



Although many children's health issues are discussed in other chapters, children's health is of importance enough to separately discuss some typical concerns. Parents are responsible for the health judgments necessary to protect a child.

During the early years, children develop the basic physical skills, eg, walking and talking. Growth is very rapid during infancy. It then seems to move along steadily until a child reaches puberty, when growth speeds up again.

The following are important patterns of growing children and the health care involved during this process.





## THE FIRST MONTH OF LIFE

The first month of life can be a trial because every child is different. (See the Maternity/Newborns chapter)

### NORMAL GROWTH AND DEVELOPMENT

At birth, babies are able to see, hear, and respond by movement. In early childhood, body movement, manipulation, social behavior, and language are acquired. Certain developments occur at a predictable age, however, each child progresses at his or her own rate.

In a newborn infant, the head is relatively large and represents approximately one-quarter of the baby's total height. As a child grows, the sizes of the head and trunk decrease and the limbs start to grow longer. When a child reaches full height, during adolescence, the head is only about one-eighth of the total body height.

By the time an infant is one month old, he or she has probably gained one to three pounds over the birth weight. The baby will double the birth weight by the age of four or five months and triple it by the first birthday. The height will increase about 10-12 inches over the course of the year.

#### ■ SLEEP PATTERNS

Babies are “supposed” to sleep through the night by the time they weigh 11 pounds. Breast feeding infants continue to need a night time feeding for a longer period of time.

#### ■ DENTAL DEVELOPMENT

The first set of “baby teeth” usually start appearing between five and nine months and continue into the third year. At approximately six years of age, permanent teeth push through the gums and the baby teeth will loosen and fall out. A set of permanent teeth (total of 32) is complete only when the third molars (wisdom teeth) appear in the late teens or early twenties.



## CHILD DEVELOPMENT

The following table shows a child's age with the average development and social behavior:

AGE	MOVEMENT	COORDINATION	SOCIAL ACTIONS
One month	Sleeps most of the time with head to one side.	Hands are closed when resting but will grasp onto something when the palm is touched.	Watches a face that is close by and starts smiling about five to six weeks
Six months	Sits with support and holds head and back straight.	Uses whole hand to grasp objects and passes it between hands.	Puts everything in mouth and responds to sound of familiar voices.
Nine months	Attempts to crawl or stands for a few moments with support.	Pokes at small objects and grasps between thumb and index finger. Holds bottle or cup and chews solid food.	Babbles and hollers for attention.
12 months	Walks with one or both hands held or walks around furniture while holding on.	Drops toys to watch them fall, usually one by one.	Holds out arms and feet to be dressed and understands some easy commands.
18 months	Throws a ball and goes up and down stairs holding a rail or someone's hand.	Builds with blocks and scribbles with crayons.	Uses a spoon for feeding, expresses the need for a "potty," and uses some words (but understands a lot more of them).
Two years	Runs around, opens doors and kicks a ball without losing balance.	Turns book pages (one at a time) and builds with six or seven blocks.	Puts on shoes and asks for simple things, such as food or drink.
Three years	Rides a tricycle and alternates feet while walking on stairs.	Draws circles and lines.	Plays with others and understands sharing.
Four years	Hops on one foot, runs on tiptoes and climbs trees, ladders, or playground gyms.	Writes some letters and can draw some objects.	Can dress and undress and speaks clearly.
Five years	Skips on alternate feet and dances to music.	Copies squares, triangles and many letters without direction.	Washes and dries face, uses knife and fork and can act out stories.



## SIGNS OF ILLNESS

Illness in an infant may initially be difficult to detect. At one month, the infant may cry more, but so do fussy babies. Some babies who are ill sleep more. If the infant's eating and sleeping patterns abruptly change, the baby may not be feeling well. Taking the baby's temperature is a good first step.

### ■ FEVER

A rectal temperature of more than 100.4 degrees F. is considered a fever. Fevers are common, most frequently due to viral infections. Most fevers less than 102 degrees F. do not cause symptoms, and contrary to popular belief, the seriousness of an illness is usually not related to the degree of fever. Always ask yourself: How is my baby acting?

