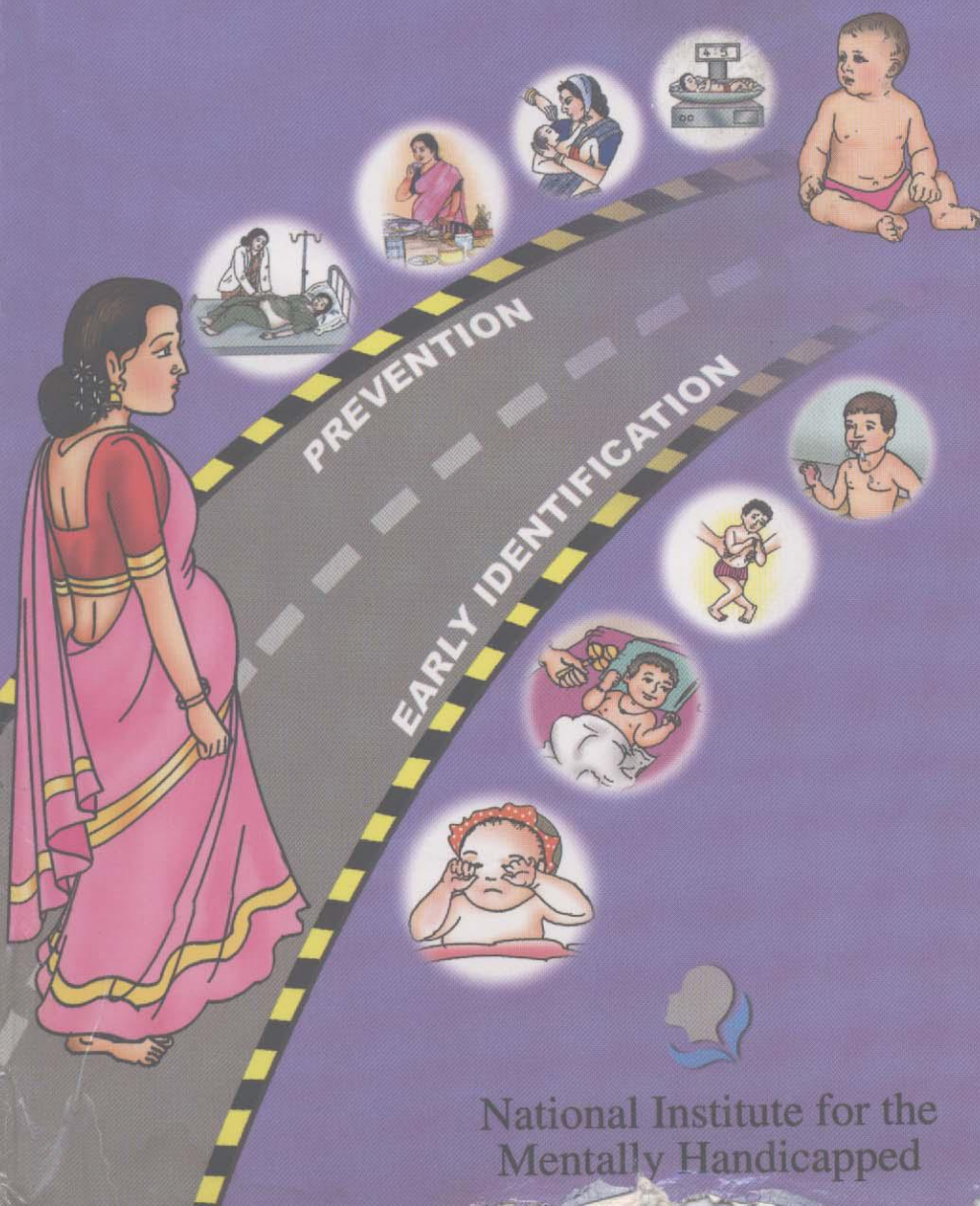


# RAPID

(Reaching and Programming for Identification of Disabilities)



National Institute for the  
Mentally Handicapped

# **R A P I D**

## **Reaching and Programming for Identification of Disabilities**

### **A Package on Prevention and Early Detection of Childhood Disabilities for Grass Root Level Workers**

*Dr. Amar Jyothi Persha  
Mr. T.C. Siva Kumar  
Dr. Jayanthi Narayan  
Mrs. Madhavi Latha Kari*



**National Institute for the Mentally Handicapped**

*(Ministry of Social Justice and Empowerment, Govt. of India)*

Manovikasnagar, Secunderabad - 500 009. A.P., INDIA.

Grams : MANOVIKAS Ph : 040-27751741 Fax : 040-27750198

E-mail : [dinimh@hd2.vsnl.net.in](mailto:dinimh@hd2.vsnl.net.in) Website : [www.nimhindia.org](http://www.nimhindia.org)

# **RAPID - Reaching and Programming for Identification of Disabilities**

Authors : Dr. Amar Jyothi Persha  
Mr. T.C. Siva Kumar  
Dr. Jayanthi Narayan  
Mrs. Madhavi Latha Kari

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डॉ. एल. गोविन्द राव  
निदेशक  
Dr. L. GOVINDA RAO  
Director

राष्ट्रीय मानसिक विकलांग संस्थान  
(सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)

**NATIONAL INSTITUTE FOR THE  
MENTALLY HANDICAPPED**

(Ministry of Social Justice and Empowerment,  
Government of India)



20<sup>th</sup> August 2003

## **FOREWORD**

*As per the BIWAKO Millennium Framework for Action Towards an Inclusive, Barrier Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific, Early detection, Early intervention and Education is one of the seven priority areas to be focused during the second Asian and Pacific decade of disabled persons (2003-2012). The critical issue pointed in the framework is that infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to 4 years old), with support and training to parents and families to facilitate the maximum development of the full potential of children with disabilities. It is also mentioned in the framework for action that failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caregivers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities.*

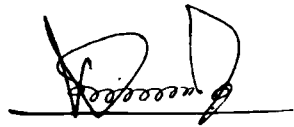
*In the framework, a target also has been fixed which requires all the Governments in South Asia that by 2012, all infants and young children (birth to 4 years) will have access to and receive community based early intervention services which ensures survival, with support and training for their families. Target 9 stipulates that Government should ensure detection of childhood disabilities at a very early age.*

*Early detection and early intervention has been a major concern of the Government of India. There is a great focus on creating capacities in the area of early detection and early intervention. We at NIMH have been working on early detection and early intervention for the past two decades. We have been able to develop service models for early intervention, materials for early detection and training modules for intervention at an early age of the children with disabilities.*

One of the projects in this direction is on development of the book titled 'Development of training modules for grass root level functionaries on prevention and early detection of childhood disabilities'. The book assumes importance as the focus presently is on prevention and early identification. Prevention is very important aspect as it helps to curb disability from occurring and early identification goes a long way in prevention of further complications. Early identification will help to obtain early intervention services, which have a very long-standing effect in mitigating the problem by overcoming developmental deficits and improving the quality of living. Therefore, the need of the hour is to reach the unreached. For achieving this, empowering the grass root level workers on these vital aspects of prevention and early identification of childhood disabilities is essential. Training the grass root level workers, caregivers, parents and families by equipping them on these aspects, forms an essential component of community-based rehabilitation.

The book is presented in a simple format, so that it serves as a ready reference for use in the community. After identification, obtaining the services is also very important and hence the book provides information on referrals and Government benefits that can be availed.

With this kind of information the grass root level workers can help create awareness amongst the rural population. This aspect of awareness is an essential component of prevention and early identification of childhood disabilities. Therefore these efforts can prove beneficial in the long run. The book will be of substantial use as a training material and as a guide for grass root level workers, caregivers, parents and families of children with disability for use in the community. The outcome will also be useful to the Government missionaries implementing various schemes for child development at various levels particularly at the community level. We believe in the principle of scope for improvement. If there are suggestions of worth consideration, we may be advised of the same.



**Dr. L. Govinda Rao**

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मनोविकास नगर, सिकंदराबाद - 500 009 तार : मनोविकास

दूरभाष : (का) 27759267 (नि) 27757715 फेक्स : 0091 (40) 27758817

Manovikasnagar, Secunderabad - 500 009. Grams : MANOVIKAS

Phones : (O) 27759267 (R) 27757715 Fax : 0091 (40) 27758817

E-mail : dirnimh@hd2.vsnl.net.in lan\_gra@rediffmail.com Website : nimhindia.org

# PREFACE

*Prevention and early detection are the primary focus in the field of disability rehabilitation. Prevention is a concern of every human being for the simple fact that anybody can have a child with disability. Therefore creation of awareness among the public on the various preventive measures of childhood disabilities is a very important step. In case of occurrence of disability, it has to be identified early and appropriate intervention to be given. Since our country is large and there is dearth of professionals to reach out to each single village these tasks of prevention and early detection seem difficult. In order to make it a possibility, the available resources have to be used to the optimum advantage. In the existing system of health and welfare there are a number of grassroots level workers who are responsible for the mother and child care programs, nutrition, immunization and basic literacy among the public in various corners of the country. Such grass root level workers should be made competent to convey information on prevention, early detection and suitable referrals.*

*Keeping this in view, the present project entitled "Development of training modules for grass root level functionaries on prevention and early detection of childhood disabilities" was undertaken, as per the directions of Ministry of Social Justice and Empowerment. The outcome of the project is the book entitled "RAPID-A package for grassroot level workers on prevention and early detection of childhood disabilities". Early identification of disabilities is very important as it enables the child to benefit from the services of early intervention. Early intervention is essential as it helps to curtail further disability and helps child to develop to the optimum level. Therefore the book will help the grass root level workers as reference for use in the community, after the master trainer's train them.*

*The contents of the book are presented in a simple manner. The comments of professionals from various fields of disability have been incorporated. The book has also been field tested on a sample of 40 anganwadi workers. Statistical analysis revealed significant values, which provide information on the contents of the book. The book is also translated in Hindi for wide usage throughout the country. The book is presented with the aim of reaching out to the nook and corner of our country and with positive anticipation of enhancing prevention of disabilities and if they do occur, to identify them early and reach out help which they need. Therefore the book will prove to be useful for use in the community.*

**Dr. Amar Jyothi Persha**  
**Head, Department of Medical Sciences**



# **About the book.....**

- *The book focuses on two important aspects of disability, namely **Prevention** and **Early Identification**.*
- *The book can be used for training purpose and also as a guide for use in the community for the grass root level workers.*
- *Efforts have been made to present this book in simple language and lucid manner.*
- *Illustrations have been used for better understanding and comprehension.*
- *The content of the book has been presented in a sequential form describing easy ways of identifying disabilities at the earliest. Major types of disabilities viz., visual impairment, hearing impairment, locomotor impairment and mental retardation are covered in this book.*
- *Each chapter is presented with small story coupled with question answer format.*

# ACKNOWLEDGMENTS

*Reaching and Programming for Identification of Disabilities (RAPID) is a ready to use book for the grass root level workers to identify and manage disabilities at the earliest stage. The Ministry of Social Justice & Empowerment felt the relevance of this book at a time when varied schemes for persons with disabilities were introduced to reach the un-reached. The spirit of the Ministry was well understood and the framework for translating the same to more meaningful and comprehensive manner was observed in Dr.L. Govinda Rao, Director, NIMH. The continuous as well as critical support from him brought this book in a way in which we have presented it.*

*The text of the book was refined with the valuable suggestions and comments offered by the rehabilitation professionals from various fields across the country. We thank them for extending their sincere cooperation in this regard. The suggestions and comments of our colleagues at NIMH have been worthwhile and valuable. We extend our thanks to them for helping us in our efforts.*

*While conducting the field trial, the chosen group of anganwadi teachers were enthusiastic in using this book. Their suggestions helped us to establish the validity for whom we are thankful.*

*Administrative staff of our office had shared the same responsibility that helped us in presenting this book as it is. The efforts of Mr. G. Sudhakar is appreciated for typing the manuscript. Sree Ramana Process, Secunderabad helped us in the artistic layout and printing of this book. We extend our sincere thanks to all those mentioned above and to those who have encouraged for presenting this book for the cause of persons having disabilities.*

*The Authors.*

# INTRODUCTION

Disability Rehabilitation services in India is undergoing a progressive change in its implementation. A cursory scan in the area of disability rehabilitation during the past one-and-a-half decade will definitely point towards positive and coordinated efforts from both the Government and Non-Governmental agencies in establishing refined service activities for persons with disabilities. The inter disciplinary approaches taken in the area of disability rehabilitation has projected **prevention** and **early detection** followed by **early intervention** as one of the focused areas of functioning. To extend support for these efforts, it was strongly felt that the grass root level workers, who are the connecting link between common man irrespective of the geographical area of our country with the secondary level supporters, play a significant and vital role. Delivery of the services through the framework of community based rehabilitation became more effective by orienting grass root level workers on disability rehabilitation.

The NSSO survey of 1991 estimates the magnitude of disability as 1.9 percent. The well-coordinated activities of the grass root level workers in our system can be the best mode for dissemination of information on disabilities. These community workers can easily be prepared for prevention as well as early identification of the disabilities. This book entitled "RAPID" is designed to impart the grass root level workers with :

- \* Information on disabilities.
- \* Competence in identifying disabilities at the earliest.
- \* Information to conduct awareness programmes on disabilities in the community.
- \* Guidance in utilizing community resources.

Ref : The Indian Child : A profile 2002, Department of Women and Child Development, Ministry of Human Resource Development, Government of India.

