shows how outgoing and social a person is. A person who scores high in extraversion is the life of the party. This person likes being with people, joins in social gatherings, and is full of energy | Social authority increases.<br>Shyness decreases.<br>Extraversion increases slightly. | Social authority increases.<br>Shyness decreases.<br>Extraversion may decrease slightly. |
| <b>Agreeableness</b><br>Agreeable people are warm, friendly, and tactful. They have an optimistic view of human nature and get along well with others.                                                                                   | Girls may become more agreeable with age.                                             | Shows little change in boys.                                                             |
| <b>Neuroticism</b><br>These adolescents are likely to be moody. They tend to experience feelings such as anxiety, worry, fear, anger, frustration, envy, jealousy, guilt, depressed mood and loneliness.                                 | Neuroticism may increase slightly in younger girls before the age of 14.              | Neuroticism does not change or may even decrease slightly as boys grow older.            |

FIGURE 6.5

*Changes in the five important traits of personality during adolescence development*

Rolland (2002) found that these five personality traits can be used to accurately describe personality across various cultures.

## ACTIVITY 6.3

Use figure 6.5 and evaluate yourself according to the following:

| Dimension                                                                                                                                                                                                              | Low | Medium | High |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|------|
| Openness: <ul style="list-style-type: none"><li>• Are you creative?</li><li>• Do you like to try new things?</li><li>• Do you enjoy new challenges?</li></ul>                                                          |     |        |      |
| Conscientiousness: <ul style="list-style-type: none"><li>• Do you like a fixed schedule?</li><li>• Do you pay attention to details?</li><li>• Do you finish important tasks immediately?</li></ul>                     |     |        |      |
| Extraversion: <ul style="list-style-type: none"><li>• Do you find it easy to make friends?</li><li>• Do you feel energised when you are between people?</li><li>• Do you like to be the centre of attention?</li></ul> |     |        |      |
| Agreeableness: <ul style="list-style-type: none"><li>• Do you have a great deal of interest in people?</li><li>• Do you care about others?</li><li>• Do you like helping others?</li></ul>                             |     |        |      |
| Neuroticism <ul style="list-style-type: none"><li>• Do you experience a lot of stress?</li><li>• Do you worry about lots of things?</li><li>• Do you feel anxious and upset?</li></ul>                                 |     |        |      |

Visit <https://openpsychometrics.org/tests/IPIP-BFFM/1.php> and fill in the free questionnaire.

- How does it compare with your evaluation?
- Do you agree with the questionnaire?
- Explain your answer.

**Personal identity** is a sense of what it is that sets you apart from others. According to Erikson, the adolescent grapples with the question “Who am I” in order to form his identity. The conflict between identity and identity confusion is a ‘crisis’ that the adolescent must manage. They have certain tasks to complete:

- They must form a continuous, integrated and unified image of self (**personal identity**). The adolescent must feel that he remains the same person, regardless of changes that may take place over the course of time.
- They have to form a **socio-cultural identity**. Their identity must include the values and morals of his culture. This will lead to a feeling of belonging to a group and the development of a group identity.
- They must establish a **gender-role identity**. The adolescent must accept the changes of sexual maturation and his or her identity as male or female.
- They must form a **career identity** and must be realistic about their abilities and achievements to help them to make a realistic career choice.

- They must develop an own value system and form a basic philosophy about life (**moral identity**).

The formation of identity is a complex process that gradually occurs through life. Identity is not formed at once in all areas. An adolescent may establish a strong career identity and still grapple with gender roles or religious values.

Identity confusion occurs when the adolescent is unsure about her roles. She finds it difficult to make decisions when challenged with conflicting value systems. She may tend to be anxious, uninterested or hostile towards values and roles. An adolescent from a traditional culture can attend a school that encourages independent thinking and reserved behaviour. However, at her house, her family may support outgoing behaviour and conformist thinking. She must manage both situations and may experience identity confusion due to different expectations.

#### ACTIVITY 6.4

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Bishop Desmond Tutu called South Africans the “Rainbow Nation”. It suggested the hope that all South Africans will come together as a nation and that we will have shared goals for our country. He longed that all South Africans would live together in peace. He hoped that South Africans would be able to accept and respect each other and the differences between them. His view for the country was that we would all cooperate for the greater good of the country.

- Is this an individualist or a collectivist view? Give reasons for your answer.
  - Did Bishop Desmond Tutu’s desire come true? Give reasons for your answer.
  - Do you see yourself as part of a greater South Africa or do you only see yourself as part of a specific ethnic group? Why?
  - Erikson said that adolescents grapple with the question “Who am I?” Name five things that show who you are. (You can refer to the roles that you have to fulfil. You can start with “I am ...”).
- 

#### 6.2.5 Emotional development

Emotions are carried out by the limbic system or the emotional motor system. It is responsible for the **experience** and the **expression** of emotion. The limbic system includes the amygdala, hippocampus and hypothalamus. The centre of emotional processing is the amygdala. The amygdala receives input from other brain functions such as memory and attention and it is tied to fear and anxiety. The limbic system (responsible for emotional behaviour) develops earlier than the prefrontal cortex, which is responsible for impulse control and the regulation of intense emotions. (The teenager thus may experience intense emotions but do not yet have the ability to control emotional behaviour. This may explain risk-taking behaviour in adolescents.)