### ■ CONSTANT CRYING

The most common cause of crying is colic but it may mean that the child is ill. If the crying lasts more than two to three hours and is inconsolable, call a physician.

### ■ SLEEPING PROBLEMS

If an infant cannot sleep for more than 30 minutes at a time, does not awaken for feedings, or cannot be fully awakened, consult a physician.

### ■ BREATHING PROBLEMS

Babies do catch minor colds. Removing mucous from the nose with a special rubber bulb (available at a local pharmacy) often helps a baby to breathe freely. If the baby develops a raspy, harsh-sounding cough with wheezing, has difficulty breathing, or turns bluish around the lips and mouth, call the infant's physician.

### ■ SOFT SPOT (FONTANELLE)

For the first 18 months of life, a baby has a soft spot on the top front part of the skull where the bones have yet to grow together. If a baby is sick and its soft spot bulges or appears sunken, call a physician immediately. The soft spot, however, does bulge out naturally with respiration or crying.

### ■ VOMITING

Most babies spit up. Spitting up is the effortless regurgitation of food or milk and vomiting is the forceful exit of the stomach's contents. If vomiting continues for over 12 hours, call the infant's physician.



## ■ DIARRHEA

The seriousness of diarrhea is determined by how often, consistency of the stools, and how sick the baby is acting. If the stool is green, it indicates that the food is passing through the intestines rapidly. If the infant passes more than eight diarrheal stools in eight hours, is also vomiting, or has blood in the stool, call the infant's physician.

## ■ DEHYDRATION

The biggest danger of vomiting and diarrhea is dehydration (reducing the body's fluids), as it may be life-threatening. Signs of dehydration are: absence of tears during crying, a dry mouth, failure to produce a wet diaper after eight hours, and a shrunken soft spot. If these symptoms occur, call the physician immediately.

## ■ FEBRILE SEIZURES

A seizure (convulsion) occurs because of abnormal activity in the brain's nerve cells. Typically, a seizure involves sudden unconsciousness with the arms and legs held rigid. After a few seconds, the limbs and face may begin to twitch rhythmically. Most childhood seizures are related to fever (febrile). Seizures tend to be short — usually less than five minutes. Brain damage is very rare. Call a physician for medication.



## OTHER CONCERNS

### ■ FAILURE TO GAIN WEIGHT

The vast majority of infants grow normally. In rare instances, an infant stops growing or grows unusually slow. Many babies who fail to thrive show signs of developmental retardation and physical and emotional problems. Some have gastrointestinal problems such as vomiting, diarrhea, and regurgitation. There are two general causes: 1) organic, which means there is a physical problem responsible for the infant's poor weight gain, and 2) psychological or environmental factors such as feeding errors, absence of care, or the lack of a nurturing emotional environment. Examples of organic reasons for failure to thrive are: malabsorption syndromes, disorders of the small intestines, liver disease, kidney disorders, chronic heart failure, malignancies, central nervous system abnormalities, cleft palate, and endocrine disorders. When a specific organic cause is found, correction of the disorder solves the problem. The solution to nonorganic causes of failure to thrive is more complicated. Small things, such as not being fed enough can be one cause. Often, when food is withheld, so is affection and love. Not all babies who do not have a physical cause for their lack of weight gain are neglected or abused. If a baby fails to gain weight, consult a physician.

### ■ HEARING DISORDERS

Normally babies are born with the ability to hear. Hearing loss is an insidious problem and one that might go undetected until the child is 18 to 24 months of age. If there is any question, testing at six months of age is advised. Many children can be helped with medication, surgical treatments, and/or hearing aids.

### ■ VISION

Although the baby's eyes are closed most of the time, a baby is born with the ability to see. Sometimes, for various reasons, a vision problem develops during infancy. The earlier the diagnosis, the better the chances of helping. The problems are detailed in the Vision chapter.

### ■ CONSTIPATION

This is unusual in breast fed babies. Sometimes an increase in the amount of fluids or other diet changes will get rid of the problem. Adding fruit and vegetables may help.