One day Ramulu's wife delivered a baby boy. All of them in the family were very happy. As days passed by, the child did not blink his eyes to light and did not look at the mother's face or at the objects around him. Ramulu and his wife realized that the child was different from other children and so the child was taken to a nearby doctor. The doctor examined the child and told the parents that the child is not able to see things and people around him, as there was some problem with vision. These problems may be due to impairment which can lead to disability and handicap, if proper care is not taken at the earliest.

***Q. Do you know what is meant by the different terms impairment, disability and handicap?***

Impairment is missing or defective part of the body eg. Impairment of the eye, ears, limbs, brain etc.

Disability is the difficulty to function due to the loss caused by impairment.

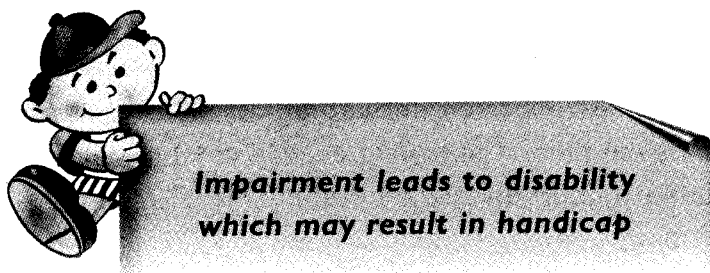
Handicap results from impairment or a disability which deprives the person of having access to facilities which are available to non-disabled persons thereby limiting their functioning.

Look at the table below for instance -

<b>IMPAIRMENT</b>	<b>→</b>	<b>DISABILITY</b>	<b>→</b>	<b>HANDICAP</b>
Blindness		Cannot see/ difficulty in seeing		Does not know to read
Deafness		Cannot hear/ hearing difficulty		Cannot ask for direction
Loss of limb		Cannot walk/ difficulty in walking		Cannot climb steps
Mental retardation		Does not know how to wear clothes independently		Is dependent on others.

These are few examples to explain impairment, disability and handicap.

Impairment may lead to disability. If a person with disability is not helped it may lead to handicap. This disadvantage to the disabled person restricts the person's ability to take up normal day to day activities. It is in our hands to see that a disabled person is not handicapped.

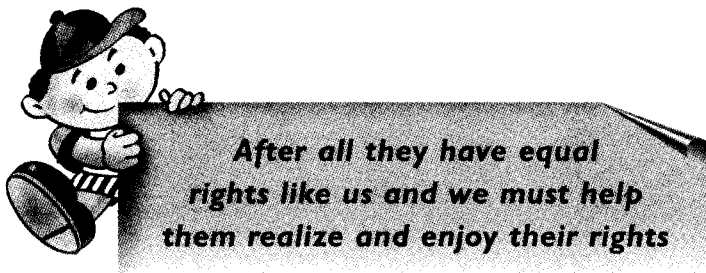


Now let us take the same example and see how we can do that.

**DISABILITY —————> NOT HANDICAPPED**

- |   |  |  |
|---|--|--|
| 1 | Blind person cannot read   | If reading material is given in Braille  |
| 2 | Persons with hearing impairment cannot hear other's talking                | But can manage the situation if messages are given in writing or in sign language. |
| 3 | A person with a loss of limb cannot reach 4th floor of a building          | He can reach if the building has lift or ramp.                                     |
| 4 | A retarded person cannot understand how to wear his clothes independently. | He can wear if the clothes are made easy to wear adapted with elastic, velcro etc. |

What you have seen here is only an example for each condition. If the society understands and take efforts, every person with disability can be helped to be not handicapped in having access to all facilities that the non disabled persons enjoy.



**Q. What to do when a child has a disability?**

A. If an impairment or disability has already occurred it is very important to identify or find them out at the earliest.

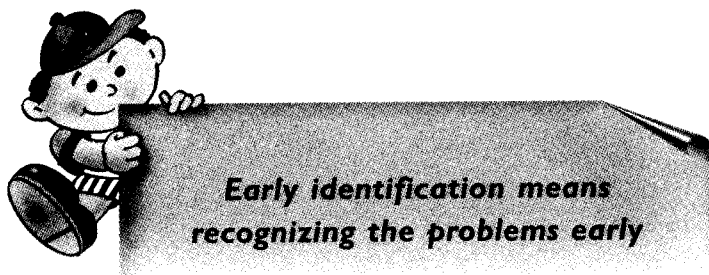
**Q. What is early identification?**

A. Early identification means recognizing the problems at the earliest.

**Q. What to do after recognizing the problems?**

After recognizing the problems it is important to refer the child to the concerned specialist who will try to :

- ⊠ examine the child.
- ⊠ suggest treatment.
- ⊠ plan long-term management.
- ⊠ provide information and guidance.



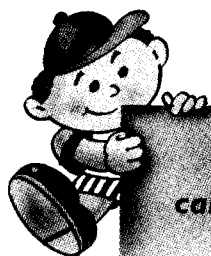
## **CAUSES OF DISABILITIES**

When Kishen came to know about his wife's pregnancy he was very happy. He took his wife to the primary health centre where the doctor examined Sita and advised her to take good food. Sita followed the doctors' advice throughout her pregnancy and gave birth to a healthy child.

You know what would happen if Sita had not gone for regular checkup or not followed Doctor's advice?

Sita might have been at risk of developing any of the complications during pregnancy or delivery, which may directly or indirectly affect the growing child in the womb leading to any of the disabilities.

Hence, during pregnancy, a woman has to take care to give birth to a healthy child. Here are some of the factors, which may affect the growing child in the womb and may lead to disabilities after the child is born.



***Complications during pregnancy  
can affect the growing child in the womb  
leading to any of the disabilities***



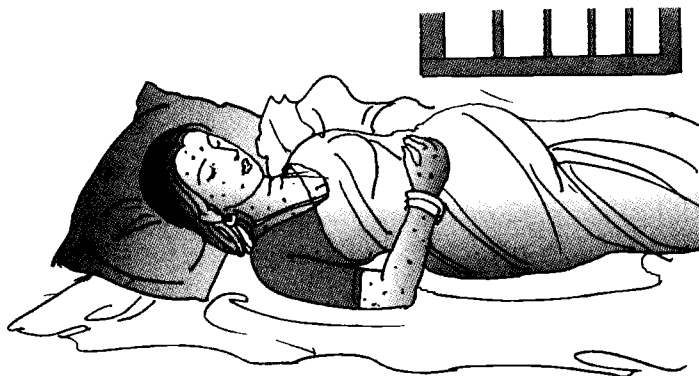
✘ **Poor nutrition and poor health status of the mother -**

When mother does not take sufficient food, her health will be affected. This may lead to poor growth of the baby in the womb because the baby receives nutrition from the mother.



✘ **Unsuccessful attempt of abortion -** Attempts of abortion by untrained persons can be harmful to the mother and the baby. This may lead to disability in the child.

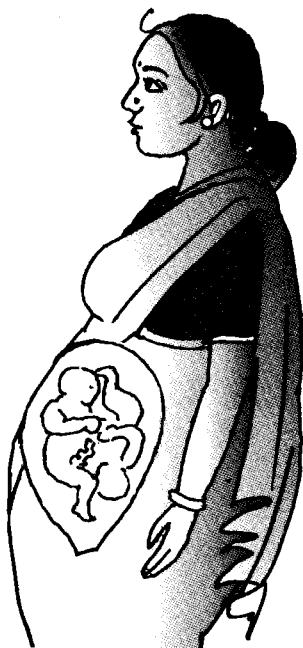
✘ **Infections in mother -** Infections like tuberculosis, chickenpox and rubella in the mother may prove to be dangerous to the child in the womb. They can cause deformities and disabilities in the baby.



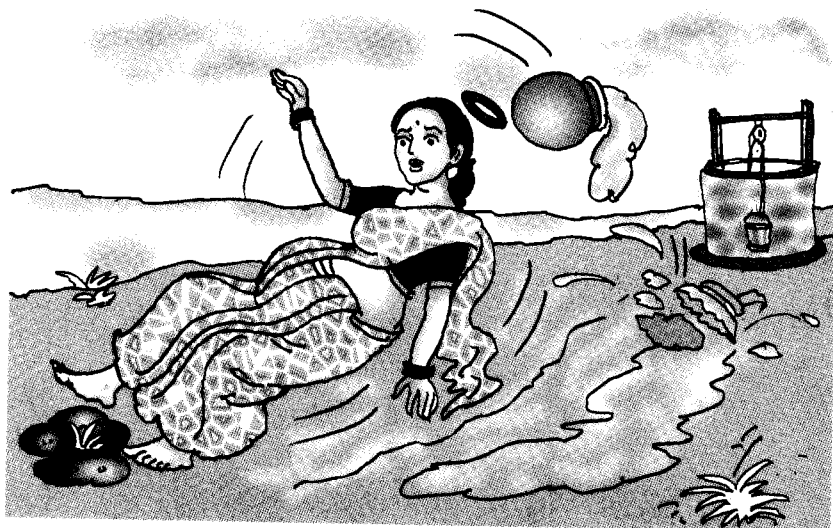
- ✘ **Poor health condition and chronic diseases in the mother** - Mother having health problems due to diabetes, tuberculosis, high blood pressure, heart and kidney problems during her pregnancy may result in an abnormal baby.



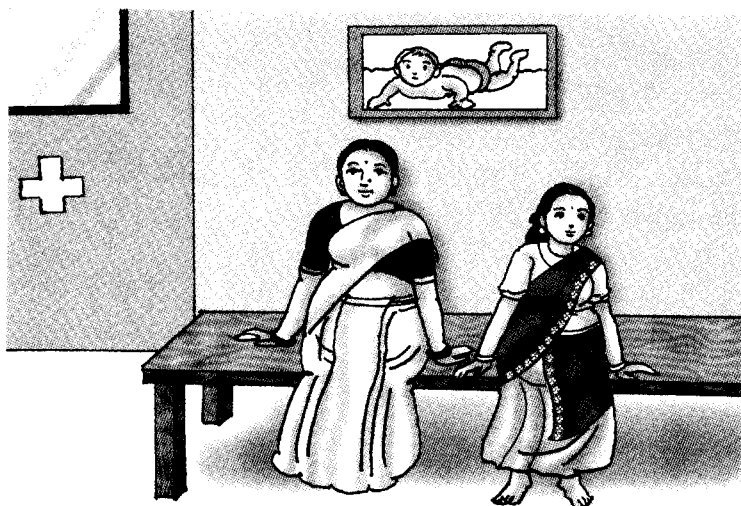
- ✘ **Twin pregnancy** - When mother is pregnant with twins, the mother has higher chance to have a difficult/premature delivery with low birth weight babies, who are all at high risk for disability.



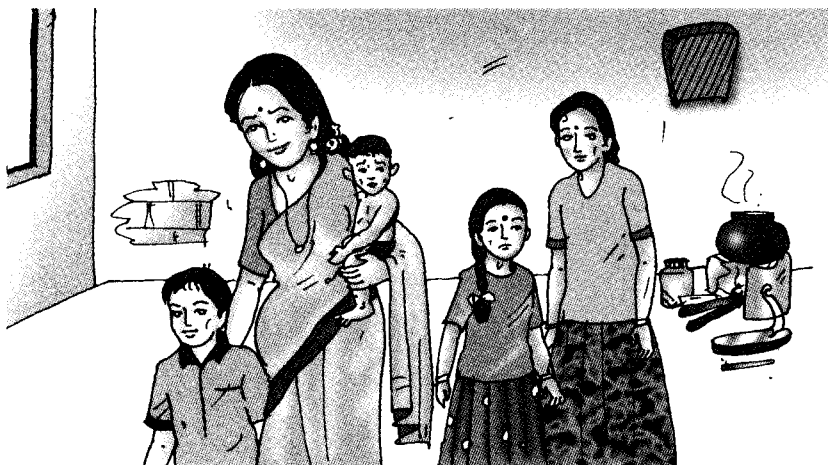
- ⌘ **Injuries and accidents during pregnancy-** Can injure the unborn child or cause abortion.



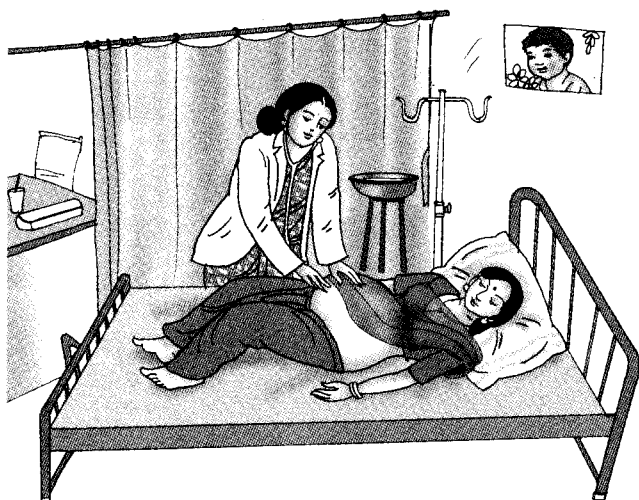
- ⌘ **Age of the mother** - When the mothers' age is less than 18 years her body is not mature enough for bearing a child. If the mother is older than 35 years, complications of first pregnancy increase and child bearing becomes difficult. The best period for child bearing is 20 -30 years.