Emotions are responses to internal and external stimuli. It is a result of our view or perception of the stimuli. We give meaning and importance to the stimuli according to our perception of the stimuli. Our bodies then react to the meaning that we assign. For example, you may have a pounding heart and sweaty hands when you are anxious. Emotions cause behaviours which may be either expressive or instrumental.

- **Expressive behaviour** includes crying or smiling.
- **Instrumental behaviour** may include running away or fighting.

Izard (1992) identifies six basic emotions that are inherent to all people: Joy, anger, fear, sadness, interest, disgust. Adolescents can experience numerous emotional changes that go together with the countless other changes that happen so rapidly at this stage. Many adolescents experience mood swings (rapid mood changes), anxiety, confusion, and sensitivity. Changes can also occur in the way a teenager responds to her family or her friends. These mood changes are normal for the adolescent.

All the changes in the teenager as well as high expectations, unrealistic demands of social groups and institutions, may lead to feelings of helplessness and added emotionality. However, due to the continued maturation of the brain as well as the increase of cognitive and social skills, the increased emotionality gradually lessens until a level of emotional maturity is reached. Emotional maturity involves that the adolescent *understands* emotions but also have the ability to *control* her emotions.

The teenager learns that the way you express emotions has an impact on relationships. (For example, if you are always angry with your friend you may spoil the friendship.)

- They learn to cope with negative emotions through self-regulation. (Anger can be reduced by walking away from the situation.)
- They learn to understand that one does not always express and act upon your inner feelings. (You can act calm even when you feel extremely angry.)
- They learn that they can be aware of their emotions without becoming overwhelmed. (When you are sad you can find a tactic to cope with the emotion.)
- They learn to recognise other people's emotions. (You can detect when a friend is anxious or that he may be sad.)

The emotional mature adolescent will avoid emotional outbursts in front of others and will handle the emotion in a suitable way at a suitable place. They will distinguish important from unimportant stimuli in situations before they react emotionally. They are able to have compassion for others and understand their feelings. They are open and sensitive to their own experiences and feelings and they can express their feeling suitably according to different situations.

Expression of emotions varies between cultures. Children are socialised to meet the emotional values and standards of their culture through role models. In an individualist culture, high arousal in emotions and expression are valued and promoted. This is meant to encourage autonomy and independence in the individual. Collectivist cultures, however, value low arousal in emotions more than high arousal emotions. People in collectivist cultures tend to hide emotions to maintain the harmony in the group or community. They view emotions in relation to the group.

Emotional skills have an impact on all areas of the adolescent such as cognitive, social and moral achievement.

## ACTIVITY 6.5

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- i. Read the following article of the Non-Profit Organisation, Awesome SA: South Africa – a country of big emotions – May 2016. Available at: [http://www.awesomeSA.co.za/?newsletter-item&global\[\\_id\]=159&global-South%20Africa%20-%20a%20country%20of%20big%20emotions%20-%20May%202016](http://www.awesomeSA.co.za/?newsletter-item&global[_id]=159&global-South%20Africa%20-%20a%20country%20of%20big%20emotions%20-%20May%202016) (accessed on 6 April 2018).

- ii. What are your views on destructive choices like violent protests and the burning of property? Give reasons for your answer.
  - iii. What may be good alternatives to these behaviours?
- 

### 6.2.6 Moral development

Morals are your evaluation of what is right and what is wrong. It directs your behaviour towards other people. It is based on the values and customs of your culture. There are three components of morality:

- i. The affective or emotional component refers to how you feel about right or wrong behaviour (e.g. guilt).
- ii. The cognitive component is how you think and make decisions about right or wrong.
- iii. The behaviour component reflects how you behave in situations regarding morality.

From infancy, children grow up and become familiar with norms. They constantly have to choose between right or wrong behaviour. Young children are externally motivated and obey rules because of fear of punishment or hope for reward. The adolescent, however, has to make her own choices and develop and adopt her own system of values. An example of the values an adolescent may embrace is being honest and trustworthy, show courage and responsibility, treat others with respect, and recognise the worth of people.

According to Kohlberg (see unit 2) the teenager in puberty is on the level of conventional morality. They want to be seen as good and therefore seek approval. They try to meet the moral expectations of others. By choosing to obey they will avoid blame. To the teenager in puberty, morals serve to maintain social order and they still have fixed ideas about rules.

As cognition continues to develop, teenagers can increasingly make their own decisions about morality. Their perception becomes more abstract and their judgement becomes increasingly rational. The adolescent becomes less egocentric and shows more empathy and compassion. Empathy is believed to play a key role in moral development.

The adolescent moves to the level of post-conventional morality and then attains genuine morality. They start to understand the difference between moral and legal rights. They understand that rules can sometimes be broken. For example, in case of a medical emergency, the speed limit can be ignored. Behaviour is intended to be for the common good of the group. The adolescent becomes able to take into account the views of everyone that is affected by a decision.

Kohlberg is of the opinion that few people attain post-conventional reasoning and even then, they may display behaviour of conventional and post-conventional reasoning.