## GENERAL INFANT CARE AND HYGIENE

### ■ SAFETY

Making the home as safe as possible is imperative.

- ◆ The spaces between the crib bars should be no more than two and 3/8 inches. Be sure all toys in the crib are soft — no sharp edges.
- ◆ Check stuffed animals for loose buttons or parts that could end up in a baby's mouth.
- ◆ Never leave the baby unattended in the bath (all it takes is a second for the baby's head to submerge below the water) or on a bed or table. Do not let yourself be distracted by the phone or doorbell.
- ◆ Napping the baby on a bed can be dangerous. If a crib is not available, put soft blankets around the bed.
- ◆ Infant seats should not be perched on chairs, tables, or counters — infants constantly become more active.
- ◆ Cover all electrical outlets and gate the stairwells.
- ◆ Since the baby mouths almost everything it comes in contact with, keep dirt, insects, and lead out of reach.
- ◆ Avoid toxic house plants.

**Car Seats** Install a car seat in the car before a baby has his or her first ride home from the hospital. The baby should be in the center of the back seat and face the rear of the car. Make sure the seat belt is fastened securely around the car seat. Adjust the harness straps so that they fit snugly and fasten all parts of the harness. If the seat has a top anchor strap, make sure it is latched.

**Safe Toys** An infant needs toys to keep him or her amused and stimulate learning. Avoid toys that break into small pieces. Look for and read the label on a toy to determine if it is appropriate for the age of the infant.

### ■ DIAPER CARE

Stringent care of the diaper area often prevents diaper rash. Check for a wet or soiled diaper frequently. Rinse the baby's bottom with a moist washcloth. Clean with a mild soap and water. On a boy, pay attention to the scrotum. On a girl, gently separate the labia and wipe from front to back.

### ■ PREVENTING THE SPREAD OF DISEASE

Hand washing is the most important thing to do to reduce the spread of disease. Avoid touching the mouth and nose when caring for the baby. Never smoke at home (children who breathe smoke have a higher incidence of respiratory infections). Cook all foods thoroughly. Use a disinfectant in the nursery, kitchen, bathroom, and on toys.



## AGES 1 THROUGH 5

### COMMON CONCERNS ABOUT ILLNESSES IN THE PRESCHOOL YEARS

Preschool children seem to have a great deal of illnesses. Some parents are concerned when their child picks up every infection on the block and wonders — is it serious?

#### ■ FEVER

A rectal temperature of more than 101 degrees Fahrenheit (F) or an oral temperature of more than 100 degrees F. is considered to be a “fever”. A fever is the body’s way of combating infection. It is not automatically a cause for alarm. Children tolerate fever better than adults. If a child wants to play, there is probably nothing to worry about. Acetaminophen may be used. Do not give a child aspirin, which is related to Reye's Syndrome (a rare, acute, and sometimes fatal disease of children with fever may be triggered if aspirin is used). Extra fluids, minimal clothing, and a warm bath may help. See also Reye's Syndrome, page 85.

#### ■ DECREASED APPETITE

A sick child often does not feel like eating but different eating patterns can also be normal. Encourage the child to drink fluids in the form of water, juices, ice pops, or clear soups.

#### ■ INCREASED SLEEP

Another sign of illness may be sleeping more than usual. This is one way the body fights infection and speeds recovery. If it becomes difficult to arouse a child, or if a child appears confused and drowsy when awake, call a physician.

#### ■ LETHARGY

If a child is lethargic, does not respond, or is limp and uninterested in playing, this is a cause for concern. Call a physician.

#### ■ BREATHING CHANGES

Noisy breathing and coughing are common with an upper respiratory tract infection. If a child has difficulty breathing, breathes rapidly, or is wheezing, call the physician.

#### ■ DIARRHEA

This is a frequent gastrointestinal complaint. Mild diarrhea is passage of frequent but limited mushy stools, a more severe diarrhea becomes more watery. Also, if the child has no tears when crying, has not passed urine in over eight hours, or the diarrhea is associated with vomiting, call the baby’s physician.