- ✱ **More number of pregnancies or repeated pregnancies in the mother-** The mother becomes weak, thereby, affecting the health of baby.



- ✱ **Regular check up during pregnancy -** Regular check up is important to maintain good health. It helps to get the required immunization and identify problems early if present. If problems are not identified early they complicate pregnancy which can lead to disability in the child.

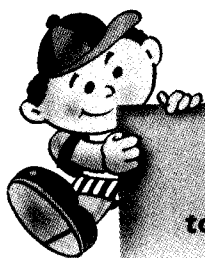


✱ Exposure to -

- X-rays
- Chemicals
- Poisons
- Smoking
- Alcohol
- Self-medication



All these are dangerous to the unborn child.

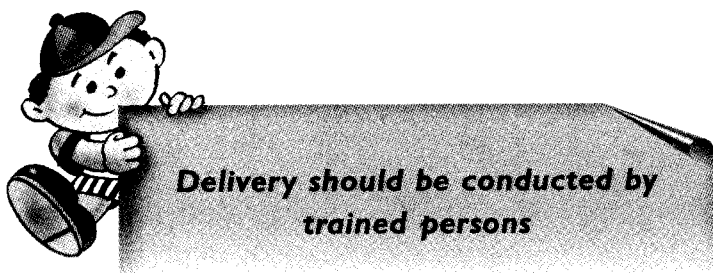


**Pregnant women needs  
to take good care of her health**

**Delivery should be conducted by a trained person in clean conditions to avoid the following complications:**

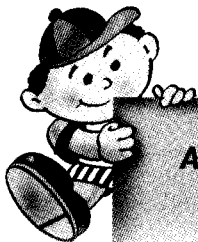
- ⌘ **Prolonged labour** - The birth process should not be more than 24 hours. If labor is for longer time the child may develop complications.
- ⌘ **Difficult delivery** - When the baby is big or mother's birth passage is narrow or the baby is in abnormal position delivery becomes difficult.
- ⌘ **Dry labor** - When the fluid drains before the birth, delivery becomes difficult .This may injure the baby.
- ⌘ **Cord around the neck** - When the baby has umbilical cord round the neck during the birth, it acts like a rope round the neck and suffocates the baby.

All these may increase the risk for disabilities in the children.



Once the child is born, the mother and family members should take good care to enhance normal growth and development. When the child has any of the following problems during the new born period or in the first one month, the child should be immediately attended to or taken to a doctor for medical help as their complications may lead to disability. Attention should be given to a baby with following symptoms :

- ✘ Delayed birth cry.
- ✘ Color of baby is blue, yellow and pale.
- ✘ Breathing problems after delivery.



**A new born child needs good care to enhance normal growth and development**

- ✘ Fits or abnormal jerky movements of the body.



- ✘ Feeding difficulties - When child does not take feed, has difficulty in sucking and swallowing or has repeated vomiting.

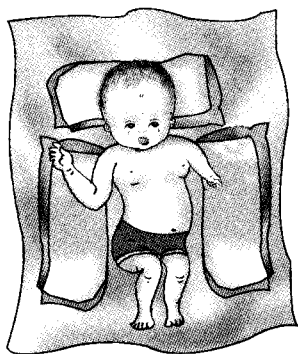




- ⊠ Dull, lethargic or excessive crying baby.



- ⊠ Congenital deformities - Children born with deformities like limb deformities, abnormal head size and shape, deformities of spine, eyes etc.



- ⊠ Abnormal facial features like low set ears, squint, cleft lip or cleft palate.

During developmental period, infections like brain fever, severe diarrhoea, malnutrition, injuries, accidents and poisoning may also lead to disabilities.



**When child has any of the above problems, child should be taken to a doctor immediately**

## **HOW TO PREVENT DISABILITIES?**

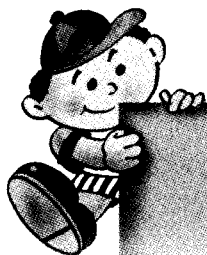
Any woman who is pregnant will dream to have a healthy normal child and experience happiness when the child grows and develops normally. Therefore, when Ganga was pregnant her husband took her to the primary health center for regular health check ups. She was advised good care during pregnancy.

***Q. Do you know why Ganga was advised to take good care during pregnancy?***

A. Good care during pregnancy helps in the birth of a healthy baby and also prevents the occurrence of disability.

***Q How to prevent disabilities from occurring?***

A. In order to prevent disabilities from occurring, care should be taken during pregnancy, delivery and after the child is born.



***Take appropriate steps  
to prevent disabilities***

## I Care during pregnancy include the following:

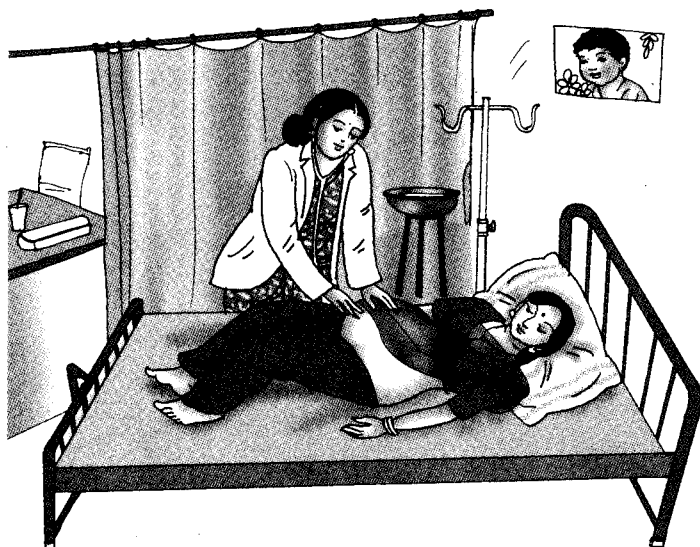
- ✘ **Take nutritious food** - It is not sufficient to just eat, but eat food in the right quantity and quality. It should contain enough rice or wheat, eggs or *dhal*, or meat, ghee or oil, vegetables and fruits, milk and milk products.



- ✘ **Have clean and hygienic surroundings** - The woman should keep the surroundings clean and hygienic. She should maintain cleanliness by washing hands, taking clean food and water etc. Clean habits are very important to prevent contacting infections.



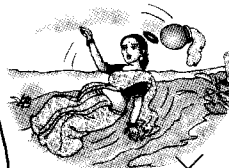
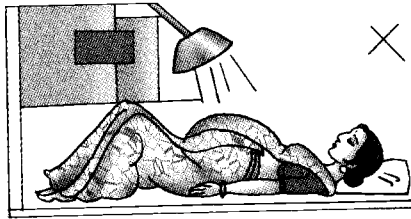
- ✱ **Maintenance of good health** - The woman should go for regular health check ups during pregnancy in order to maintain good health. Good health means the woman should not have infections or symptoms like excessive thirst, swollen legs, excessive urination, giddiness or not feeling hungry. She should have adequate exercise and eat well to maintain good health.



**Regular health checkups  
during pregnancy  
can help to prevent disabilities**

❖ **Avoid -**

- unprescribed drug intake and self medication.
- attempts at abortion.
- exposure to infectious diseases.
- exposure to x-rays.
- exposure to toxic poisonous substances.
- smoking & intake of tobacco.
- consumption of alcohol.
- injuries and accidents.
- over exertion.
- long journey, specially during the last week of pregnancy.

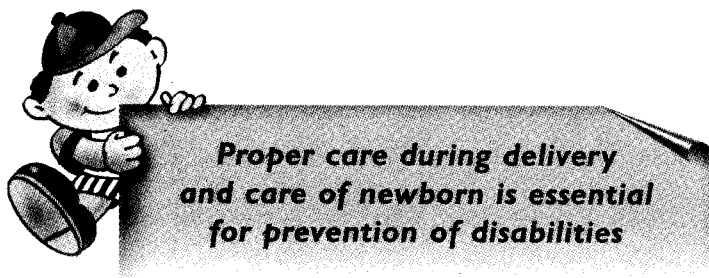


## **II. Care during delivery**

Delivery should be conducted under clean conditions by a trained person. The baby should be handled gently with care. The umbilical cord should be cut with a sterile knife. In case of difficult or abnormal labour or delivery, the mother should be taken to a nearby hospital without delay. Ensure that delivery of placenta and control of uterine bleeding after the delivery of the baby are done carefully. Mother should be allowed to rest for few hours immediately after delivery.

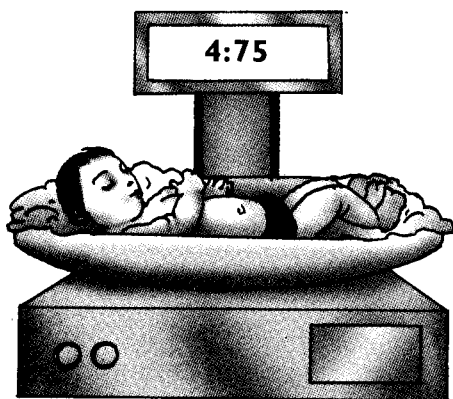
## **III. Care of the new born**

After delivery, the new born requires proper care. The child should be breast fed soon after birth. If the child develops any problems like fever, jaundice, fits etc; the child should be taken to the hospital immediately. If child is not taking feeds or has sleep problems, respiration problems, passing urine / stool abnormally, the child should be seen by a doctor. All these help to reduce the incidence of developing complications which may lead to disabilities later.



#### IV. Care of the Infant

- ✕ **Regular growth monitoring** - Taking good and balanced food ensures normal growth and development. It is essential to see that the child is able to gain weight and is active. This will help the parents to rule out any disability in the child.



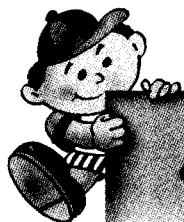
- ✘ **Proper nutrition** - If child is not given proper food, he may become malnourished and may not be healthy. Such a child is always sick and does not show any interest in the surroundings. This may affect the child's growing brain, leading to any of the disabilities.



- ✘ **Child rearing practices** - This means that the mother should know the best way of bringing up the child. The mother should know how to bathe, feed and look after the child for proper development. She should also know how to discipline the child and try to do what is best for the child.\*

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\* Refer Appendix I (Page 71) for further information



**Proper care of infant is  
essential for reducing the  
occurrence of disability**

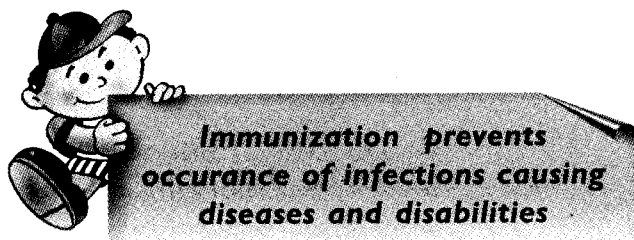


- ✱ **Immunization-** The mother should know that immunization will protect the child from infections which are harmful. The parents should take the child regularly for immunization. This will go a long way in prevention of disabilities.\*

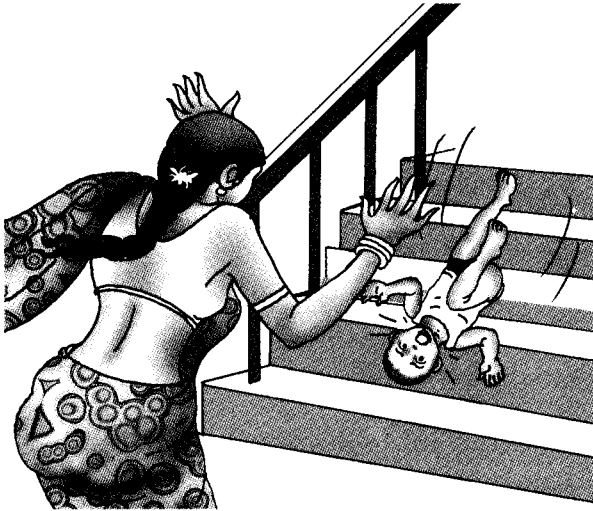


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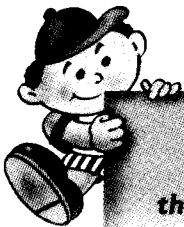
\* Refer Appendix II (Page 119) for further information



- ✧ **Prevention of physical trauma like injuries, accidents, burns and drowning** - Physical trauma may cause head injuries which may lead to disabilities.



- ✧ **Marriages within close blood relatives** - Another important factor to be kept in mind is to avoid marriages with blood relations especially when there is a family history of any disabilities. In such cases, the couple need to go for genetic counseling . This is very important to reduce the incidence of disabilities from occurring.
- ✧ **Genetic counselling** - When the risk for having a child with disability is more, then genetic counselling is very essential. Occurance of disabilities caused by hereditary factors can be avoided.



***If every mother is educated about the above factors, it will help to reduce the occurrence of disability to a large extent.***

One day Radha complained that her child who is 4 months old is not looking at her and smiling. She took the child to the local Primary Health Centre and found out that the child is not able to see. She told the doctor that child looks perfectly all right and hence she denied the doctor's statement. The doctor explained to her in detail about the impairment and told her about the future course of action.

***Q. What is visual impairment?***

- A. Blindness/visual impairment means total absence of sight or serious limitations in the field of vision.

***Q. How does visual impairment affect the child?***

- A. Because of blindness or visual impairment, the child may have :
- ⊗ developmental delays (delay in achieving milestones).
  - ⊗ difficulty in performing day to day activities.
  - ⊗ learning may be poor and delayed.