Many factors influence moral development:

- The family  
The relationship between the parent and the teenager influences moral development. Adolescents in a warm, loving and trusting relationship learn compassion and consideration for others. A harsh *authoritative parenting style* and strict implementation of rules may lead to anger and rejection of rules and the related values. With a *permissive and free-for-all parenting style*, the teenager is not able to distinguish between right or wrong because the parents do not apply any rules. Behaviour has no after-effects and the teenager does not have role models for appropriate behaviour. An *erratic, inconsistent parenting style* leads to confusion, anxiety and instability.
- The peer group  
Acceptance by the peer group is essential for adolescents. The peer group sets standards and limits of behaviour to which the adolescent wants to conform. These standards may clash with those of the parents. The influence of the parents also increasingly weakens. The adolescent must find clarity about her own values whilst also considering the values of her peer group.
- The community  
Cultural factors also influence moral development. The values and rules in individualist cultures are different from those in collectivist cultures. Moral decisions in individual cultures will focus on personal values and self-interest. Group goals and group interest will be at the centre of collectivist cultures. The individual will rather comply with social values (Husted, 2001).
- The media  
Television and other media have a large impact on the value system and behaviour of the adolescent. Values portrayed in the media may be in conflict with the values of parents and the community:
  - Sex: Parents may value sex with self-control and associate it with love and marriage. The media portrays sex as physical, associates it with freedom, and promotes promiscuity.
  - Violence: Adolescents are constantly exposed to violence through the media. Parents value non-violence.
  - The admiration of immaturity: Idols are often immature and childish. Parents have to instil values that lead to mature behavioural choices.
  - Materialism: The media show luxurious cars, houses and prestigious jobs as desirable. Parents value hard work and commitment to achieve success.
  - Hedonism: The media portrays the egoistic (about yourself) pursuit of pleasure and entertainment. Parents value self-restraint and responsible behaviour.
  - The commercialism of the media: The television and other media uphold money as the main value. Parents rather value honesty, trustworthiness, respect and empathy.

A morally mature individual is able to make rational decisions about values and can balance his own personal value system with the value system of the society. This person behaves with goodness and dignity and thereby earns the respect of others.

## ACTIVITY 6.6

---

Respect is something that you must earn (refer to the “Rite of eldership” in unit 2, section 2.7). Name five things that you must do to earn respect in your community (e.g. show respect for older people).

---

### 6.2.7 Social development

Social development may very well be the most important area of adolescent development. It refers to the increasing ability to manage meaningful relationships within the society. The adolescent must develop self-confidence and develop interpersonal skills. She must find her place in society whilst increasingly accepting personal and cultural differences.

All people find themselves in relationships with others. Some relationships are important and close, whilst others are more distant. Our relationships with people can be illustrated as circles (of importance) around us. Look at the following figure.

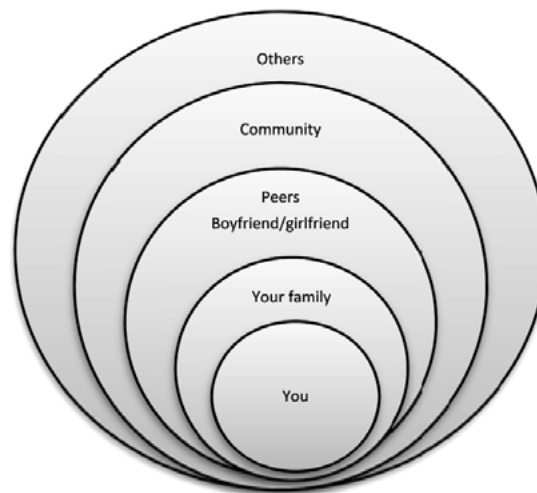


FIGURE 6.6  
*Circle of relationships*

We will now look at the relationships of the adolescent.

- The adolescent's relations with his family:
  - **Parents** provide emotional and moral support when necessary. An environment of understanding, acceptance, approval and trust lays the foundation for the development of social skills. Conflict is bound to occur when parents are reluctant to give up social control. The adolescent's struggle with body changes, her need for independence, and her search for identity may also lead to tension and arguments with parents.
  - Children want to be recognised for their own uniqueness. Intense emotions are often expressed among **siblings**. Sources of conflict between siblings may be teasing, possessions, duties and chores, and disrespect for privacy. As she grows older, the adolescent may become more accepting of her siblings.
  - Relationships with **extended family** can play a positive role in social development. They can provide knowledge about the family and their culture that may assist the adolescent in her search for identity.
- Relations with peers
 

The relations with the peer group become increasingly more important as the teenager grows. They spend more time with their friends and gradually move away from adult supervision. The peer group has their own customs, traditions, language and dress code. The adolescent wants to be accepted and will try to fit in by conforming to the codes of the group.

The peer group may be organised around different structures:

- i. *Cliques* are small tightly-knit groups, mostly of the same sex. They form close friendships and share the same interests. It enables the adolescent to learn social skills.
- ii. *Crowds* are large and loosely organised groups. It is based on reputation, image and identity. Crowds are organised around commonly shared activities such as athletic ability, home language, social class, academic performance, or antisocial behaviour. It contributes to the adolescent's self-concept and sense of identity.

