



CHAPTER 3

How young children develop

Charity, whose story began in the previous chapter, was only 2 when her mother got very sick. Because she was so ill, Charity's sister and brother did all the housework, helped their mother eat and bathe, and tried to keep her spirits up. The children did the best they could to care for Charity too. There was often not enough for them to eat.

After their mother died, Tanya and Gideon tried to respond to Charity and her needs, but they were often too busy or too tired, and sometimes too sad or worried. A 3-year-old demands so much attention! And there was never enough food, so Charity was small, weak, and babyish for her age.

Sometimes Charity stayed at a neighbor's house where the older children there watched her. They were busy too, and had their own troubles. Charity learned it was better if she kept quiet and stayed out of their way.



When Gideon met Beatrice at the food program, things began to change for their family. Beatrice helped them get enough food, and she told Gideon about a small childcare group run by her friend Janet, who watched children at her home a few hours a day, providing chances for the children to play and explore while their families worked. She had space for Charity.

Janet sang and told the children stories, had simple toys and safe household things to play with, and talked with them, answering their questions and helping them get along. After some months of eating regularly and playing with other children at Janet's house, Charity was a different girl — stronger, curious, and able to do most of the things other children her age could do.



Young children need help to grow and develop

It is easy to see how a child grows in size and develops physical skills. Babies are born with some skills, like sucking and crying. With enough to eat, babies grow and learn to do more things. But because they are babies, they need the help of others to learn. Before walking, first babies just wiggle, then they can roll over, crawl, sit, and stand. Finally, they can walk and run.



6 months



1 year old



3 years



5 years

Wait! Papa says I can go!

Children develop in both body and mind

As children grow and develop physically, they also develop in other areas: mentally (thinking), emotionally (feelings, such as fear, desire, or happiness), and socially (communicating and relating to others). As soon as a child is born, all these areas start developing together. New skills in each area lead to more skills and abilities. This works best when people help and encourage the child.

Children learn many skills step by step, in a certain order. Before a child can learn to walk, for example, he must first learn these other physical skills:



1. First he holds his head up. Seeing what is around him makes him move his arms and legs.



2. Then he uses his arms and legs to push himself up to sit, so he can see and do more.



3. While sitting, he reaches, leans, and twists. This develops his balance, a skill he needs to stand and walk.



4. Then he pulls himself up to stand, and soon walks, by holding onto things for support.

Because a child's body and mind develop together, one simple action may involve all areas of development. For example, when a child reaches his arms up to you, wanting to be lifted and held, he is using:

Up!



- communication skills — he tells you what he wants, using both a word and his body, and he watches how you respond.
- mental skills — he knows you, and he might remember he can see more, or feels safer, when you pick him up and hold him.
- physical skills — he stands, looks up at you, and holds up his arms.
- social skills — he trusts you, knows you often hold him, and he likes being held by you.

When a child does not learn a skill, this means he will have problems not only with that skill, but also with other skills that depend on it. For example, if he cannot hold up his head, he will not easily learn skills like sitting or crawling, for which holding up the head is important. Over time, his development will fall behind that of other children his age.

Stimulation helps learning

Much of a child's development depends on her being able to use all of her senses, mind, and body to explore and learn about the things around her. Her activity and experience, including attention from her caregivers, stimulates her learning. Usually, all the stimulation a child needs to advance through stages of development — such as learning to sit, then crawl, then stand, and then walk — comes from day-to-day life among the people and things in the child's family and community.



Loving care also helps a child's learning. A close connection with a caregiver helps a child feel secure, and this gives her more confidence to explore.

Each child develops at her own pace, but many children about the same age usually have similar abilities and needs. Some children may have disabilities or be slower in their development. These children often need extra help to develop as fully as possible.

HIV affects a child's development and abilities

Illness and malnutrition affect children with HIV more severely, causing low weight, slow growth, weakness, and sometimes disabilities, including damage to a child's brain. Children weakened by illness may not play as much with other children. This can slow their development even more.



When HIV stigma isolates children, they may attend school less regularly and have fewer opportunities to play and talk with adults and other children. Caregivers may be sickly and lack time or energy to interact with their children. These all hinder a child's social, emotional, and language development.