## ■ VOMITING

Vomiting may or may not be associated with diarrhea. If a child is vomiting, avoid feeding solid foods for about eight hours. Small amounts of clear liquids or sucking on ice-pops during this time is acceptable. If there is no vomiting in eight hours, you can increase the diet to soda crackers, white bread, or chicken soup. If you see blood in the vomit, if the child has severe abdominal pain, or a distended abdomen, call a physician.

## WARNING SIGNS OF SERIOUS ILLNESSES (CALL A PHYSICIAN)

- ◆ Fever higher than 104 degrees F.
- ◆ Fever that lasts longer than 24 hours without any obvious cause (such as a cold or gastrointestinal symptoms)
- ◆ Fever that lasts more than 72 hours
- ◆ Lethargy or not drinking any fluids
- ◆ Stiff or painful neck
- ◆ Such severe pain that he or she does not want to be touched
- ◆ Sudden inability to walk
- ◆ Breathing difficulty
- ◆ Difficulty being awakened
- ◆ Painful urination
- ◆ A convulsion
- ◆ Pain in the groin (boys)
- ◆ Blue lips
- ◆ Profuse drooling
- ◆ Purple or deep red spots on the skin



## COMMON OR RECURRENT COLDS

A cold is one of the most frequent illnesses of this age group. A recurring viral upper respiratory tract infection is often found in children older than six months. Generally, the younger the child, the more severe the symptoms. Irritability, restlessness, and sneezing often follows a runny nose. In general, there is little one can do for the common cold except treat the symptoms. There is no magic potion for a cold, but there are some things you can do to make the child more comfortable:

1. If the child is too young to blow his or her nose, a soft suction bulb may remove the nasal mucus.
2. Saline nose drops (available without a prescription) may be administered 15-20 minutes before meals and at bedtime. Nonprescription nose drops can be used for short periods of time which shrink the nasal mucosa and reduce discharge (prolonged use, however, makes the congestion worse).
3. If the child has aches and fever, you can use acetaminophen. Do not use aspirin (Reye's syndrome). Complications of a cold can also occur, eg, earache (the child pulls on his or her ears). The most common complication is an ear infection. Unlike a cold, this requires antibiotic treatment. Other causes of recurrent cold-like symptoms are hay fever (allergic rhinitis). These problems may require a referral to a pediatric allergist.

## ■ CONSTIPATION

Variable bowel movements should be of no concern. The symptoms involve painful passage of the stool; inability to pass a stool; going more than three days without a bowel movement, and then passing a large, hard stool. Treatment is generally dietary, including lots of fruits and vegetables, foods high in fiber (wheat breads, legumes, and whole-grain cereals), and increasing intake of water and other fluids. If this does not resolve the situation, contact a physician.

## ■ DIARRHEA

This is seen when a child has a sudden increase in the frequency and looseness of the bowel movements. Occasionally it is due to something the child has eaten. Diarrhea is usually caused by a virus. Take steps to avoid dehydration by increasing a child's fluid intake, such as water, juices, ice-pops, and broth. There are also over-the-counter electrolyte replacement solutions, such as Pedialyte or Lytren, which provide excellent replacement of what the body loses with diarrhea. If a child is not hungry, there is good reason. Do not force feed a child. Usually, common diarrhea lasts for about one week.



## ■ TOILET TRAINING

This can be a difficult time for the parents and child. If handled properly, however, it can be simply one of many milestones. Every child is different. The first child should be expected to be toilet trained by two years. Sometimes, the second child may balk until the third birthday. As a general rule do not try to toilet train before 18 months. Some pediatricians believe that 24 to 30 months is more reasonable. Control at night comes later. Once you determine the time is right, some practical supplies are helpful:

1. A small potty chair that sits on the floor. Purchase the potty a few weeks before you are ready to begin training so that the child can become familiar with it.
2. Training pants, which are heavy, absorbent underwear.
3. Favorite treats if you want to use rewards in addition to praise. Avoid criticism and punishment. Patience is important.