The peer group has several functions and plays a central role in the socialisation of the adolescent:

- Emancipation: The peer group offers support that enables the adolescent to gradually become independent from the parents.
  - Search for identity: Peers offer feedback on personality, appearance and behaviour. This helps the adolescent to attain self-knowledge, self-insight and self-evaluation in the group. Thereby she forms an own sense of identity.
  - Social acceptability and support: This provides the adolescent with the opportunity to practise social skills, form close friendships and communicate with members of the opposite sex.
  - Experimentation base: Adolescents need a safe space where they can learn and experiment with new behaviour patterns. The peer group is a support structure that gives feedback that enables the adolescent to adjust behaviours when necessary.
  - Competition: The adolescent can compete on equal footing with his peers and find out what he is capable of.
  - Social mobility: This enables the adolescent to meet with children of different genders, races, and socioeconomic classes. This may help to develop acceptance of individual and cultural differences.
  - Recreation: The group enables the adolescent to take part in recreational activities and spend leisure time with friends. It improves social skills in different settings.
- Friendships  
There is a direct relationship between social and psychological change and friendships. The quality of friendships changes during adolescence. Friends that share the same needs, fears and goals provide support and security. Friendships are characterised by greater connection and a greater emphasis on loyalty, sincerity, reliability and understanding.  
  
The friendship between boys is usually less passionate and is based on shared activities and common interests. Friendships between girls are more passionate, emotional and person-centred.
  - Romantic relationships  
Adolescence is the stage where teenagers engage in heterosexual or homosexual relationships. Young teenagers reach out to each other rather awkwardly. Boys start by pulling hair and teasing the girls. Girls pretend to be angry or run away from the boys. Gradually they start to communicate and become more at ease with the opposite sex. Then the dating process begins. Relationships become more serious and intimate until it eventually leads to the choice of a life partner.

Adolescent romances must never be downplayed. The feelings are intense and vital and can be a source of intense heartache and distress.

Through her social contact with family, friends and others, the adolescent learns social skills and acceptable behaviour to become a socially mature and competent adult. The adolescent becomes socialised according to the cultural values that she accepts.

### ACTIVITY 6.7

The group that you are part of has a very important influence on your choices and behaviour. In the Cape Flats, gangsterism is a huge problem. When a young child or teenager chooses to join a gang, it has terrible consequences for himself, his family and the whole community. The following is an extract from an article by Shaun Swingler in the Daily Maverick (16 May 2014).

*Ridwan is a student at the Ottery Youth Care Centre. At the age of seven, he joined a central Cape Town-based gang known as the Junior Mafia Syndicate.*

*"You get chosen. They see your talent and if they see you're good looking, you're clever, they'll bring you in," he says. "If you're disadvantaged in life, the Mafias will come to you and help you. They'll give you everything you want just for that short period of time."*

*Now 17, Ridwan has spent most of his childhood moving between juvenile detention facilities. He was originally sent to a reformatory for robbing his school at the age of nine but was later transferred for offences ranging from drug dealing to stabbing a warder. After his behaviour improved, he was moved to the Ottery Youth Care Centre.*

*He speaks with ambivalence about his gang life. He is "prepared to die" for his gang "brothers" but realises that, after a recent attempt on his life by a rival gang member, this lifestyle will ultimately only bring him harm. "Mostly the thing is I don't want any more to be a part of this because I can see it won't benefit me in the long run. One day I will have children, my children will be influenced by these people and maybe my child will be in a rival gang, then one of my friends' children will shoot him."*

*Another community member is Stephanie, 24, who became wrapped up in the gang lifestyle when she began dating an American gangster in her early teens. She quickly learnt it would come at a price. "They [rival gang members] don't just hurt the gangsters that they're trying to get to," she says, "They go for the girlfriends or the other people that the gangsters love. "I have a lot of regrets. It's something you can't get out of easily," she says. "When you know too much there's basically no way out."*

*"For any teenage girl to get involved with a gangster, they must consider this," says Rashad Allen, an ex-26 gangster and Parkwood community member. "The gangs worry that maybe the girls will get involved with the enemy and they will give them all their secrets." And if she does that, "they'll rape and kill her," says Rodney Amanshure. "They must do that."*

- i. What are the consequences for the child that joins the gang?
- ii. What are the consequences for the child's family?
- iii. What are the consequences for the community?

## 6.3 FACTORS THAT CAN BE DAMAGING TO THE GENERAL DEVELOPMENT OF ADOLESCENT

The healthy and positive development of the adolescent is dependent on many factors. We will now look at some factors that place the adolescent at risk.

- **Physical health**

The first factors have to do with physical health. Apart from genetic and other factors that were named in previous units, adolescents have additional risk factors.

- Because initial rapid bone growth occurs whilst bone width, bone mineral content, and bone density only develop later, the adolescent may be prone to bone breaks.
- Heavy menstrual blood flow may lead to anaemia or iron deficiency.
- The fact that adolescents are inclined to risk-taking behaviours implies that they are more at risk for accidents.
- Risky sexual behaviours may also result in sexually transmitted diseases and unplanned pregnancies and abortions.