***Q. Do you know why vision is important?***

- A. All of us know that eyes are very important for seeing. Through sight (vision) we are able to see, understand, explore, learn and develop.

***Q. Why does visual impairment occur?***

- A. In most of the cases, the causes that lead to blindness can be mainly due to infection and malnutrition.
- ⊗ The major cause of blindness due to malnutrition is a result of prolonged deficiency of vitamin A. This happens due to inadequate intake of green leafy vegetables and

fruits in a child's diet. In most of the cases, the child is only breast fed and mothers neglect supplementation of foods.

- ✘ Measles is another cause that damages the surface of the eye.
- ✘ When the brain is damaged during birth process or during pregnancy due to delayed birth cry or infection in the mother, eye or vision may be affected.
- ✘ Eye injury also may lead to blindness.\*

***Q. When to suspect visual impairment?***

A. When :

- ✘ eyes look swollen, watering and crusting.
- ✘ the white part of eye is dry and appears muddy.
- ✘ eyes are shaking or jerking.
- ✘ size of the eyes are large / small, bulging, absent eyeballs or small pupil.
- ✘ there is black central hole (pupil) in the eye that is opaque or white known as cataract.
- ✘ eyes cannot be in one position. They keep moving all round without focus.
- ✘ squint may be present. Eye ball moves in abnormal direction (the eye may move towards nose side or towards the ear side).
- ✘ the eye lids droop (like in sleep state) and are difficult to open them and look up.
- ✘ any part of the eye may show signs of injury or ulcer formation.

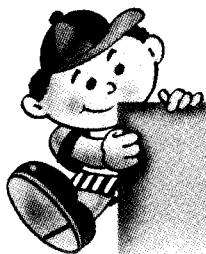
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\* Also refer to causes given in chapter 2, pg 5-12

**Q. How does a child with visual impairment behave?**

A. The child may show changes in behaviour and development due to visual impairment or blindness. These may sometimes be listed as complaints by parents, such as :

- ✱ Does not make eye contact.
- ✱ Does not recognize parents/ people or objects.

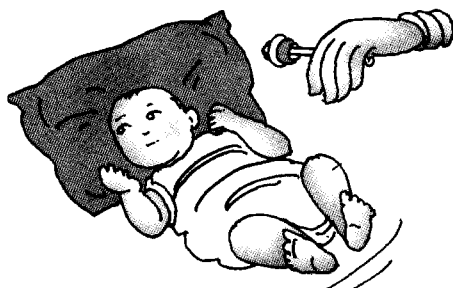


**Children with  
visual impairment  
may behave differently**

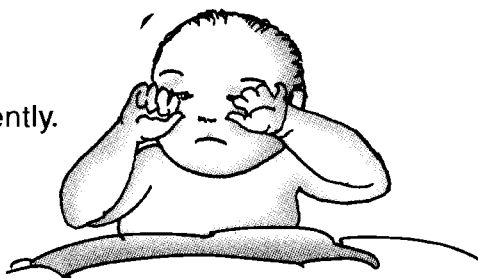
- ✖ Positions the head and body by tilting the head or looking from corners of the eye as it is difficult to see objects or persons clearly.



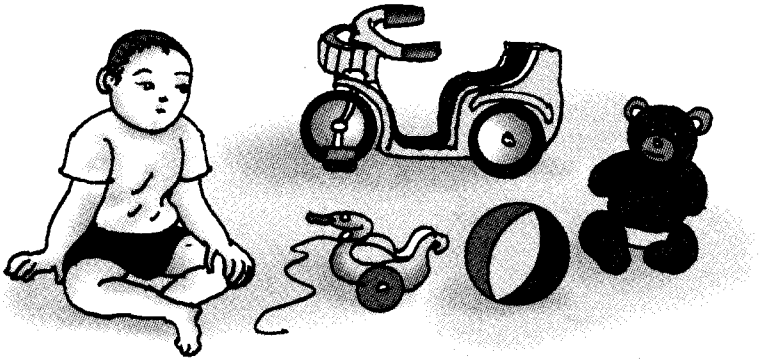
- ✖ Looks in a different direction when something is given.



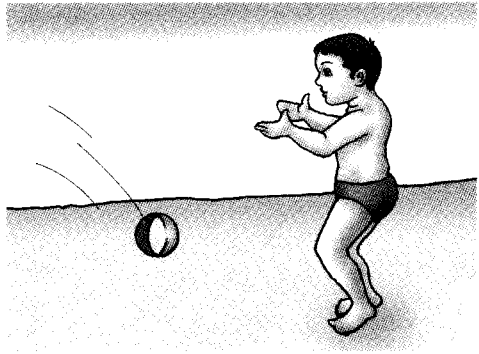
- ✖ Rubs the eyes frequently.



- ✘ Not interested in the surroundings.



- ✘ Difficulty in locating/tracking fallen objects or moving objects.



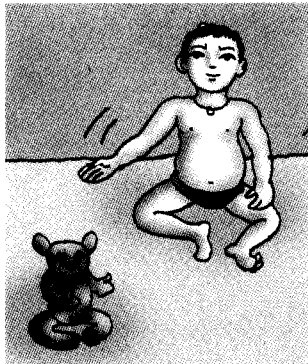
- ✘ Holds objects and toys close to the eyes.



- ✘ Delay or difficulty in sitting, crawling, standing, walking, climbing, balancing and clumsy in doing things.



- ✘ Closes the eyes or blinks frequently.
- ✘ Play behaviour is poor and limited: Poor manipulation of toys like throwing and catching a ball, building towers etc., learning by seeing is also limited.



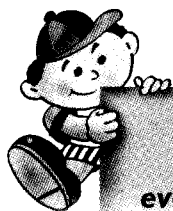


- ✖ Bumps into objects or anything coming in the way.



- ✖ Has repeated behaviour like body rocking, banging head and playing with hands held close to the eyes.

- ✖ Difficulty in self care activities like feeding, dressing, bathing etc.



**Child may have  
visual impairment  
even in normal looking eyes**

## CHECK OUT THE FOLLOWING ACCORDING TO AGE

Age	Behaviour in normal child	Behaviour in child with visual impairments
0-3 months	Infant can follow bright object or light with eyes.	Infant cannot follow bright object or light with eyes.
	Infant looks towards source of sound.	Infant does not look at the source of sound.
3-6 months	Infant tries to reach for toys when shown.	Infant does not look at the direction of objects.
	Infant maintains eye contact.	Child cannot maintain eye contact.
6-9 months	Child smiles at mirror image.	Child does not smile at mirror image.
	Child can pick up small objects like beads, seeds or marbles.	Child has difficulty picking up small objects.
9-12 months	Child manipulate objects in hand and looks for details.	Child has difficulty in manipulating objects in hand.
	Child imitates simple actions like bye bye,namaste.	Child has difficulty in imitating simple actions.
	Child moves about freely avoiding obstacles.	Child has difficulty in moving and cannot avoid obstacles.
12-24 months	Child shows interest in picture books.	Child does not show interest to look at pictures in books.
	Child can draw vertical and horizontal lines.	Child has difficulty in drawing lines.

24-36 months	Child can match simple shapes like circle, triangle, and square.	Child has difficulty in matching shapes.
	Child can copy a circle.	Child has difficulty in copying a circle.

## DO IT YOURSELF AND CHECK

It is essential to suspect the impairment as early as possible. In order to suspect visual impairment the following can be done by mothers or grass root level workers :

	What to do	Normal response	Suspect Visual Impairment
1.	Hold the face of the child close to your face	The baby makes an eye contact	No eye contact
2.	Flash the light on to the eyes	Immediately closes the eye (blinks)	Does not blink
3.	Move the torch light from side to side and up and down	Follows the light	Does not follow light
4.	Bring your index finger (in poking manner) slowly towards the baby's eye	Blinks immediately	No blinking
5.	Offer a toy without making sound	Child looks and reaches out	Does not see or reach out

**If a child is suspected to have a visual problem, the action to be taken includes :**

Services essential	What is the service	Where to go for help
<p>✕ Referral to :</p> <ul style="list-style-type: none"> <li>• Primary Health Centre (PHC).</li> <li>• eye specialist.</li> </ul>	<p>Will detect the problem.</p> <p>Will detect the type of eye problem and suggest treatment/management /aids and appliances.</p>	<p>- To doctor at Primary Health Centre.</p> <p>- To concerned specialist at district headquarters or nearby town.</p>
<p>✕ Education -</p> <ul style="list-style-type: none"> <li>• normal schools with resource teaching.</li> <li>• special classes with integration in one or more subjects.</li> <li>• special classroom in normal schools.</li> </ul>	<p>This type of education is suitable for children who are partially sighted by using special aids.</p> <p>Same as above.</p> <p>Same as above.</p>	<p>Schools funded by government or government schools.</p> <p>Same as above.</p> <p>Same as above.</p>

<ul style="list-style-type: none"> <li>special teacher -</li> </ul>	<p>Will help the child to use his abilities and educate the child according to the severity of the condition. Sometimes alternate methods of learning like Braille are taught.</p>	<p>Special schools run by Government or Non Government organisations in respective districts or nearby towns.</p>
<ul style="list-style-type: none"> <li>Community Based Rehabilitation (CBR) programme</li> </ul>	<p>Under CBR programme, home based or centre based programme for training and management will be available.</p>	<p>Government or Non Government organisations in respective districts or nearby towns.</p>
<p>✠ Guidance / Training National Institutes, District Disability Rehabilitation Centres (DDRC). District Rehabilitation Centre (DRC)*</p>	<ul style="list-style-type: none"> <li>- Information and guidance.</li> <li>- Suggest suitable training and vocational guidance.</li> <li>- provide aids and appliances.</li> </ul>	<p>National Institute for the Visually Handicapped (NIVH)-Dehra Dun 116, Rajpur Road, Dehradun. Uttar Pradesh. Tel/Fax : 0135-748147</p>

\*In some selected districts, this facility is available. Information available with respective State Government welfare departments functioning in the districts.

Little Sonu was born with deformed ears. He could not listen to his mother's voice and that of people around him. He is already five years old and is not able to talk like other children in his village. He is quiet and spends time on his own. Little Sonu may be having a hearing impairment.

***Q. What is hearing impairment?***

A. Hearing impairment is inability to hear the sounds, due to abnormality in the ears. Hearing can be partial or total depending on the severity.

***Q. Do you know why ears are important?***

A. Ears never close at day or by night. They primarily function to protect an individual against danger. Ears help in listening to speech and sound in the environment. Because we hear through our ears, the child responds to sounds right from birth. Hearing helps the child to learn to speak. If child has problem in the ears due to any reason the child will not be able to hear and speech does not develop normally. This loss of hearing can be partial or total. When child has severe loss of hearing or cannot hear totally he is said to have hearing impairment.

From about 3 months onwards the child with normal hearing abilities starts to vocalize and makes cooing sounds when we talk to them. In fact, these sounds become the basis for speech and language development.

**Q. What happens when there is a hearing loss?**

A. Due to hearing loss :

- ✖ child will not be able to hear to sounds in the environment.
- ✖ child will not be able to listen to anybody's voice and language spoken at home.
- ✖ child will not be able to interact with mother and family members.
- ✖ child may cry or show anger as he cannot express and communicate his feelings.

**Q. What kind of problems can a child with hearing loss have?**

A. The child may have following problems like :

- ✖ language and speech problems.
- ✖ poor communication skills.
- ✖ behavioural problems.

**Q. What are the common speech and language problems in children?**

A. Problems in speech and language and inability to communicate can be in the form of :

- ✖ poor sound production or poor sound imitation.
- ✖ language is limited to words and poor sentence construction.
- ✖ communication is not clear and can be in the form of gestures or signs.



**Child's milestones will be normal,  
if there is no associated condition like  
developmental delay**

**Q. Why is hearing affected?\***

A. The risk factors for hearing loss are :

- ✖ inherited factors - some of the inherited factors can cause hearing loss. More than one family member may be affected or it runs in families.
- ✖ maternal illness during pregnancy - when mother gets high fever due to infection, the fetus may have higher chance for acquiring hearing impairment.
- ✖ delayed birth cry - if child has delayed birth cry there is a possibility of damage to brain which can lead to hearing loss.
- ✖ head injury/injury to the ear - when the child falls down and injures his head or ear, hearing can be affected.
- ✖ ear infections - with severe and/or repeated infections of the ear, the structure of the ear may be damaged leading to loss of hearing.
- ✖ long exposure to excessive sounds may damage the hearing mechanism.
- ✖ drugs - Over dosage or toxicity of some drugs can cause hearing loss.
- ✖ jaundice on the first day after birth.
- ✖ Rh incompatibility.\*\*

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\* \* Rh incompatibility - The rhesus factors found in blood may be negative in mother and positive in child which may lead to severe jaundice leading to brain damage.

\* Also refer to causes given in Chapter-2 - Pg. 5-12



**Q. How to know about hearing loss?**

A. It is important to know about hearing loss so that the problem can be identified early and the child can be helped early. Therefore observe for these :

- ✱ ear discharge like pus/ blood / water.
- ✱ ear canal is closed due to wax or foreign body.
- ✱ the ear can be deformed interfering with sound transmission.
- ✱ the external ear may be absent.
- ✱ the structure of the ears is uneven.