## ■ TEETHING PROBLEMS

Most children breeze through teething. Their only symptoms are increased drooling and an insatiable need to chew on things. Others have crankiness, restlessness, and discomfort. Some simple things that seem to help are:

1. Massage the swollen gum for a couple of minutes with or without a piece of ice.
2. A cold teething ring may help (do not tie the teething ring around the child's neck — it may cause strangulation).
3. Do not use commercially available lotions or ointments designed to reduce teething pain. They are unnecessary and contain benzocaine, an agent that could numb the throat and cause choking.
4. Acetaminophen can be used for a few days if the baby is uncomfortable.

## ■ SWALLOWING OBJECTS

As children are curious, many objects find their way to the child's mouth including coins, safety pins, buttons, fruit pits, and other things. Keep small objects away from the baby. Occasionally, large chunks of food will get caught in the back of the throat (eg, a hot dog). Do not allow the child to walk or play while eating. If the object is successfully swallowed, it will pass through the gastrointestinal tract. If vomiting or pain follows the ingestion of an object, contact a physician. If the object becomes lodged in the windpipe preventing a child from breathing, crying, or speaking — call 911 and/or rush the child to the nearest emergency room. This is a true emergency. If a swallowed object seems stuck in the esophagus, the Heimlich maneuver should be performed.



## AGES 6 THROUGH 12

### GROWTH AND DEVELOPMENT

A school age child will gain about seven pounds per year and his or her height will increase by approximately 2.5 inches a year. Boys and girls have distinctly different growth patterns. Early puberty begins around age 10 in girls and age 12 in boys.

### GENERAL CARE

#### ■ IMMUNIZATIONS

By age six, a child should have completed immunizations. Most states require that all children have a documented, completed series before entering kindergarten. These include diphtheria, tetanus, pertussis, measles, mumps, rubella, and polio. (See page 96.)

#### ■ REGULAR CHECKUPS

Children should be screened routinely for problems with hearing, vision, height, weight and spine curvature. This can be done by combining the school health program with a physician.

#### ■ INFECTIOUS DISEASES

At school, a child comes in contact with other children. If one child is carrying a contagious disease, it can spread throughout the group. To help prevent this, keep a contagious child at home until he or she is no longer contagious. Check with a physician or school nurse for guidelines.

#### ■ HYGIENE

Hand washing is the single most important way to prevent the spread of infectious diseases, including colds. Continue to reinforce good hand washing habits. Insist that the child wash his or her hands after using the bathroom and before eating or preparing food, whether at home or in school.

#### ■ SLEEP REQUIREMENTS

Another easy way to help maintain a child's health is to make sure he or she gets enough sleep. A child needs more sleep than you do. At age six, 11 hours are recommended. This amount declines gradually to just over nine hours by the time a child reaches 12 years of age.



## ■ DENTAL CARE

One by one, the permanent teeth will appear during the school-age years (about four per year). Teaching the child to floss and brush the teeth at bedtime and after meals, when possible, is essential to prevent dental problems. Schedule regular visits to the dentist at least twice per year. You can limit sweets and give fluoride as a supplement if the water supply does not have fluoride. If the teeth need straightening, orthodontic care can be started at this age.

## ■ ACCIDENT AND INJURY

Normal behavior and physical development increase the school-age child's susceptibility to accidental injury. Car accidents are the most common cause of death in school-age children. It is extremely important for a child to wear a seat belt for the entire duration of an automobile trip, sitting in the back seat and away from air bags. Parents should set a good example and always use a seat belt.

- ◆ Most children enjoy physical activity, which increases the risk of injuries. Bicycle accidents are frequent. Sports injuries are becoming an increasing cause of playground injuries (little league sports). No parent can supervise every minute of his or her child's life but a focused effort to teach a child what is safe and what is not safe is helpful.
- ◆ Other simple things can decrease injury, such as teaching a child to swim, keeping guns under lock and key (the key unavailable for the child to find), and teaching the rules of pedestrian safety.