- **Family**

Things that happen in the family may put the adolescent's development at risk. These factors may include death in the family, divorce, single-parent families, homosexual families, stepfamilies, or adoption. Maltreatment and abuse (physical, emotional and sexual) have a harmful effect on all areas of the development of the adolescent.

## ACTIVITY 6.8

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The following is an extract from an article by Shaun Swingler in the Daily Maverick of 26 May 2014.

*"On the Cape Flats, your first experience with violence is not on the streets, it's in the house," says Vearey. "By the time that you're 14, 15, 16, you've seen a hell of a lot more than what you've seen on the street when it comes to gender-based violence when it comes to fighting."*

Google articles and videos on gender-based violence in South Africa.

- i. What is gender-based violence?
  - ii. Explain three ways that women and children can be abused.
  - iii. Why is gender-violence so prominent in South Africa?
  - iv. What are the effects of gender-based violence on the family?
- 

We will now discuss two factors in more detail: Child-headed households and street children.

### Child-headed households

Society commands that children must be raised in a family, with adults providing for the physical, physiological, psychological, social and emotional needs of the children. However, as a result of deaths from AIDS, or through other socio-economic problems such as conflicts, war, displacement, separation, abandonment, and migrant work, children may not have an adult caregiver. These children may form a household consisting of siblings, cousins, friends or even complete strangers. The older sibling (often between the ages of 8 and 14) then look after the other children. They become a child-headed household (CHH). This often occurs in rural and informal urban communities. (Refer back to Sifiso's Story in unit 1.)

The child that heads the household plays an important role with regard to the distribution of chores in the household as well as the nature of the social support system. Younger children are mostly responsible for household tasks like cooking,

cleaning and laundry. The head-child is responsible to generate income and provide supplies to the household. Girls even younger than 16 years of age, may trade sexual favours for money or for employment. The girl may fall pregnant in the process and thereby increase her vulnerability. More girls tend to be heads of a household than boys.

The head-child must keep a household routine. Children must have shelter and must continue schooling. (Refer to Maslow's theory in unit 2.) The head-child must keep up activities like homework and learning. The head-child often drops out of school due to the increased responsibility of taking care of the household. She provides emotional support and guidance and makes decisions about the future of the children and the household. Because of poor education and lack of skills she is mostly unemployable. The head-child (boy or girl) is vulnerable to disease, prostitution, and crime.

Most of these children are also exposed to emotional trauma. They may have to cope with multiple losses such as the death of their parents, the scattering of siblings, and the moving and relocation of the family.

### **Street or vendor children**

Street children are a worldwide occurrence. There are many children who live or work on the streets. In South Africa a street child is defined as follows:

- The child is younger than 18 years.
- His parents are incapable to sufficiently take care of him.
- They accept the street life as a way of life.
- He does odd jobs or begs to survive.
- He may resort to theft or prostitution to survive.

Street children are trying to escape from unbearable circumstances in their environment. Most come from chaotic family environments and had to endure violence, abuse, alcoholism, hostility and isolation. These children are vulnerable to abuse. Some feel that they are rejected and unwanted. Others ran away from home and some believe they have been driven away from home.

Street children in South Africa have common characteristics:

- They are between seven and 18 years old.
- They are mostly boys.
- They are mostly black or coloured.
- They come from extremely poor homes and dreadful circumstances.
- They left their homes at around the age of 13.
- They suffer from acute malnutrition and health problems.
- Drug use is widespread among street children.
- They speak a jargon that gives them a specific identity.
- They form gangs and are constantly quarrelling.
- They are ruled by fear for violence, disease, older street children, and the police. (If you think back on Maslow's theory in unit 2, it is obvious how street children struggle in meeting their basic needs such as food, water, warmth, shelter, security and safety.)

These children do not have proper role models to prepare them to become responsible adults. They also do not receive a suitable education and constant drug abuse affects their cognitive abilities in a negative way.

- **Socio-environmental**

This refers to the physical and social environment in which people live. Factors that are related to the physical and social setting can put the adolescent at serious risk. An example is the social environment of street children where drug abuse is widespread. Factors like substance abuse, gangsterism, criminal behaviour, community violence, war, or poverty have a damaging impact on the physical, cognitive, emotional, moral, and social development of the adolescent.

We will now explore the effects of unsafe sexual behaviour with specific reference to teenage pregnancies and HIV/AIDS.

### **Teenage pregnancy**

Pregnancy of girls between 10 and 19 years is a serious health problem worldwide. Teenage pregnancies are highly customary in poorer and in rural communities. There are many reasons for teenage pregnancies such as:

- Sex education is inadequate.
- In some cultures, pregnancy is seen as a sign of maturity and strength.
- Girls may be victims of child abuse or rape.
- The pressure from the peer group.
- It may be a reaction to the loss of a parent.
- Pregnancy may be seen as an escape from an unhappy home.
- It may present a way to rising social mobility.
- Some girls may have relationships with older men (blessers) and gifts and money are exchanged for (often unprotected) sex (Gouws, 2014).