Sometimes HIV infects a child's brain and nervous system, causing disabilities in the child's body control (such as turning over or walking), hearing ability, language learning, and ability to remember and learn. A child who starts treatment for HIV early in life can avoid many of these problems, and grow and develop much like other children. Even if children have disabilities, as many do, with or without HIV, it does not need to stop their development.

By helping them develop the abilities they do have, many children will catch up in their development or learn how to cope with their limitations. What they need is people to love, care for, and believe in them.

A child with a physical disability may also have HIV or be affected by HIV. It can be easy to miss this if you focus only on their HIV or only on their disability.

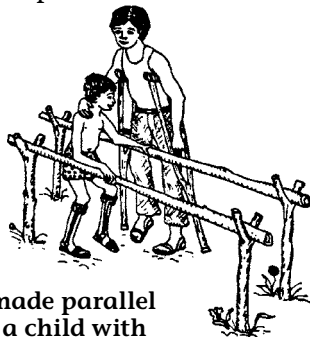
What to do when a child has a disability or develops slowly

All children have the same basic needs—love, enough good food, shelter, and the chance to explore the world around them. Children with a physical disability such as blindness, deafness, or body control problems need more help learning. Because they lack certain physical abilities or one of their senses, it is more difficult for them to explore and understand their world.

For example, when a child can see, she naturally reaches for and explores people and objects around her. And she can see what people are talking about, which helps her learn to communicate. A child who has problems seeing gets less of this stimulation naturally. So she may not develop as quickly or as fully. Her family members need to help her learn to use her other senses, especially touch and hearing. If they do, she will keep developing as well as other children.



A child who is born deaf or who loses the ability to hear as a baby will have difficulty understanding what people say and learning to speak. Because we think in words, language is needed for our minds to develop fully. A child who does not hear well learns fewer words and develops more slowly. But if she is taught to communicate through sign language at the age when other children learn to speak, her mind will have the language it needs to develop well.



Simple homemade parallel bars can help a child with weak legs or poor balance begin to walk.

Children who cannot move well or control their bodies need help to see what is going on around them, do as much as they can, and be part of family life. This helps them learn to communicate, understand, and gain whatever body movements and control are possible for them. When children are given this kind of support, many will develop their abilities to communicate and think as well as children without disability.

When a child's development seems to lag behind that of others her age, or if she is very slow to learn, first make sure she is getting enough to eat and is treated for any serious health problems, including HIV. These children also need the same kinds of stimulation that any child needs — talking to them, music, games, movement. But they often need more time and help to learn. You may need to show or help them many times before they learn how to do something, or repeat explanations and instructions over and over to help them learn.

To teach a child to feed herself by bringing things to her mouth:



Help her put her finger in a food she likes,



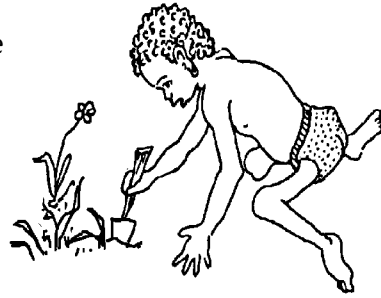
then guide her to put her finger in her mouth.



After she learns to do this, let her do it by herself.

Children who take medicines early to treat their HIV will probably catch up in their development, especially if they are given support and stimulation for learning. For some children, there may be some lasting disability, either physical or mental. Observe your child closely as he grows and develops, and see if you can tell what areas are his strongest. Then you can build on those abilities, to help him develop as much and in as many areas as possible.

For more about helping children with disabilities, see *Helping Children Who Are Blind*, *Helping Children Who Are Deaf*, and *Disabled Village Children*, all from Hesperian.



Think more about a child's abilities and how to build on them, and not so much about his disabilities.