## HEALTHFUL LIFESTYLES

School-age children should and can learn the foundations of a healthful lifestyle. This is the time to teach them about hygiene, nutrition, dental care, substance abuse, and accident prevention. Sexual concerns for older children raise questions and concerns. These questions open an opportunity to teach appropriate sexual behavior so that any crises can be shared with a caring parent.

## ■ GROWING PAINS

This is severe, recurrent limb pain that may occur at any time (more frequently in the evening), particularly after a day of strenuous activity. These are most often transient, require no special treatment, and usually go away with time.

## ■ RECURRENT HEADACHES

Headaches are a common complaint with children. If the headache is associated with the flu or common cold, it can be expected to resolve with the end of the illness. If the headache becomes chronic, recurrent, and continuous, a physician should be notified.



## ■ RECURRENT ABDOMINAL ACHES

Most children experience stomach aches. If the pain is associated with vomiting and diarrhea, it could be a more serious condition. Consult the child's physician.

## ■ NUTRITION

Offer a variety of nutritious foods that are low in fat and high in complex carbohydrates and fiber (fruits and vegetables). Outside influences (from media and friends) become even stronger as a child matures. However, so does his or her ability to make choices. Breakfast is an important meal and is worth getting the family up earlier. If it is cut short, give the child a nutritious snack, such as fruit, a whole grain muffin, or low-fat yogurt. The most common nutritional problem is iron deficiency anemia that is easily prevented in a diet including lean meats, fish, and vegetables. Multivitamins with iron supplementation is occasionally recommended.

## ■ OBESITY

An increasing number of American children are overweight. Sometimes this is a cause of emotional stress. Most often, the cause is overeating eating the wrong foods. Heredity plays a role and a child tends to take on the characteristics of the parents. Generally, reducing fat, increasing fiber, reducing salt, calories, and sugar are healthy guidelines.



## DEVELOPMENT OF PERSONALITY AND BEHAVIOR

A child's psychological and social development grow at a rapid rate. Impressive changes take place in his or her ability to reason, learn, follow rules intelligently, and interact with other children and adults.

When starting school, children have become able to think logically about things that they experience in every day life. For the first time, children become aware that the parents have other things in life that require their time. Learning to read is the most important part of schoolwork — opening the door to discovery. Children are very impressionable and will respond to parents who are interested in their learning and behavioral patterns. A child should understand, by example, what is right and wrong. In contrast, low esteem often occurs in children whose parents are rejecting, overbearing, or distant. The child may have difficulty with relationships at school. Children can also get upset with family troubles and find it difficult to concentrate at school. Advice and counseling by a professional is occasionally needed.



## POSSIBLE DISORDERS IN INFANCY, CHILDHOOD, AND ADOLESCENCE

Although there is no clear distinction between childhood and adult disorders, these disorders often have an onset during childhood. When a child is seen for any of these disorders, attention to the possibility of other disorders discussed in the general section would also be considered.

### ■ MENTAL RETARDATION

This disorder is characterized by significantly subaverage intellectual function (IQ of 70 or below) with the onset before age 18 years and concurrent deficits or impairment in the ability to cope with common life demands, meet the standards of their particular age group, social environment, or culture. Treatment requires the assistance of trained professionals who may be sought through a pediatric referral.

### ■ LEARNING DISORDERS

Even children with normal or high intelligence may not be able to learn. The signs are problems in speaking, writing, spelling, or arithmetic; inability to listen, read, or organize thoughts; chronic impulsiveness, restlessness, or distractibility; and poor memory. Boys seem to be affected more than girls. You may not be aware of a disorder until school failures start in the third or fourth grade. The evaluation requires several examinations to evaluate the child's mental capacity, educational performance, eyesight, hearing, emotional status, and general neurological functions. A learning disability can lead to academic failure and major social and emotional problems. Many children overcome their disability with special education and tutoring. When suspected or diagnosed, special studies and education are necessary.