Teenage pregnancy has far-reaching consequences that impact on the teenager and her family. Consequences are physical, psychological and economical.

The young teenage body is not sufficiently prepared for pregnancy and teenagers often suffer from malnutrition. Young girls may also choose to abort the baby and subject themselves to unhygienic backstreet abortions.

Teenage pregnancy also has psychological effects. The teen may be in two minds about the pregnancy. Feelings may vary from gladness and joy to shame and despair. Some young mothers are poor and uneducated. They may smoke and use drugs. They may not receive any prenatal care. Forced marriage is seldom a successful solution to the problem.

Teen mothers are seldom mature enough for the responsibility of raising a child. They may lack parenting skills and may be impatient and irritable. Few of these mothers enjoy their children and they will seldom play with the child. They often become overwhelmed with the burden of raising a child (Gouws, 2014). However, a young mother who has a support system and parents that become involved in the education of the child may cope well with motherhood.

Teen pregnancy places a financial burden on the young mother, the father and their families. Few mothers return to school after the birth of their babies and many have repeated pregnancies. Young fathers may have to enter the job market to provide for the baby. They may face financial problems because they have not completed their schooling. The baby may also place an extra burden on poor extended families if they have to help raise the child.

*Pregnancy is a significant event in the life of a woman. It changes her life forever. When she is physically, emotionally and economically unprepared for the changes that it brings, the outcome may be overwhelming for the rest of her life.*

## HIV/AIDS

Sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) are a huge problem in adolescence. Adolescents are increasingly sexually active, they have more than one partner and they practise unsafe sex. For the purpose of this unit we will only touch on some of these aspects. There are many STIs such as chlamydia, gonorrhoea, genital herpes, syphilis and acquired immune deficiency syndrome, better known as AIDS. You can read more on STDs and STIs on the websites of [health24 HIV/Aids](#) and [MedicalNewsToday](#). We will now discuss HIV/AIDS.

The human immune deficiency virus (HIV) is the virus that causes AIDS. The virus attacks the immune system which leads to the slow but sure weakening of the immune system. As the immune system continues to weaken, the body becomes more and more vulnerable to all kinds of illnesses. Without treatment, the patients have an average survival rate of 9–11 years.

HIV is transmitted sexually via bodily fluids like blood, semen, and vaginal fluids. A mother can transmit the virus to her baby during birth and when feeding the baby her breast milk. It is **not** transmitted from toilet seats, insect bites, clothes, swimming pools or the sharing of cutlery, crockery, bed linen or towels.

HIV results in low levels of helper cells such as CD4<sup>+</sup> T. When CD4<sup>+</sup> T cells fall below a critical level (200), immunity is lost and the body becomes more vulnerable to infections. This leads to the development of AIDS.

HIV disease becomes AIDS when the patient's immune system is seriously weakened. This means that the CD4 cell count is less than 200 and the person presents with AIDS-defining illnesses. Early symptoms include weight loss, night fever, and oral thrush. Later symptoms may include swollen glands, coughing, itchy skin, diarrhoea, forgetfulness and confusion. In the later stages, the patients may experience illnesses such as bronchitis, pneumonia, tuberculosis and other lung diseases, cancers such as lymphoma and skin cancers, eye infections and fungal infections.

Although AIDS cannot be cured, infected persons can live a normal life when they use antiretroviral drugs (ARV). Although ARVs do not kill the virus, it slows down the growth of the virus and therefore the development of the disease. ARVs may have side effects such as tiredness, mood changes and anxiety.

The best way to prevent HIV/AIDS is to abstain from activities such as sex, contact with infected needles and unhygienic tattoos. This requires a high personal standard and self-control. If you are sexually active, always use a condom to protect yourself. It

is risky to have sex with different partners. It is the safest to have sex only in a mutually faithful one-to-one relationship where both partners are tested and HIV-negative.

Adolescent girls (and boys) are especially vulnerable to HIV infection. Gender norms, cultural roles and practices, the absence of parental protection, and poor living conditions due to poverty make them vulnerable to sexual abuse and misuse.

HIV/AIDS has a huge social and economic impact in South Africa. It is essential that adolescents be educated about the dangers and effects of unsafe sex.

### ACTIVITY 6.9

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- Google articles and videos on teen pregnancy in South Africa.
  - Identify the physical, psychological and economic consequences of early pregnancy on the teenager's life.
  - How does this impact on the teenager's future?
- 

## 6.4 CONCLUSION

We mentioned earlier that adolescence starts in biology and ends in society. We have seen that the adolescent develops and learn in and through the society whilst increasingly having to manage social roles and situations. This is an important time in the child's life and the decisions that the adolescent makes have an enormous influence on the rest of her adult life.

We have now come to the end of this module.

- We explored the development of the whole child (holistic development) within her cultural environment.
- We also explored different developmental theories. Each theory focusses on different areas of development. All the theories are valuable in the description of the development of the child.
- We also explored the effect of different cultures on the development of the child. Learning about different cultures is interesting but also valuable. It enables us to understand, respect and tolerate different ideas and beliefs.

We hope that you found this module informative and interesting.