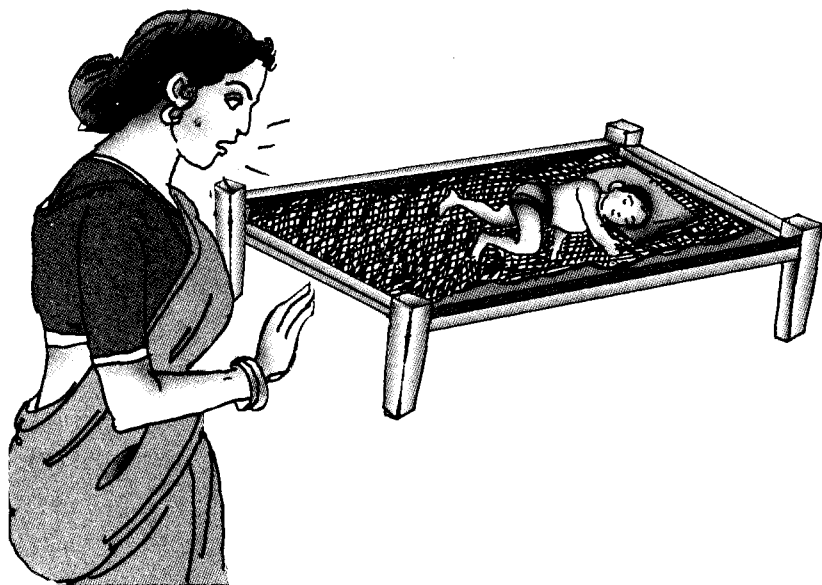
**Q. How does a child with hearing loss behave?**

A.\* A child with hearing loss may show different behaviour and development due to hearing problems. The following may be looked for and noted :

- ✱ The child does not startle to loud sounds.



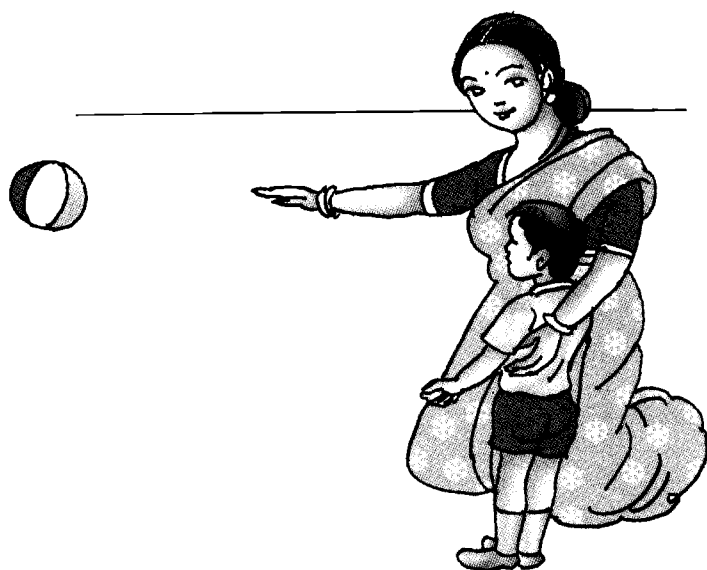
The child does not respond when his name is called.



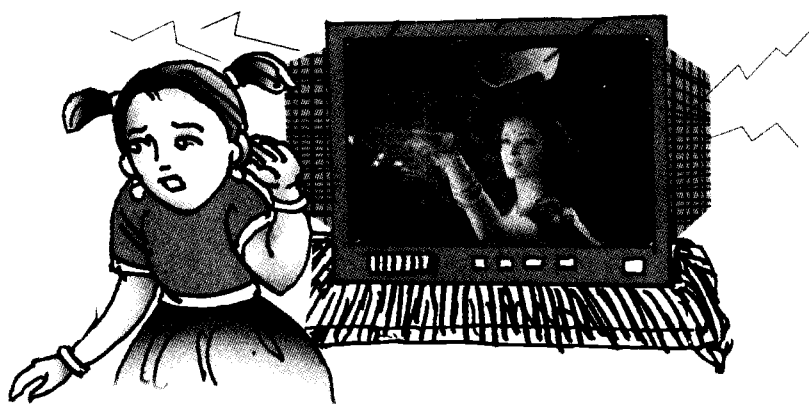
Poor participation in activities with sounds (rattles, music).



The child does not understand simple instructions.

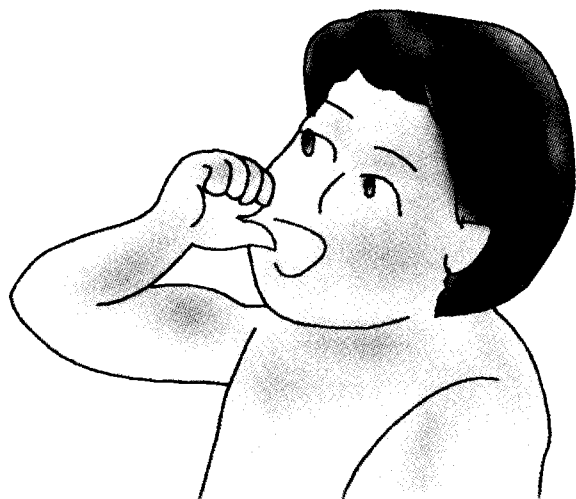


The child may turn his head to one side to listen from better ear.



Child's speech and language is poor and delayed.

Child uses lot of gestures to communicate.

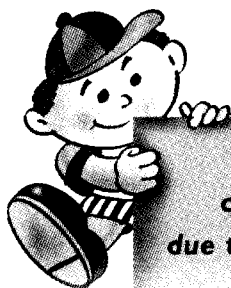


Child may look confused when someone is speaking.



Child may be either withdrawn/ become aggressive.

Child does not show interest in conversation.



**The performance and behaviour of children with hearing loss is affected due to their inability to hear and respond to sounds in the environment**

## CHECK OUT THE FOLLOWING ACCORDING TO AGE

Age	Behaviour in normal child	Behaviour in child with severe hearing impairment
0-3 months	Child awakens to loud noise.	Child does not awaken to loud noise.
	Child startles or cries to loud sound.	Child does not cry to loud sounds.
3-6 months	Child listens to soft sounds.	Child does not listen to soft sounds.
	Child seems to recognize mother's voice.	Child does not seem to recognize mother's voice.
	Child stops playing and appears to listen to sounds or speech.	Child continues to play and does not respond to sounds or speech.
	Child tries to turn towards the speaker.	Child looks confused.
6-9 months	Child responds to his/her name.	Child does not notice when name is called.
	Child turns his or her head towards the side where the sound is coming from.	Child does not turn head from where the sound is coming.

9-12 months	Child searches or looks around when hearing for new sounds.	Child cannot hear when called from another room.
	Child turns to look up when called.	Child does not notice when called.
	Child responds to simple commands /queries such as come here, do you want more.	Since the child cannot hear, he behaves as if he/she cannot understand the commands.
12-18 months	Child can distinguish sounds such as door bell, and a train/barking dog/automobile horn.	Child cannot distinguish different sounds.

- ✱ If there is no associated problem like developmental delay, children with hearing impairment have normal intelligence. Their performance and behaviour is affected due to their inability to hear and respond to sounds in the environment.
- ✱ The behaviours vary depending on the severity of hearing loss. The above mentioned behaviours are typically manifested in children with severe hearing loss.

## DO IT YOURSELF AND CHECK

	What to do	Normal response	Suspected hearing impairment
1.	Ring a bell a little away from the ear	Startle, may cry	Does not startle or cry
2.	Make a loud bang a little away from the child	Startles or looks towards the sound	No response
3.	Talk to the child from a side or standing behind	Turns head towards the source of sound	No response
4.	Call the child by name	Looks towards the caller	No response
5.	Give simple instructions like take, give, leave it without gestures	Follows instructions by appropriate response	No response



**Q. What to do if problem is suspected?**

A. If hearing impairment is suspected the following action may be taken :

Essential services	What is the service	Where to go for help
☒ Referral to : <ul style="list-style-type: none"> <li>• Primary Health Centre (PHC).</li> <li>• ENT (Ear, nose, throat) specialist.</li> <li>• Audiologist/Speech pathologist.</li> </ul>	<p>Will detect the problem.</p> <p>Will detect the type of hearing problem and suggest treatment/management/aids&amp;appliances.</p> <p>Assessment of level of hearing/hearing loss.</p>	<p>-To doctor at Primary Health Centre.</p> <p>- To concerned specialist at district headquarters or nearby town.</p> <p>Same as above.</p>
☒ Education normal schools with resource teaching.	<p>This type of education is suitable for children who have partial hearing loss using special aids</p>	<p>Schools funded by government or government schools.</p>

<ul style="list-style-type: none"> <li>• special classes with integration in one or more subjects.</li> <li>• special classroom in normal schools.</li> <li>• special teacher.</li> </ul>	<p>This type of education is suitable for children who have partial hearing loss using special aids.</p> <p>Same as above.</p> <p>Will help the child to use his abilities and educate the child according to the severity of the condition. Sometimes alternate methods of learning like sign language can be taught.</p>	<p>Schools funded by government or government schools.</p> <p>Same as above.</p> <p>Special schools for the hearing impaired run by Government or Non Government organizations in respective districts or nearby towns.</p>
<p>Community Based Rehabilitation (CBR) Programme.</p>	<p>Under CBR programme home bound or centre based programme for training and management will be available.</p>	<p>Government or Non Government organizations in respective districts or nearby towns.</p>

<p>✠ Guidance / Training National Institutes, District Disability Rehabilitation Centres (DDRC)* and District Rehabilitation Centres (DRC)*</p>	<ul style="list-style-type: none"> <li>- Information and guidance.</li> <li>- provide aids and appliances.</li> <li>- suggest suitable training and vocational guidance.</li> </ul>	<p>Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH) Bandra Reclamation, K.C. Marg, Mumbai - 400 050. Ph : 022-640-0215/0228/9176 Fax : 26422638 Email : director@giasdmol.vsnl.net.in</p>
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\*In some selected districts, this facility is available. Information available with respective State Government welfare departments functioning in the districts.

## **SPEECH PROBLEMS IN CHILDREN**

***Q. Do you know why children babble and coo?***

A. It is the child's attempt to communicate.

***Q. What is communication?***

A. Communication means expressing a message and receiving a message. Using speech and language is one of the means of communication.

***Q. Do you know why children have speech problems?***

A. Children have speech problems due to the following reasons :

- |   |  |
|---|--|
| ✱ Genetic                               | - some speech problems can be inherited.   |
| ✱ Brain damage                          | - when brain is affected, speech also may be affected.   |
| ✱ Mental retardation/<br>Cerebral palsy | - when child has mental retardation / cerebral palsy the brain is affected, thereby speech is also affected. |
| ✱ Hearing loss                          | - if a child cannot hear, either he is not able to talk or his/her speech is unclear.                        |
| ✱ Cleft lip /cleft palate               | - when child has cleft lip, speech is unclear.   |
| ✱ Damage to Voice Box*                  | - problems in voice production.  |
| ✱ Unknown causes                        | - may vary from specific speech problem to stammering and other problems.                                    |

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\* Voice box/larynx - voice box is located in the throat and helps to produce sound. Sound production is essential for speech.

**Q. What happens when child has speech problems?**

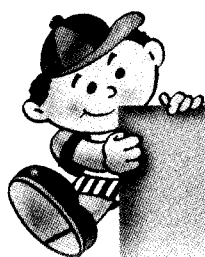
- A. When a child has speech problem, the child is unable to communicate clearly using speech or the child may use alternate mode of communication. This inability in expressing the feelings through speech may affect the child's adjustment patterns. They may be laughed at resulting in psychological problems. (Like expressing anger, feeling of inferiority, loneliness, non-socialization, depression, anxiety etc.)

**CHECK OUT THE FOLLOWING ACCORDING TO AGE**

Age	Child who can speak	Child with speech problems
Around 6-8 months	Child can make cooing sounds like aeee....., ash.....	Child vocalizes and makes babbling sounds.
Around 9-10 months	Child can produce sounds and utter words near to own language for asking questions or for demanding etc.	Child can make sounds that are not clear.
Around 10- 12 months	Child can speak first words like dada, mama.	Child may make a few vocalizations.
Around 12-18 months	Child uses words to express needs.	Child cannot use words.
	Child can speak in two word sentences.	Child cannot speak in words/sentences and has limited vocabulary.

Around 18-24 months	Child can speak in well-formed sentences.	Child cannot speak in well-formed sentences.
	Child can name objects in the surroundings.  Child can name simple pictures in the book.	Child cannot name objects in the surroundings.  Child cannot name pictures in book.
Around 24-30 months	Child can tell his or her name.	Child cannot tell name.
Around 30-36 months	Child can say concepts like small / big, tall / short, cold / hot.	Child uses gestures.