### ■ ATTENTION DEFICIT DISORDER (ADD)

A child's ability to learn depends on paying attention and remembering previous lessons. Many sights, sounds, memories, and other stimulating things compete for a child's attention. The signs of ADD are:

1. Habitual failure to pay attention
2. Excessive distractibility
3. Inability to organize
4. Impulsiveness
5. Restlessness and hyperactivity

The diagnosis can usually be made by the physician observing the child and taking the parent's history. Special neurological, educational, and psychological testing may be needed. Treatment may require an educational program for both the child and the parents. Medication may help the child focus, with careful monitoring, and can be used for years.



## ■ MOTOR SKILLS DISORDER

Developmental Coordination Disorder may be suspected when performance in daily activities that require motor coordination is substantially below the expected person's age and intelligence. This may become obvious in motor skills (eg, walking crawling, sitting), constantly dropping things (clumsiness), poor performance in sports or handwriting. These would have to be severe enough to interfere with schooling and activities of daily living. Once diagnosed, special education is desirable.

## ■ COMMUNICATION DISORDERS

Expressive Language Disorder is an impairment in expressive language development as demonstrated by scores on standard individually administered measures of language development testing. There may be a disturbance in fluency (stuttering), language formulation, and erratic rhythm. Approximately one-half of the children with this disorder appear to outgrow it. The other one-half will have long lasting difficulties and will require special education.

## ■ CONDUCT DISORDER

The essential features of this disorder is a repetitive and persistent pattern of behavior in which the basic rights of other and age-related rules are violated. There are four main groupings: aggressive conduct that causes or threatens physical harm to other people or animals, nonaggressive conduct that causes property loss or damage, deceitfulness or theft, and serious violations of rules.

## ■ OPPOSITIONAL DEFIANT DISORDER

The essential feature of this disorder is a recurrent pattern of negative, defiant, disobedient, and hostile behavior toward authority figures that persists for at least six months and is characterized by the frequent occurrence of at least four of the following behaviors: losing temper, arguing with adults, actively defying or refusing to comply with requests or rules of adults, deliberately doing things that will annoy other people, blaming others for his/her mistakes or misbehavior, being touchy or easily annoyed by others, being angry and resentful, or being spiteful or vindictive. It is most common in preschool children.



## EATING DISORDERS

### ■ PICA

The essential feature of Pica is the persistent eating of non-nutritive substances for a period of at least one month. Common objects eaten are paint, plaster, string, hair, or cloth. The disorder is frequently seen in mental retardation.

### ■ RUMINATION DISORDER

This is repeated regurgitation and rechewing of food that develops in an infant or child after a period of normal functioning. This is very uncommon. Often, the course resolves spontaneously.

## SEXUAL ABUSE

Sexual abuse of a child involves an adult forcing or persuading a child to participate in a sexual act. Be alert for the following possible signs of sexual abuse in a child:

1. Provocative or promiscuous sexual behavior
2. Withdrawal from friends, family, or school activities
3. Unusually hostile or aggressive behavior

If you suspect that a child has been sexually abused, contact a physician or an official in the local child-protection system (child welfare worker, public attorney, or sheriff). The welfare of the child is at stake.



# THE TEENAGE YEARS

## GROWTH AND DEVELOPMENT

As an adolescent, the body grows and develops faster than at any other time, except for the first year of life. A growth spurt begins at about age 10 in girls and 12 in boys. The external changes are obvious as the body grows taller, heavier, and changes shape. The bones grow too; even the facial bones change, sharpening the facial features and transforming the face into one of an adult.

### ■ SEXUAL CHANGES IN BOYS

At first, hair appears in the pubic area surrounding the base of the penis. Erection probably has been seen since infancy. Next, hair becomes noticeable under the arms and on the face. As the larynx (voice box) develops, the Adam's apple becomes more prominent and the voice changes, taking on a deeper tone. Throughout these changing years, the external genitalia continues to grow and mature to full development.

### ■ SEXUAL CHANGES IN GIRLS

The female changes include the development of the breasts, the appearance of hair in the pubic region and under the arms, activity of sweat glands, rapid growth rate, and onset of menstruation (menarche). Menstruation signals that it is now physically possible for a female to become pregnant and bear a child. (See Female chapter).