## BIBLIOGRAPHY

- Ampim, M. 2003. The five major African initiation rites. *Africana Studies*. Available at: <http://www.manuampim.com/AfricanInitiationRites.htm> (accessed on 30 July 2018).
- Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R. & Sharma, S. 2013. Maturation of the adolescent brain. *Neuropsychiatric disease and treatment*, 9. 449–61.
- Boakye-Boaten, A. 2008. Changes in the concept of childhood: implications on children in Ghana. *Afroeuropa*, 3(1), ISSN:1887-3456.
- Castiello, U., Becchio, C., Zoia, S., Nelini, C., Sartori, L. & Blason, L. 2010. Wired to be social: the ontogeny of human interaction. *PLoS ONE*, 5(10): e13199. Available at: <https://doi.org/10.1371/journal.pone.0013199> (accessed on 30 July 2018).
- Cappy, C.L. 2016. Shifting the future? Teachers as agents of social change in South African secondary schools. *Education as Change*, 20(3). Online version: ISSN 1947-9417 Available at: <http://dx.doi.org/10.17159/1947-9417/2016/1314> (accessed on 30 July 2018).
- Colson, E.R. & Dworkin, P.H. 1997. Toddler development. *Pediatrics in Review*, 18(8) August 1997.
- Digman, J.M. 1990. Personality structure: emergence of the five-factor model. *Annual Review of Psychology*, Vol 41, 417–440 (Feb 1990).
- Gesell, A. & Frances, L. 1946. *The Child from Five To Ten*. NY: Harper and Brothers.
- Goleman, D. 1995. *Emotional Intelligence: Why it can matter more than IQ*. London: Bloomsbury.
- Gouws, E. (ed). 2014. *The Adolescent*. South Africa: Pearson Holdings.
- Gustafson, K. 2017. Study shows language development starts in the womb. Available at: <https://news.ku.edu/2017/07/13/study-shows-language-development-starts-womb> (accessed on 19 Feb 2018).
- Hammond, S.I. 2014. Children's early helping in action: Piagetian developmental theory and early prosocial behaviour. *Front Psychology*, Vol 5:759. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102168/> (accessed on 8 March 2018).
- Hepper, P.G. 1996. Fetal Memory. Does it exist? What does it do? *Acta Paediatrica*, Vol 85, Issue Supplement 416, p 16–22.
- Husted, B.W. 2001. *The impact of individualism and collectivism on ethical decision making by individuals in organizations*. Instituto tecnológico y de Estudios Superiores de Monterrey June 2001.
- Izard, C.E. 1992. Basic emotions, relations among emotions, and emotion-cognition relations. *University of Delaware Psychological Review*, 99(3):561–565.
- Johnson, C.P. & Blasco, P.A. 1997. Infant growth and Development. *Pediatrics in Review*, 18(7): 224–242.
- Lightfoot, C., Cole, M., Cole, S.R. 2009. *The development of children*. New York: Worth Publishers.

- Louw, D.A. & Louw, A.E. 2014. *Child and adolescent development*. 2<sup>nd</sup> edition. Bloemfontein: Psychology Publications.
- Maluleke, M.J. 2012. Culture, tradition, custom, law and gender equality. *PER: Potchefstroomse Elektroniese Regsblad* 15(1). ISSN 1727-3781 Available at: [http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S1727-37812012000100001](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1727-37812012000100001) (accessed on 30 July 2018).
- Marshall, W.E. & Tanner, J.M. 1969. Variations in the pattern of pubertal changes in girls. *Arch Dis Child*, 44:291–303, 1969.
- Marshall, W.E. & Tanner, J.M. 1970. Variations in the pattern of pubertal changes in boys. *Arch Dis Child*, 45:13–23.
- Maslow, A.H. 1943. Maslow's hierarchy of human needs. A theory of human motivation. Posted on 6 June 2012 by Research History. Available at: <http://www.researchhistory.org/2012/06/16/maslows-hierarchy-of-needs/> (accessed on 30 July 2018).
- Muthivhi, A.E. & Broom, Y. 2009. School as cultural practice: Piaget and Vygotsky on learning and concept development in post-apartheid South Africa. *Journal of Education*, (47). Available at: [http://www.cilt.uct.ac.za/sites/default/files/image\\_tool/images/104/schoolasculturalpractice.pdf](http://www.cilt.uct.ac.za/sites/default/files/image_tool/images/104/schoolasculturalpractice.pdf) (accessed on 30 July 2018).
- Muthivhi, A.E. 2010. Piaget, Vygotsky, and the cultural development of the notions of possibility and necessity: An experimental study among rural South African learners. *South African Journal of Psychology*. Available at: <https://doi.org/10.1177/008124631004000203> (accessed on 30 July 2018).
- Muthivhi, A.E. 2013. Development of verbal thinking and problem-solving among TshiVenda-speaking primary school children. *Perspectives in Education*, 31(2). Available at: <https://journals.co.za/content/persed/31/2/EJC145503> (accessed on 30 July 2018).
- Newman, B. & Newman, P. 2012. *Life-span Development. A Psychological Approach*. NY: Wadsworth Cengage Learning.
- Ngaujah, D.E. & Dirks, D.H. 2003. *An eco-cultural and social paradigm for understanding human development: a (West African) context*. Human Development and Learning (DE803). Biola University.
- Noltemeyer, A., Bush, K., Patton, J. & Bergen, D. 2012. *The relationship among deficiency needs and growth needs: An empirical investigation of Maslow's theory*. Available at: <https://doi.org/10.1016/j.childyouth.2012.05.021> (accessed on 30 July 2018).
- Nsamenang, A.B. 1992. *Human Development in cultural context*. Newbury Park, CA: Sage.
- Nsamenang, A.B. 2006. Human ontogenesis: an indigenous African view on development and intelligence. *International Journal of Psychology*, 2006, 41 (4), 293–297.
- Peltzer, K., Nqeketo, A., Petros, P. & Kanta, X. 2008. Traditional circumcision during manhood initiation rituals in the Eastern Cape, South Africa: a pre-post intervention evaluation. *BMC Public Health* 2008 (8) 64. Available at: <https://doi.org/10.1186/1471-2458-8-64> (accessed on 30 July 2018).
- Poquiz, M.A. & Frazer, A.L. 2016. Depression in children and adolescents. *Parent Series, University of Kansa, Clinical Child Psychology Program*. Available at: [https://kuclinic.ku.edu/sites/kuclinic.ku.edu/files/files/Depression\\_2%5B1%5D%20copy.pdf](https://kuclinic.ku.edu/sites/kuclinic.ku.edu/files/files/Depression_2%5B1%5D%20copy.pdf) (accessed on 30 July 2018).
- Rettner, R. 2009. Fetuses have memories. *Live Science*. Available at: <https://www.livescience.com/5585-fetuses-memories.html> (accessed on 15 February 2018).
- Ramokgopa, I.M. 2001. *Developmental stages of an African child and their psychological implications: a comparative study*. PhD thesis, RAU.
- Research Gate. Available at: <https://www.researchgate.net/> (accessed on 30 July 2018).