✱ *This check list is used for children who have speech problems with hearing impairment. For other speech problems consult speech therapist.*



**Problems in  
speech can occur  
due to many reasons**

## What to do if problem is suspected?

If a child has speech problem the action to be taken includes :

Services essential	What is the service	Where to go for help
✕ Referral to : <ul style="list-style-type: none"> <li>• Primary Health Centre (PHC).</li> <li>• Speech Therapist and ENT (Ear, Nose, Throat) Doctor.</li> </ul>	<p>Will detect the problem.</p> <p>Will detect the type of speech problem and suggest treatment/management.</p>	<p>- To doctor at Primary Health Centre.</p> <p>- To concerned specialist at district headquarters or nearby town.</p>
✕ Education <ul style="list-style-type: none"> <li>• normal schools with resource teaching.</li> <li>• special classes with integration in one or more subjects.</li> <li>• special classroom in normal schools.</li> </ul>	<p>This type of education is suitable for children who are hearing impaired with speech problems.</p> <p>Same as above.</p> <p>Same as above</p>	<p>Schools funded by government or government schools.</p> <p>Same as above.</p> <p>Same as above</p>

• special teacher.	Will help the child to use his abilities and educate the child according to the severity of the condition. Sometimes alternate methods of learning like sign language is taught.	Special schools run by Government or Non Government organisations in respective districts or nearby towns.
• Community Based Rehabilitation (CBR) programme.	Under CBR programme home based or centre based programme for training and management will be available.	Government or Non Government organisations in respective districts or nearby towns.
✕ Guidance / Training National Institutes, District Disability Rehabilitation Centres (DDRC).* District Rehabilitation Centre (DRC)*	- Information and guidance.  - Suggest suitable training and vocation.  - Provide aids and appliances.	Ali Yavar Jung National Institute for the hearing handicapped (AYJNIHH) K.C.Marg, Mumbai - 400 050. Ph : 022-640-0215/0228/9176 Fax : 26422638 Email : director@giasdmoi.vsnl.net.in

\*In some selected districts, this facility is available. Information available with respective State Government welfare departments functioning in the districts



# **LOCOMOTOR DISABILITIES IN CHILDREN**

Kalyani was due to deliver and had prolonged labour pains. She was taken to the hospital where the doctor conducted her delivery. Kalyani had a prolonged labor and child did not cry immediately after birth. After two days the child had fever with fits and cried continuously. The child's activity level was also poor. The child was treated accordingly and discharged.

After the child was taken home, Kalyani soon realized that her child's hands and legs were stiff and was not moving his limbs like other children. She took the child to the local primary health centre and found out that child has problem with movements in his hands and legs.

This problem is known as Locomotor Disability.

***Q. What is locomotor disability?***

- A. Locomotor disability is loss or lack of normal ability to move both hands and legs by himself/herself and or objects from one place to another.

***Q. Do you know why limbs are important?***

- A. Limbs are very important for moving and for doing various day to day activities. For infant's hands and legs are important for playing and for activities like crawling, standing, walking etc.

When child cannot move his hands and legs, the child will not be able to move from one place to another and cannot play with objects and toys around him.

**Q. How does locomotor impairment affect the child?**

A. Due to locomotor impairment :

- ✕ the child will not be able to move and hence dependent on others.
- ✕ the child's activity level will be less.
- ✕ the child may not be able to play with objects or toys.
- ✕ the child may not be able to explore the surroundings.

**Q. Why movements are affected?**

A. When limbs and parts of the body are affected it is obvious that caretaker or the mother realize and recognize the problem easily. Movements are affected due to following reasons :

- ✕ when spine is damaged.
- ✕ when muscles of hands and legs are stiff.
- ✕ when bone and bone joints in various parts of body are affected.
- ✕ fingers or toes are joined together.
- ✕ head turned to one side.
- ✕ bones of hip are not joined properly.
- ✕ feet are affected and may be bent at the ankle.
- ✕ loss of sensation in hands or limbs.
- ✕ absence or weakness of muscles.
- ✕ affected muscles and bones of limbs become thinner than other limbs.
- ✕ due to shortening of muscles, affected limb cannot be straightened.
- ✕ Brain damage.

**Q. What are the causes for locomotor impairment?**

A. The causes may occur :

***During pregnancy due to:***

- ✕ infections like measles leading to cerebral palsy.
- ✕ malnutrition - when mother does not take balanced diet and eat properly during pregnancy.
- ✕ medicines taken without doctor's prescription can affect the growth of the baby.
- ✕ Rh incompatibility\* (Refer Page No. 37 Chapter Five).

***During birth :***

- ✕ injury to brain as a result of complicated delivery.
- ✕ delayed birth cry due to which brain cells are damaged.

***After birth of the child :***

- ✕ if the child is born premature (before 30 weeks) or birth weight is less than 2 kgs.
- ✕ if the child has not been vaccinated against polio or had an attack of polio.
- ✕ if the child's diet does not contain vitamin D it may lead to rickets\* which results in locomotor problem.

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\* *Rickets - The limb bones become enlarged and may be bent under the weight of the body. The skull also becomes fragile.*

**Q. Why does locomotor disability occur?**

A. Locomotor disability can occur due to following reasons :

- ✧ **polio** - When poliovirus attacks the child, the muscles of the limbs are affected.
- ✧ **cerebral Palsy** - Due to Cerebral Palsy, the limbs are stiff and loose. So, movements are affected.
- ✧ **birth defects of the spine** - When spine is affected, the movements of limbs is difficult.
- ✧ **injuries due to accidents** - When limbs are affected due to accident, movements become a problem.
- ✧ **maldevelopment of locomotor organs** - When hands and legs are not developed properly due to genetic or congenital problems.
- ✧ **deficiency of vitamin D** - When child's diet is less with vitamin D, growth of bones are affected.
- ✧ **bones and joints disorders** - When bones and joints are affected, movement becomes difficult.
- ✧ **muscular problems** - Due to problems like Muscular dystrophy muscles become weak affecting the movements.

# **CEREBRAL PALSY**

***Q. Do you know about cerebral palsy?***

A. Cerebral Palsy means abnormal functioning of the motor system. It is a condition where the nerves and muscles of the body are not coordinated affecting the movements. It is caused due to damage to the developing brain.

***Q. How will a child with cerebral palsy be?***

A. The main features of this condition are:

- ✖ poor control of muscles leading to poor coordination.
- ✖ muscles of the body are either stiff or loose (floppy).
- ✖ sometimes uncontrollable movements are present.

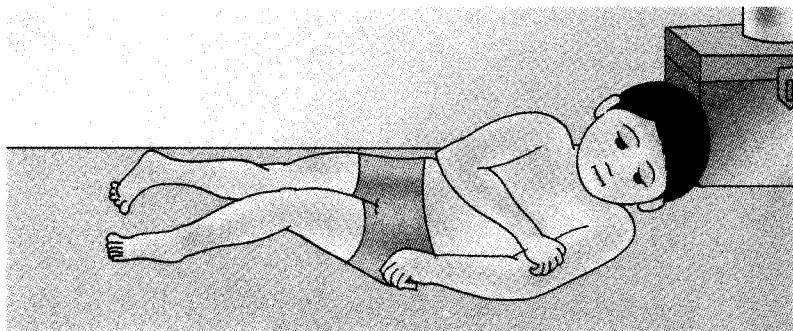
***Q. What kind of problems will a child with cerebral palsy have?***

A. Because of the above features the child may have the following problems and difficulties :

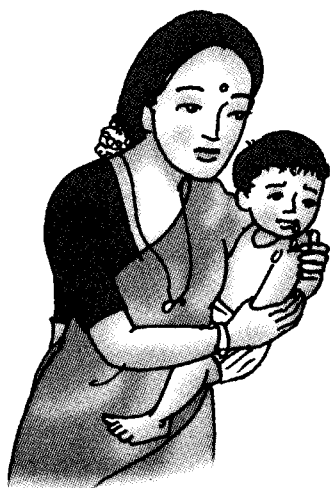
- ✖ There may be delayed motor milestones i.e., motor development is delayed. Delay in head holding, sitting, standing, walking, climbing and running.



- ✘ There may be poor posture and balance because of which movements may be slow and clumsy. They may lose balance and tend to fall.
- ✘ The child may have difficulty in moving and shifting from one position to another. Child may also have difficulty in turning over, crawling, climbing, reaching, grasping and manipulation.



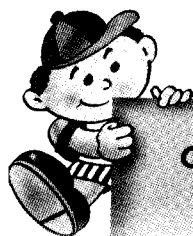
- ✘ The child may have feeding difficulties such as difficulty in sucking, swallowing, chewing and drooling.



- ✦ Child may also have difficulty in breathing, crying, voice production, speech and communication.
- ✦ Child may have difficulties in self care and routine activities like brushing, bathing, dressing, eating etc.



- ✦ Sometimes, due to abnormal and uncontrollable movements the child may not be able to perform well in day to day activities.
- ✦ Children with cerebral palsy may have :
  - average intelligence,
  - above average intelligence or
  - mental retardation.



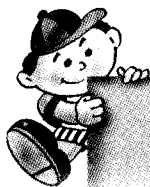
**Cerebral palsy is commonly associated with fits and mental retardation.**

## CHECK OUT THE FOLLOWING WITH AGE

Age	Child without cerebral palsy	Child with cerebral palsy
2-6 months	Holds neck steady.	Cannot hold neck steadily.
5-10 months	Sits without support.	Sits in an abnormal position.
9-12 months	Stands without support.	Stands in an abnormal position.
10-20 months	Walks well.	Walks in an abnormal way.

## DO IT YOURSELF AND CHECK

What to do	Cerebral Palsy	
	Stiffness	Floppiness
Hold the limb of the child and gently shake it	Decreased movement	Loose weak movement
Do passive movements of the joints	Tightness in moving the joints	Easy movement at the joints
Offer a toy and observe the movements of the child	Difficulty in reaching, grasping and manipulation	Needs support to reach, grasp or manipulate



**Children with cerebral palsy may or may not have mental retardation**



## What to do if problem is suspected?

If the child is suspected to have cerebral palsy the action to be taken includes :

Services essential	What is the service	Where to go for help
<ul style="list-style-type: none"><li>✕ Referral to :<ul style="list-style-type: none"><li>• Primary Health Centre (PHC).</li><li>• Orthopedic surgeon &amp; physiotherapist.</li></ul></li></ul>	<p>Will detect the problem.</p> <p>Will detect the severity of the condition and suggest treatment/management/aids and appliances.</p>	<ul style="list-style-type: none"><li>- To doctor at Primary Health Centre</li><li>- To concerned specialist at district headquarters or nearby town.</li></ul>
<ul style="list-style-type: none"><li>✕ Education<ul style="list-style-type: none"><li>normal schools with resource teaching</li><li>• special classes with integration in one or more subjects</li></ul></li></ul>	<p>This type of education is suitable for children using special aids whose intellectual abilities are not affected.</p> <p>Same as above.</p>	<p>Schools funded by government or government schools.</p> <p>Same as above.</p>

<ul style="list-style-type: none"> <li>• special classroom in normal schools</li> <li>• special teacher -</li> </ul>	<p>Same as above</p> <p>This education is essential for child whose intellectual abilities are affected.</p>	<p>Same as above</p> <p>Special schools run by Government or Non Government organisations in respective districts or nearby towns.</p>
<ul style="list-style-type: none"> <li>• Community Based Rehabilitation (CBR) programme</li> </ul>	<p>Under CBR programme home bound or centre based programme for training and management will be available.</p>	<p>Government or Non Government organisations in respective districts or nearby towns.</p>
<ul style="list-style-type: none"> <li>✠ Guidance / Training National Institutes, District Disability Rehabilitation Centres (DDRC).*</li> <li>District Rehabilitation Centre (DRC)*</li> </ul>	<ul style="list-style-type: none"> <li>- Information and guidance.</li> <li>- Provide aids and appliances.</li> <li>- Suggest suitable training &amp; vocation.</li> </ul>	<ul style="list-style-type: none"> <li>- NIOH, National Institute for the Orthopedically Handicapped B.T. Road,, Calcutta, West Bengal. Tel: 033-5567279, 5580789 Fax : 033-25578379 E-mail : nioh@cal.vsnl.net.in</li> </ul>

\*In some selected districts, this facility is available. Information available with respective State Government welfare departments functioning in the districts.

Little Raju was already two years old and could not hold his head. Raju's mother did not know why the child is not able to hold his neck and not able to talk like other children. Raju always looked dull and lethargic. He sometimes used to get fits. All this made his parents worry as they did not know what to do. He also bangs his head. The neighbours suggested the parents that Raju needs to be seen by a specialist doctor in the city. So Raju was brought to a doctor in the nearby city. The doctor asked Raju's mother about her pregnancy and conditions during delivery and found out that the delay in achieving developmental milestones could be due to a condition called mental retardation.

Raju's mother was curious about her child's condition and want to know more about it.

***Q. What is mental retardation?***

- A. Mental retardation is a condition when the child's mental development is not on par with the physical development. So a child who is ten years old may behave like a child of 3-5 years.

***Q. Why does mental retardation occur?***

- A. Mental retardation occurs when the brain is damaged due to injury, infection or delivery complications in the mother. Sometimes it can be genetic also.

***Q. How does a child with mental retardation look?***

A. Children with mental retardation usually look like any other children. But some of them have distinct features like :

- ✕ small or large head,
- ✕ small stature,
- ✕ protruding tongue,
- ✕ blunt features,
- ✕ drooling,
- ✕ cannot walk with good coordination.

***Q. How does mental retardation affect the child?***

A. Mental retardation affects the overall development of the child. The child is delayed in acquiring language and social skills. Understanding ability of the child will be less. His action will be delayed and slow. Sometimes these children have problems with hearing and vision also. Some of them may also have fits.

***Q. Is there any medicine to treat a child with mental retardation?***

A. Mental retardation cannot be treated with medicine as it is not an illness. Mental retardation is a condition with delayed development of the brain's function. The associated problems like fits, can be treated with medicines.