### ■ TEENAGE SEXUALITY

In the early teenage years, a close relationship is usually with a best friend of the same sex. By mid teens, they may be most concerned with a larger group of peers, and in some sense, they learn from each other. Well before the child starts sexual activity, he or she needs the parent's support and assistance in understanding sexual feelings, defining sexual behavior, and learning to respect himself or herself as well as others. This should start in preschool and school age when questions are freely asked. If the child never asks any sex-related questions, do not assume that he or she is not interested. Bring up the subject with every opportunity. Teach the child about the dangers of acquiring sexually transmitted disease, including AIDS, to protect an adolescent from AIDS, other sexually transmitted diseases, and pregnancy. Discourage the child from becoming sexually active until he or she is more mature. It is also important to emphasize that sex can be a joyous experience. If sexual activity begins, the regular use of condoms, with or without spermicide, can reduce the risks of infection and other sexually transmitted diseases as well as help prevent pregnancy.



## ■ CONTRACEPTION

Advice about contraception is available and should be arranged in advance of sexuality. Consult a physician or a reputable family planning clinic about contraception. Various methods are available. Any contraception is better than none.

## ■ TEENAGE PREGNANCY

The United States has the highest rate of teenage pregnancy than any other Western industrialized nation. Most of these pregnancies are neither planned or wanted, but rather result from widespread ignorance about birth control. Good advice to a teenager: “If you are thinking about becoming sexually active, find out about contraception. As soon as sexual activity starts, including the first time you have intercourse, use contraception.” Raising a child is a serious responsibility that can last for over two decades. Most teenagers are not equipped emotionally or financially to make this necessary commitment.

## ■ INTELLECTUAL GROWTH AND DEVELOPMENT

During adolescence, the thinking process undergoes a transformation from childhood to adulthood. The advancing intellectual development gives the flexibility to cope with changes necessary to take a place in the world. During this time, important decisions such as choices of career, religion, and political parties occur.

## ■ USE OF ALCOHOL AND TOBACCO

Most young people may try at least one alcoholic drink during their teenage years. Alcohol is widely available and must be thought of as a potentially addicting drug — and an illegal one for teenagers. (See Alcohol and Drugs chapter). Tobacco use can be an expensive, long term, and potentially life-threatening addiction, often difficult to overcome. Avoiding the social pressures of starting this habit is a wise choice.



## CONCERNS OF THE TEENAGE YEARS

### ■ ROUTINE EXAMINATIONS

Many teenagers are reluctant to discuss health-related problems. Achieve a comfortable relationship with a physician. Checkups for teenagers offer the chance for early detection of chronic conditions and in learning ways to help prevent diseases.

### ■ SEXUALLY TRANSMITTED DISEASES (STD)

Sexually transmitted diseases are spread from one person to another during sexual contact. (See Infectious Disease chapter). The common symptoms are sores, lumps, bumps, or warts on or around the genitals, itching of the genitals, discharge from the vagina or penis, burning during urination, sore throat, swollen lymph glands, pain in the upper thigh or lower abdomen, and skin rashes. Most STDs can be cured or controlled with early diagnosis and medications. Antibiotics are available. STDs can be avoided by abstaining from sexual activity. If you are sexually active, STDs can be predictably prevented with condoms plus a spermicide.

### ■ ACNE

Pimples result from inflammation of the follicles from which body hair grows. It is seen with overproduction of oil that can block the follicle and result in bacterial infection and inflammation. Acne is very common in teenagers. (See Skin chapter).

### ■ INFECTIOUS MONONUCLEOSIS

This may be transmitted by coughing and sneezing — not just by kissing. It is not highly contagious, and can be mild. In adolescence, it can cause fatigue and fever. Rest is the main treatment. (See Respiratory chapter).

### ■ URINARY TRACT INFECTIONS

The most common infection is cystitis, which is inflammation of the bladder. It occurs more often in teenage girls. (See Urinary chapter) Dysmenorrhea is painful menstruation. (See Female chapter).

This time of life can be exciting and rewarding. Take the necessary precautions to allow every child a positive experience during this growth.