- Rolland, J. 2002. *The five-factor model of personality across cultures*. Online version: DOI: 10.1007/978-1-4615-0763-5\_2 Available at: [https://www.researchgate.net/publication/260792363\\_The\\_Five-Factor\\_Model\\_of\\_Personality\\_Across\\_Cultures](https://www.researchgate.net/publication/260792363_The_Five-Factor_Model_of_Personality_Across_Cultures) (accessed on 30 July 2018).
- Sherk, S.D. n.d. Prenatal development. *Encyclopedia of Children's Health Forum*. Available at: <http://www.healthofchildren.com/P/Prenatal-Development.html#ixzz56tMwCD7Q> (accessed on 15 Feb 2018).
- Skwarecki, B. 2013. *Babies learn to recognize words in the womb*. Available at: <http://www.sciencemag.org/news/2013/08/babies-learn-recognize-words-womb> (accessed on 29 Feb 2018).
- Stöppler, M.C. 2016. *Puberty*. Available at: [https://www.medicinenet.com/puberty/article.htm#puberty\\_facts](https://www.medicinenet.com/puberty/article.htm#puberty_facts) (accessed on 15 July 2018).
- Swingler, S. 2014. The Cape's youth gangs: bigger, deeper, more dangerous. *Daily Maverick* of 26 May 2014. Available at: <https://www.dailymaverick.co.za/article/2014-05-26-the-cape-youth-gangs-bigger-deeper-more-dangerous/> (accessed on 30 July 2018).
- Triandis, H. 1986. *Collectivism v. individualism: a reconceptualisation of a basic concept in cross-cultural social psychology*. cross-cultural studies of personality, attitudes and cognition. Available at: [https://link.springer.com/chapter/10.1007/978-1-349-08120-2\\_3](https://link.springer.com/chapter/10.1007/978-1-349-08120-2_3) (accessed on 30 July 2018).
- Triandis, H. 2002. *Individualism-collectivism and personality*. Wiley Online Library. Available at: <https://doi.org/10.1111/1467-6494.696169> (accessed on 30 July 2018).
- Tynan, D. & Wood, C. 2016. In the womb: "wow!"-worthy development facts. *Babycenter.com*. Available at: [https://www.babycenter.com/0\\_in-the-womb-wow-worthy-development-facts\\_10386123.bc](https://www.babycenter.com/0_in-the-womb-wow-worthy-development-facts_10386123.bc) (accessed on 15 Feb 2018).
- UCSF Office of Diversity and Outreach. n.d. Available at: <https://diversity.ucsf.edu/resources/unconscious-bias> (accessed on 15 July 2018).
- Venter, E., Haasbroek, C., Nthangase, S., Snowman J. & McCown, R. 2016. Developmental stages and mental health. In: Weinstein, E., Rosen, E., Snowman, J., McCown, R., Maphalala, M. & Tabane, R. 2016. *Educational Psychology and Teaching Children About Health*. United Kingdom: Cheriton House.
- Weinstein, E., Rosen, E., Snowman, J., McCown, R., Maphalala, M. & Tabane, R. 2016. *Educational Psychology and Teaching Children About Health*. United Kingdom: Cheriton House.
- Woolfolk, A. 2013. *Educational Psychology*. New Jersey, USA Pearson.