**About 40% of children with  
mental retardation has fits/seizures**

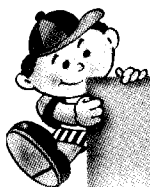
**Q. How can a child with mental retardation be treated?**

A. The treatment offered is in the form of training. The child with mental retardation is trained depending on the level of its severity. The level of retardation can vary from mild, moderate, severe and profound.

**Q. How children with mental retardation behave?**

A. Behaviour of children with mental retardation is different due to skill deficits or problem behaviours. They are :

- ✖ unable to express their feelings and thoughts clearly.
- ✖ slow to respond.
- ✖ slow in understanding what is told to them.
- ✖ unable to make simple decisions.
- ✖ slow to learn new activities.
- ✖ unable to attend to specific task even for shorter duration.
- ✖ susceptible for problem behaviour like throwing temper tantrums (being adamant), banging head, biting self or others.
- ✖ unable to remember things.
- ✖ problems with self care activities like eating, dressing, toileting, and various day to day activities.



**Mental Retardation is different  
from mental illness**

## CHECK OUT THE FOLLOWING ACCORDING TO AGE (MILESTONES)

If the child is not able to achieve milestones in the age range given below, then mental retardation can be suspected. See for the following milestones according to age :

Stage No.	Child's progress	Normal developmental age range	Delayed development if not achieved by
1.	Responds to name/voice	1-3 months	4th month
2.	Smiles at others	1-4 months	6th month
3.	Holds head steady	2-6 months	6th month
4.	Sits without support	5-10 months	12th month
5.	Stands without support	9-14 months	18th month
6.	Walks well	10-20 months	20th month
7.	Talks in 2-3 word sentences	16-30 months	20th month
8.	Eats/drinks by self	2-3 months	4th year
9.	Tells his name	2-3 years	4th year
10.	Has toilet controls	3-4 years	4th year
11.	Avoids simple hazards	3-4 year	4th year



**80% of children with mental retardation has speech and language problem**

## DO IT YOURSELF AND CHECK

What to observe	Normal child	Child with mental retardation
Observe for the child's milestones.	Child achieves milestones according to age.	Child's milestones are delayed.
Observe for child's communication.	Child starts to communicate according to age.	Child cannot express and use words according to age.
Observe if child is able to imitate by 1 1/2 years.	Child imitates and learns new words like saying bye bye etc.	Child is slow to imitate and sometimes may not imitate at all.
Observe if child is able to communicate his feelings by 3 years of age.	Child can ask for food or items he wants.	Child does not know about his wants and cannot communicate.
Observe how much time the child can play.	Child can attend to toys and play as long as he enjoys.	Child cannot attend for a longer time on a single activity.
Observe the child playing with toys at 4-8 months.	According to child's age, child tries to reach, pull, bang, mouth and play with the toy.	Child is not able to reach, pull and play with toy.



**60% of children with mental retardation have behaviour problems.**

If mental retardation is suspected the action to be taken includes -

Services essential	What is the service	Where to go for help
<p>✱ Referral to :</p> <ul style="list-style-type: none"> <li>• Primary Health Centre (PHC)</li> <li>• Team of specialists - Pediatrician, Speech Therapist, Physiotherapist, Special Educationalist Special Psychologist.</li> </ul>	<p>Will detect the problem</p> <p>Will detect the severity of the condition and suggest treatment/management/aids and appliances.</p>	<p>- To doctor at Primary Health Centre</p> <p>- To concerned specialist at district headquarters, nearby town or special schools.</p>
<p>✱ Education</p> <ul style="list-style-type: none"> <li>• normal schools with resource teaching</li> <li>• special classes with integration in one or more subjects.</li> <li>• special classroom in normal schools.</li> </ul>	<p>This type of education is suitable for children who are mildly retarded and border line.</p> <p>Same as above.</p> <p>Same as above.</p>	<p>Schools funded by government or government schools.</p> <p>Same as above.</p> <p>Same as above.</p>



• special teacher	This education is essential for children who are moderate, severe & profoundly retarded.	Special schools run by Government or Non Government organisations in respective districts or nearby towns.
• Community Based Programme (CBR)	Under CBR programme home bound or centre based programme for training and management will be available.	Government or Non Government organisations in respective districts or nearby towns.
✱ Guidance / Training National Institutes, District Disability Rehabilitation Centres (DDRC). District Rehabilitation Centre (DRC)*	<ul style="list-style-type: none"> <li>- Information and guidance.</li> <li>- Suggest suitable training and vocation.</li> <li>- Provide aids and appliances.</li> </ul>	National Institute for the Mentally Handicapped, (NIMH) Manovikasnagar, Secunderabad - 500 009. A.P. India Ph : 040-27751741 Fax : 040-27750198 E-mail : dirnimh@hd2.vsnl.net.in. Website : www.nimhindia.org

\*In some selected districts, this facility is available. Information available with respective State Government welfare departments functioning in the districts.

# **APPENDIX - I**

**BROCHURES FOR  
INFORMATION ON  
CHILD REARING PRACTICES**



### Do you know what a child can do in the first month?

#### 0-1 month

Now you are the proud parents of your child. Watch your child during the first four weeks and you will really enjoy seeing the baby grow.

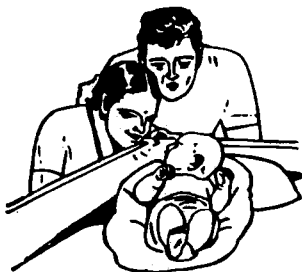
1. A baby can feel hunger and thirst right from the first day.



2. A baby expresses by crying for different needs such as hunger, discomfort, fear.



3. A baby starts responding to sound by turning towards source of sounds. They show preference to human voices.

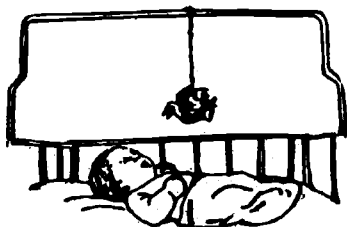




4. A baby likes to sleep most of the day and night. Baby is awake and alert for few minutes at a time.



5. A baby can see and focus on a large bright coloured object by first week of life.



6. A baby can respond to smell by turning towards source of smell. E.g.. Mother's breast.



7. A baby can respond differently to differently tastes like milk, medicines etc.



**This is only the beginning. You will enjoy playing with your child. When your baby is awake show bright coloured toys that makes sounds, play by talking to your child. Observe your child's reactions.**

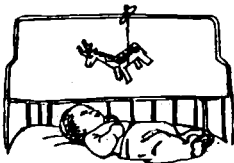


## Did you know your child can do so many things?

### 2-6 Months :

Your child has passed one month. Now your child does many more things that you would like to observe.

1. A child starts noticing dangling toys held in front. By two months, he begins to focus on objects at different distances and by four months can see like an adult.



2. At 3 months, a child starts smiling in response to your smile.



3. A child likes to take fingers and objects to the mouth.



4. A child enjoys waving hands and kicking feet and recognizes toys.



5. A child starts cooing, laughing aloud and begins to babble sounds such as "ahiee" while you are talking or playing.



6. A child likes banging, shaking and pulling toys or objects and tries to repeat newly learned activity, such as shaking a rattle, ringing a bell.





Prepared under project : **Early Intervention to IUGR Children At Risk for Development Delays**

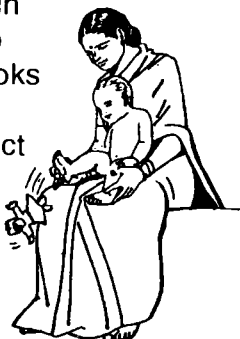
7. At 4 months, a child begins to notice differences among shapes and forms by looking at object for one minute or longer.



8. At 5 months child begins to reach for an object or toy of interest.



9. When a child is seated in your lap baby looks at the toy/object that falls down.



10. At 6 months a child recognizes familiar faces and may resist interaction with strangers.



11. A child shows special preference for mother/caregiver to seek attention and approval.



**You will enjoy seeing your child doing all this Hang a toy/object before the baby and give toys and objects that are colourful and make sounds. Give the child toys like teething rings, rattles and bells that child can hold easily. Observe your child playing and explorings with things around. You will be surprised at his ability.**



*Prepared under project : Early Intervention to IUGR Children At Risk for Development Delays*

## **A child starts learning many things :**

### **6-12 Months :**

Now your child has crossed 6 months. Watch how the baby tries to learn about things and people around. So watch them learn in the next 6 months.

1. A child starts grasping objects and passing them from one hand to other.



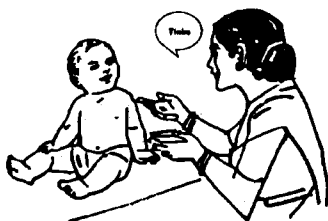
2. A child likes to look at objects, touch them, pull them and feel them in the mouth. Baby also likes to drop and bang objects.



3. The child likes to combine simple tasks like putting objects one on top of the other and can play for two to three minutes with a single toy.

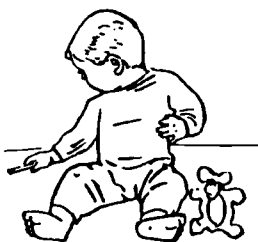


4. A seven months old turns in recognition when name is called. By 8 months baby can recognize the names of family members.





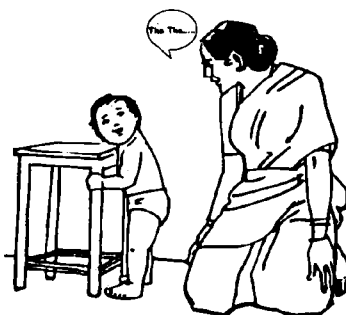
5. The child becomes goal oriented and brings the object he/she is playing with and resumes the activity.



6. By about 8 months a child can search briefly for objects that are hidden from view.



7. A child starts uttering sounds similar to the language used at home.



8. A child knows how to use toys & begins to anticipate the result of dropping an object, kicking a ball etc.







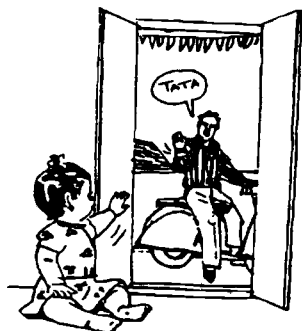
**E A R L Y  
INTERVENTION  
S E R I E S**

# **Give them chance Watch them Learn**

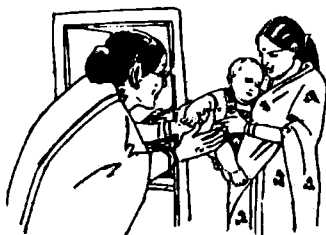
**6 - 12 Months**

*Prepared under project : Early Intervention to IUGR Children At Risk for Development Delays*

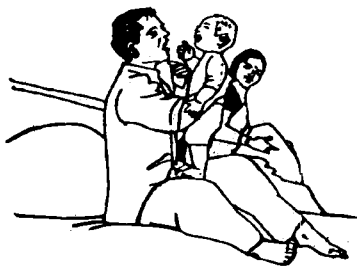
9. A child can associate words with gestures, such as waving to say good bye and indicate desire by pointing and gesturing.



10. A child does not like to go to strangers and shows mild to severe anxiety when separated from mother.



11. A child can imitate actions, he has observed such as opening, and closing eyes, yawning, laughing etc.



**Your child can be taught many things. Give the baby opportunities to learn by playing games. While child is watching cover the toy partially and see how your child tries to remove the cloth. When your child finds the toy show your appreciation. Toys & objects given to the child arouse curiosity, and enhance learning.**



Prepared under project : Early Intervention to IUGR Children At Risk for Development Delays

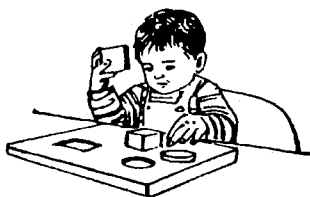
## See my participation and exploration.

### 12-18 Months :

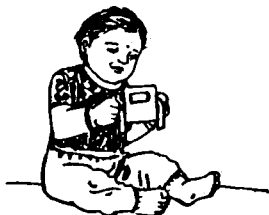
Now that my first birthday is over, see how i am trying to do things on my own!

I also participate along with my family members.

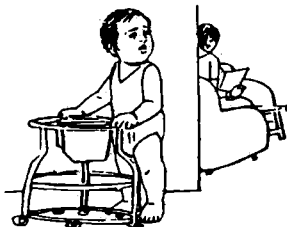
1. I am learning simple ways of using objects and toys and can use trial and error to solve simple problems.



2. I am learning to do things for myself, so i am interested in knowing how things work.



3. I become upset when I can't see my mother near me while at play.



4. I like to pull things, pick them up and play with them, so as to solve simple problems, like opening the bottle lids.



5. I like go in and out of the house and watch things, that catch my attention.





Prepared under project : Early Intervention to IUGR Children At Risk for Development Delays

6. I like to imitate small actions like coughing, sneezing, nose-blowing, eating etc.



7. I can react to expressions shown by my parents. I start crying when mother looks at me angrily.



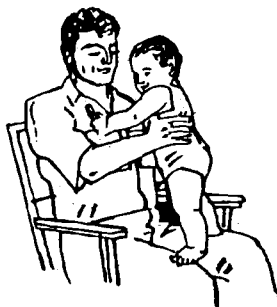
8. I am happy when i achieve something while at play.