Guidelines for helping all children learn

How you relate to a child as he learns makes a big difference in how fast and how well he learns, and how interested and willing he will be to keep learning. Here are some simple ways to support a child:

1. Praise the child often. Give the child a hug or acknowledge when he does something well. Praising success works better than scolding failure.
2. To teach a new skill, do it yourself first and encourage the child to copy you — or ask an older brother or sister to do this. Children love to copy others, and it is a good way to teach many things, from physical activities to sounds and words.
3. Talk a lot to your child. Say what you are doing as you work and care for her. Children listen to and begin to learn language long before they begin to speak.
4. Let the child do as much as he can for himself. Help him only as much as is needed. This takes patience. Often we do something for the child when he has difficulty with it. But he will learn more if we help in ways that let him do as much as he can.
5. Make learning fun. Look for ways to turn learning into play.



Growth and development at different ages

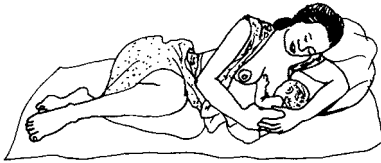
Everything children need to grow and develop usually can be found in daily life in the family and community. When children do not develop well and need extra help, family members and others in the child's community can often provide it. The earlier you notice and help with any physical or learning problems a child has, the more likely she is to do well.

Watch for problems with a child's growth and development in any area — the child's body, mind, language, or relationships. Children show different signs they are having problems, depending on how old they are.

A child from birth to 1 year old

Babies learn about the world through their senses. They respond to faces, voices, and bright colors. They discover their hands and feet, smile, start to understand and say a few words, sit up, crawl, stand, and start to explore and play with objects. For the first year of a baby's life, parents and other main caregivers provide all the child's basic physical and emotional needs.

What the baby needs:



- Regular feeding and other physical care, including any needed medicines, and lots of physical affection. Being held helps a baby feel secure.



- Talking, stories, singing, and eye contact with the mother or other main caregiver.



- Close, responsive attention of a caregiver. This helps a child develop trust.



- Physical protection and safe areas to explore, with things to look at, touch, hear, and play with.

How HIV may harm a baby's growth and learning from birth to 1 year old

Babies with HIV, or in a family where others have HIV, often show signs of problems during their first year.

Hector is 3 months older than Marcos. But he cannot sit on his own. And he does not reach for things.



A baby with HIV infection needs more food than other babies to grow, so malnutrition is very common. Signs include a baby being smaller, weaker, sicker, and slower to talk and understand. Other signs of slow development could be a baby not knowing how to roll over or crawl, not being able to sit, or not being able to hold or pass things from hand to hand. Most healthy babies can do these things by the time they are 1 year old.

Untreated HIV infection can make babies so ill that they die before age 1, usually from illnesses such as pneumonia, diarrhea, malaria, or TB.

When weak and sickly, babies are more fussy and difficult to care for. Caregivers may, over time, feed them less, communicate with them less, and play with them less than the babies need to develop well. This can also happen if the baby's mother or father is very ill or has died from HIV or another illness.

Why won't he ever stop crying!

He never wants to play.



A child who is treated with impatience or left alone learns not to expect kindness from people. He may develop more slowly and tend to keep to himself or lash out at others.

Giving sickly babies more food and caring attention at any point, and starting them on HIV medicines if needed, will help them catch up to others their age. See Chapters 9 and 10 for what babies need to eat to be healthy, and pages 119 to 121 and Chapter 11: ART: Medicines for HIV for when and how to give children HIV medicines.

Paying close attention to and playing with babies can help caregivers too. When a baby responds to attention, the caregiver feels how much she matters to the baby. Small ways of showing love for and interest in each other are good for both baby and caregiver. See Chapter 4: Communicating with children.



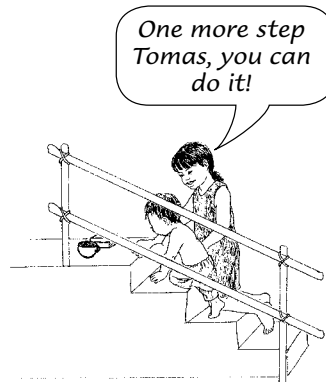
A child from 1 to 3 years old

This is when children learn to walk and run, understand and speak words, communicate ideas, and feed themselves. Many children are toilet-trained by age 3. They become more independent and thrive on interaction, but prefer familiar people. They like to help, can solve simple problems, enjoy learning new skills, and show pride in what they can do. Everything they try helps them learn and bit by bit develop more skills. They get upset if they cannot do things. Children this age do not yet understand time well, or concepts like life or death.

What the child needs:



- Enough healthy food to keep growing well, and medicines or other needed health care.



- Encouragement, praise, and chances to play, learn, and develop some independence.



- People who both listen and talk to him.



- Protection from environmental dangers. Air or water pollution or poisons in paint or pesticides can cause permanent harm to young children.

How HIV may harm a child's growth and learning from 1 to 3 years old

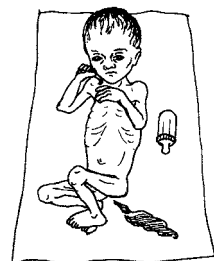
Malnutrition is still a great danger for children this age. Many families affected by HIV simply do not have enough food. This is most dangerous for very young children, and communities need to find ways to help these families.

When families have many children or an overburdened caregiver, children may not be fed individually. This can lead to accidents and wasted food or to older children taking all the food. Also, when children stop breastfeeding and begin eating solid foods, care is needed to ensure children eat enough. See page 153 for some ways to do this.

Malnutrition or illness can make any child smaller, weaker, uncomfortable, and less active. Children may not walk or run as well as other children their age, may not talk as well, and still may not eat or drink by themselves. These children are less able to explore and learn.

Children with HIV who do not receive treatment with ART often die before they reach 3 years of age. With ART and enough food, a child can live, grow, and develop well, even with HIV. See Chapter 11 for more about ART.

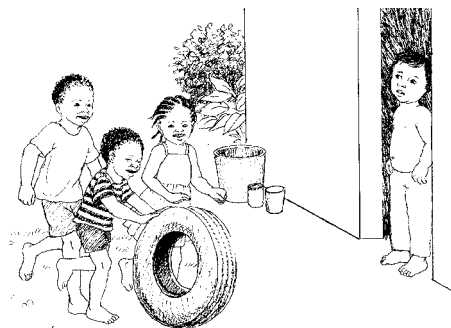
Children of this age grow and develop well when people in their families love and watch over them, give them safe things to touch and play with, keep them away from danger, help them get well when they are ill, answer their questions, and praise their efforts to do new things. In many families affected by HIV, no one has the time or energy to do all that for small children. Children kept inside because caregivers are not well enough or do not want to go out, or fear for their safety, or want them to stay clean, and so forth may not have enough opportunities or places to play, and so their learning will be less.



To develop well in both body and mind, growing children need enough food.



When a 2- or 3-year-old child feels loved and secure, he feels more able to explore and try new things, which helps him learn.



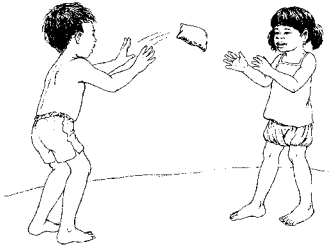
A child who feels less secure, perhaps because his mother died, will often be less open and curious, and less active in trying to do things. His learning will be slower than other children's.

A child from 3 to 5 years old

Children who are 3 to 5 years old need a lot of attention. They tend to talk a lot, ask many questions because of how much they still need to learn, and have more abilities, though they still need help with many tasks. They like to play with friends, can learn to share, feel angry or guilty if they think they have failed, and become competitive, especially with their brothers, sisters, and playmates. They also become more adventurous and copy adults more. Children at this age are curious about the world outside their home.

Continuing to talk with them and showing them how to do things helps them learn about the world around them.

What the child needs:



- Opportunities to do many different kinds of activities, including lots of physical play.



- Help learning language, through talking, singing, riddles, stories, and being read to.



- Chances to explore, solve problems, and make choices.



- Recognition when she tries new things or does something well.

And of course, enough healthy food and needed medicines to keep growing well.

How HIV may harm a child's growth and learning from 3 to 5 years old

A child between 3 and 5 years old is still in danger from malnutrition, whether he has HIV himself or his family has less to feed him because of HIV. Childhood illnesses are very dangerous at this age, especially for children with HIV.

HIV in a family may also mean that caregivers are very busy, ill, grieving, or absent, and therefore unable to give children the guidance, stimulation, and protection they need in order to learn and grow well.

If someone in the family is sick, a child this age often wants to know why. Caregivers may not know how to explain illness, healing, or death, and their relationship with the child may become less trusting.



Also, many children this age fear they are the cause of any bad thing that happens. If a caregiver is uncomfortable or unwilling to talk about illness or a death in the family, the child will guess at a cause, usually incorrectly, and may carry burdens of fear and guilt.

When emotionally upsetting things happen to 3 to 5 year old children, such as the death of a loved one or the loss of their home, they may slip "backward" in their development, losing abilities they had learned, such as toilet training. With time and support, children will act their age again.



Signs of learning problems during this age include:

- difficulties with walking, running, or talking.
- not understanding or being unable to do something other children the same age can do easily.
- lack of interest in or engagement with life around them, just staring.

A child from 5 to 8 years old

As they grow older, children show more interest in the world and in people, words, numbers, and ideas. They know more about who they are in relation to others. They are more able to use words to talk about their feelings. They become more physically confident, start to take more responsibility, and they play with others and build trust with friends. They can learn about rules and understand how rules are important in games as well as in daily life, and often have strong feelings about right and wrong ways to act. They begin to have questions about God or morality.

What the child needs:



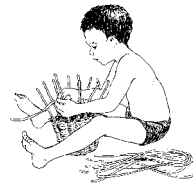
- Experiences that help him keep developing his language, thinking, and physical skills.



- Help understanding what the rules are in different situations and how to follow them.



- People who will listen to her questions and try to answer them, and who will talk to her about ideas and feelings.



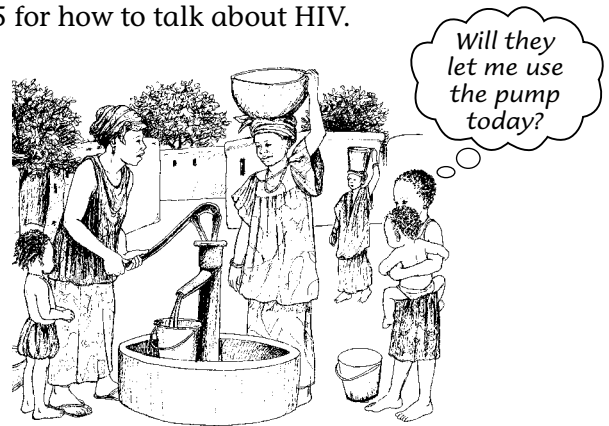
- Opportunities to learn cooperation and self-control, to take responsibility, and to complete tasks.

How HIV may harm a child's growth and learning from 5 to 8 years old

Children this age are stronger, but malnutrition and illness can still harm them and interfere with their development. Disabilities from HIV infection may mean they have problems walking, hearing and speaking, or thinking.

A child older than 5 is more able to understand HIV and why people take medicine. He often has more questions and worries about these things than a younger child. These children need to know the truth about HIV, and when caregivers are too uncomfortable or unable to discuss their concerns, or believe children do not need to know, their learning suffers. Worry and guilt weigh heavily on children this age. See Chapter 5 for how to talk about HIV.

Between ages 5 and 8, children are very social and need playmates, places to play and explore, and ways to participate in family and community life. Because of HIV, others in the community may avoid a child or his whole family because they wrongly fear he will spread HIV. Or a child may lose his parents and have to move away from the friends and places he knows, and into a family that does not accept him completely.



A child affected by HIV may be so ill or tired, or so sad, upset, or withdrawn, that he lacks the energy to play, and when he does have energy, other children may not want to play with him. Having fewer friends or other relationships weakens a child's confidence, and gives him fewer ways to learn about the world and develop new skills.

You stupid girl, why did I ever accept you!



HIV often results in families lacking money to send children to school. For children age 5 to 8, school is very important for their learning and relationships.

Caregivers who are dealing with too much work, illness, death, and worry, or who lack a loving relationship with the child, may respond to her needs, crying, or mistakes with impatience or anger, rather than understanding and guidance.

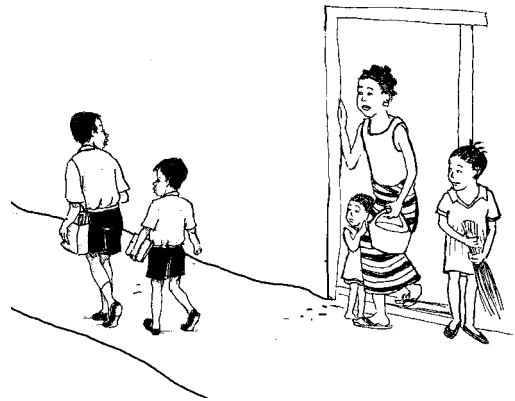
When a child loses both parents, she may need to live with people who do not know her well. They must learn to love and understand her. This takes time and does not always happen.

Older children

Children from about age 8 to 11 and older want to succeed at tasks and please adults and friends. They usually have more chores and regular responsibilities, including caring for younger children in the family. Providing this care without the support of parents is much harder for them. And the care those younger children get may not be as good.

Older children are in a time of intense social learning, especially in school. Their developing sense of self-worth can make them feel rejection deeply. The stigma of HIV, illness, or poverty can be very painful and cause a lot of shame.

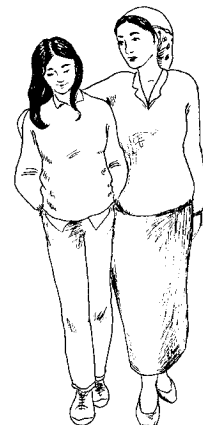
These older children are beginning to make closer bonds with people outside the family, such as teachers and friends. Support from mentors such as these can be very helpful, and feeling valued by a widening circle of adults helps build a child's confidence. Older children still need reassurance and guidance and still need to act and play like the children they are. Girls need to be able to stay in school – it is common to see girls this age burdened with too much work and childcare, especially in families affected by HIV.



As young boys and girls grow into adults, they are working out their personal identity: “Who am I?” “What makes me the same as others or different?” They can be very emotional, especially as they feel the changes of puberty (maturing physically and having more sexual feelings). They can be very self-conscious and worry about the opinions of friends and peers.

Older boys and girls need to know that it is OK to make mistakes, learn from them, and be forgiven. They need guidance to understand how risky activities are harmful. They also need to develop hope for their futures, so they can make good decisions about avoiding risks. And while they often want and need boundaries or rules, they will also question and rebel against them. This is normal.

A girl may look like a woman but still be a child in many ways. These years are when girls most feel the need for support and encouragement. Boys also need support and guidance – and to be taught to respect girls, especially if we want to prevent the spread of HIV.



Working together to promote child development

In order to develop well, young children need food, health care, and loving, attentive caregivers. Caregivers may be the most important of these, because they provide all the others. If they have HIV, it is more difficult for them to meet all of these needs. While children with HIV need more food than other children, families affected by HIV are often poorer. HIV strains health systems, and stigma causes people to avoid what health care there is.

A healthy community recognizes that families should not have to struggle alone with burdens that are too heavy for them, especially when the impact is so heavy on young children. Many communities work together to organize support for families with children, such as:

- income-generating activities for families in need.
- communal gardens to increase access to healthy foods.
- support groups for caregivers, especially children heading households, and for younger children, such as play groups, kids' clubs, and homework clubs.
- shared family childcare or preschool, so family members can work and children can have extra support for their development.

Community preschools

Preschools (also called nursery schools or creches) are places where children ages 3 to 5 can play together and be supported by adults who talk with, help, and encourage them. Teachers may plan activities, and sometimes provide a daily meal, helping children have enough to eat. Preschools help older sisters stay in school instead of staying home to care for children. With planning, preschools can welcome children with disabilities.



Children see and learn from solidarity, so this is also part of their development. When we listen to children and help them understand, support, and speak up for themselves and each other, this builds and strengthens their families and our communities.

For more ways to organize support for children and families, see Chapter 15.