9. I like to play with other children of my age.



10. I know how to search for hidden objects.



11. I can follow simple commands, requests like "please give me ball " etc.





12. I can point to body parts like hands, eyes, tummy.



13. I am learning how certain objects are meant to be used such as a broom, comb etc.



14. I can discriminate size and match objects by colours, shapes and sizes.



**Your child is trying to solve simple problems by using trial and error. So provide him toys objects to enrich his learning experiences.**

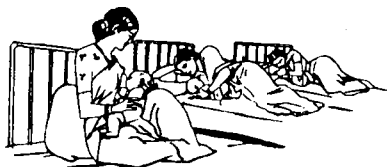


## BREAST FEEDING

1. Babies should be encouraged to be on breast feeds soon after birth.



2. Every mother should breast feed her child.



3. Many mothers lack confidence in breast feeding. They need encouragement, practical support of their husband, health workers, family members and medical persons.

4. Sucking stimulates breast feeding.

## ADVANTAGES

1. Breast milk alone sufficient for 4-6 months.
2. It is the most suitable and natural milk for baby.
3. Breast milk is easily digestible.
4. It protects the child from infections especially colostrum which is produced in the first few days.
5. Mothers giving breast milk have their menstrual periods starting late. This helps in increasing the space between this child and the next.
6. Economic Factors :
  - a. No additional supplements in first four months.



- b. No cost of tins :  
Feeding bottles,  
replacement of teats.

7. Emotional Factors :  
Promotes close physical  
and emotional bonding  
between mother-child.

## **IF BABY GETS ADEQUATE BREAST MILK, THEN**

- A. He will sleep for 2-3  
hours after feeds.
- B. He passes golden  
coloured stools 7-8 times  
a day.
- C. His growth is adequate.
- D. He is active and playful.

### **Tips**

He should be fed  
whenever he wants. This  
method is better than 3  
hourly feeding schedule.  
Mother should adjust her  
watch according to baby  
not baby according to  
watch.

## **ARTIFICIAL FEEDS**

Feeding the child with bottle  
or with cup and spoon.

### **Feeds include :**

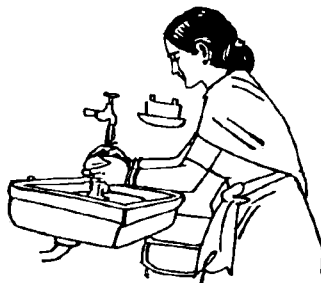
1. **Dairy Milk** : Cow, buffalo  
and goat milk.
2. **Tin Milk** : Commercially  
available.

It is definitely expensive both  
in terms of money and time.

It is also more stressful to  
mother and care taker.

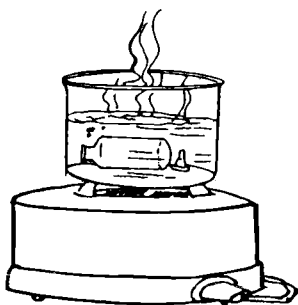
## **FEW WORDS ABOUT BOTTLE FEEDING**

1. Clean both bottle and  
nipple with brush and  
soap water and then with  
clean water.





2. Boil rubber teat for two minutes and bottle for ten minutes.



3. Hold the bottle in the right way as shown below.

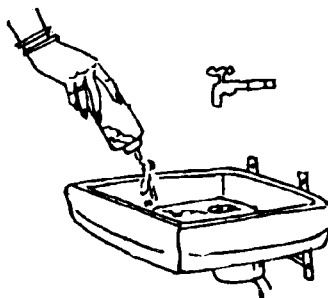
**Wrong**

**Right**



4. Burp the baby after feed.

5. Discard the left over milk in the bottle.



6. Avoid giving bottle feed while baby is asleep.

## NO. OF FEEDS

Age	No. of Feeds in 24 Hrs.
Birth - 1 Month	6-8
1-3 Month	5-6
3-6 Month	4-5
6-12	3-4



## AMOUNT OF MILK

Age	Average Qty. Per Feed
1-2 Weeks	50 - 75 ml.
2 Weeks-2 Months	100-125 ml.
2-3 Months	125 - 150 ml.
3-4 Months	150 - 175 ml.
5-12 Months	175 - 225 ml.

Bottle can be a bond too. Let the mother hold the child while bottle feeding also

## WEANING

Starting semi-solid foods



1. Four to six months onwards child needs other Food + Breast milk

2. Give fruit juices, fruits like mashed banana, mashed vegetables and semi-solid foods. Consult your doctor for specific needs.
3. A child under 3 years of age needs to be fed five to six times a day.
4. Enrich the food with vegetables, green leafy vegetables, oil, eggs, crushed nuts etc.

## HERE ARE SOME TIPS

1. 2 to 5 years children develop Food Fads for which parents may be responsible.
2. Give the child a regular home made food.

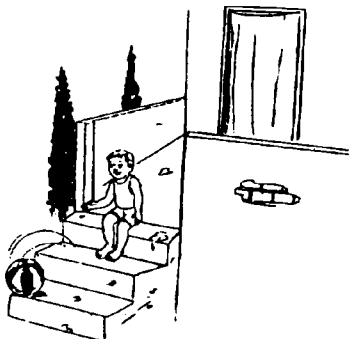




- |  |  |
|--|--|
| 3. Assess the appetite and introduce the foods slowly one by one giving 15 days gap. If the child refuses stop the food initially for a few days and restart some times later. | 7. Do not over feed the child.   |
| 4. Encourage regular meal time.  | 8. Usually likes and dislikes for food items result from remarks of older members. Good harmony between parents and child should help the child feed varied items. |
| 5. Sometimes they need a story.  | 9. Avoid bribing.  |
| 6. Avoid moving around the child and carrying the child for feeding.   |  |



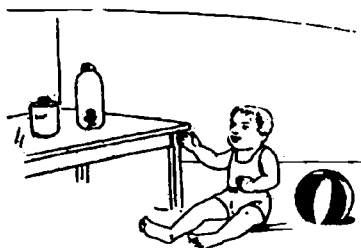
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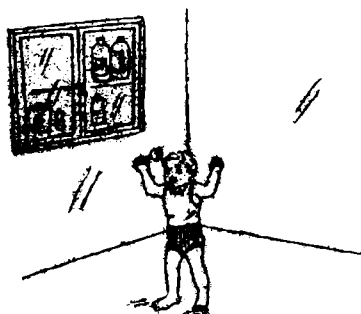
Do not leave your child alone at door steps.



Do not leave your child alone near the stove and never keep the stove on the ground.



Do not leave medicines, pesticides, other hazardous material within child's reach.

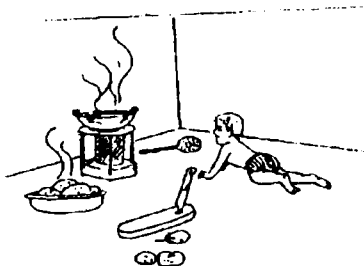


Keep a wooden plank at the door to protect child from falling.



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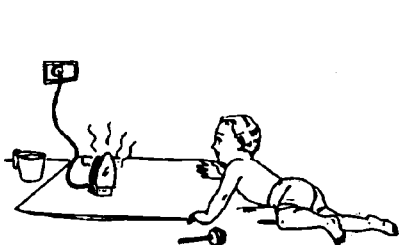
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Keep all medicines,  
pesticides and other  
hazardous material in the  
shelf and lock it.



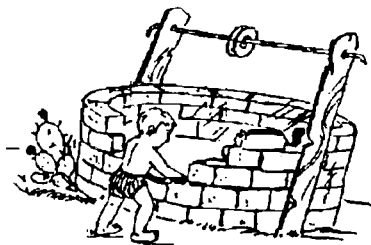
Do not keep electrical  
appliances within child's  
reach and never keep the  
socket uncovered.



Keep the stove on a raised  
platform and mother should  
be around.



Do not leave your child  
alone near well.



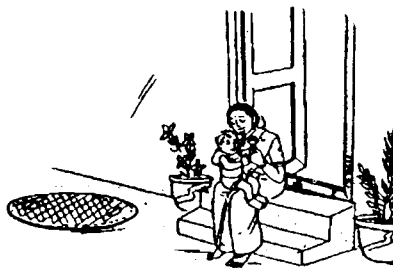
Do not leave your child alone near open drainages, manholes.



Keep a fence around the well.



Keep the electrical appliances at a raised platform and switch it off when not in use. Keep the sockets covered.



Keep the manholes, drainages covered.



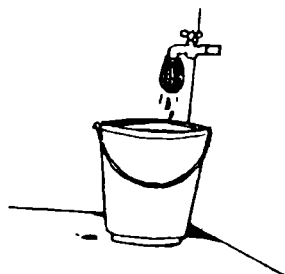
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## Many diseases can be prevented by

- A. Washing hands with soap and water before and after handling food.



- B. Using clean water for cooking and washing.



- C. Vegetables and fruits should be washed thoroughly.



- D. Boiling drinking water.



- E. Keeping food clean and covered.





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F. Making children play in a clean place.



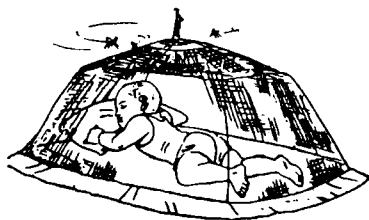
H. Burning or burying household refuse.



G. Using latrines for safe disposal of night soil.



I. Using Mosquito net during sleep.





## COMMON ILLNESSES

There are few common illnesses which occur more frequently in children. They may be caused either by viruses or bacteria. They may present with fever, cold, running nose and may be associated with skin rashes. Some of the common illnesses are discussed below such as, fever, common cold, diarrhoea, ear infection, measles, chicken pox, whooping cough, tetanus and polio.

### 1. FEVER



Increase in normal body temperature. High temperature can lead to loss

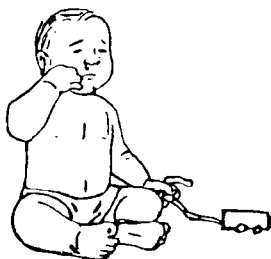
of body fluids (dehydration). Children with high fever are usually irritable and cry a lot. Some of them may have fits during high fever.

#### So

1. Keep the baby cool.
2. Adequately covered.
3. Sponging of the body if temperature rises above 100° F.
4. Plenty of fluids and energy foods.
5. Consult a doctor.
6. Indiscriminate use of medicines at home should be avoided.



## 2. COMMON COLD



**It is usually self limiting. The common features are**

- Watering eyes.
- Running nose.
- Irritating cough.
- Fever.

**Mother should consult doctor if:**

1. Fever is persisting more than 2 days.
2. chest retraction
3. Fast breathing
4. Sick look
5. Not accepting food

6. No improvement with routine treatment

7. Repeated vomitings.

## 3. DIARRHOEA (Loose Motions)

It is a condition when frequency of motion is increased and consistency of stool is loose and watery.

Consult a doctor as early as possible.

### Care at Home

1. Give plenty of fluids. Eg. ORS

ORS -Oral Rehydrating Solution is a special fluid which is given during Diarrhoea. It can be prepared at home by mixing 3 finger pinch of salt and one small close fistful of sugar in a half-a-litre of boiled and cooled water. Commercial preparation of ORS is also available in the market.





2. Continue breast feeding
3. During recovery, give one extra meal everyday for atleast one week
4. Keep the home clean.
5. Prevent Diarrhoea by :



- a. Breast feeding
- b. Immunization
- c. Using Latrines
- d. Keeping food and water clean and covered
- e. Washing hands before handling foods



## 4. EAR INFECTION (Otitis Media)

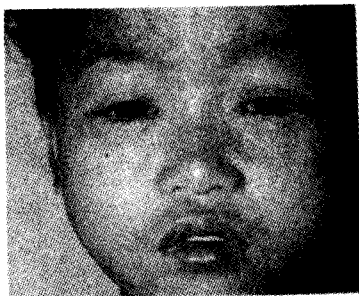


Chronic discharge through ears can cause deafness. The discharge can be watery, pus, blood or foul smelling.

1. The discharge from the ear should be wiped out with a cotton wick or a tissue paper roll.
2. Do not use any sharp objects.
3. Dry ear heals fast.
4. Never put oil in the ears.
5. Consult a doctor.



## 5. MEASLES



This disease is caused by a virus. It lasts for one week. Measles rash is blotchy red in colour. It appears on 5th day of fever. The measles rash first appears behind the ear then spreads to whole body. The rash may appear along with skin in his eyes and intestines. Child also suffers from cough, cold, watering through eyes.

Mother must continue to breast feed the child if the child is breast feeds.

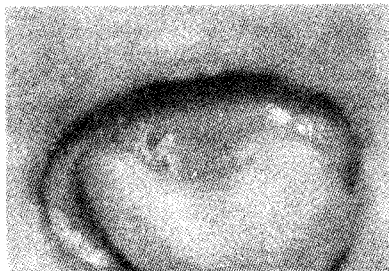
Child should be given more fluids and energy foods.

**Consult a doctor if child has**

- fast breathing
- sunken eyes
- bleeding rash
- unconsciousness
- convulsions
- ear discharge
- vomiting

Till the rash disappears, let the child be indoors. Otherwise he may infect other children and as his protective power is low he may catch infections easily.

## 6. DIPHTHERIA



In Diphtheria the child has fever, sore throat and looks very ill. It may be associated



with difficulty in swallowing, refusal of feeds and vomiting. In severe cases white patches on the tonsils on one or both sides may be observed, which bleeds on scraping.

### **What to do ?**

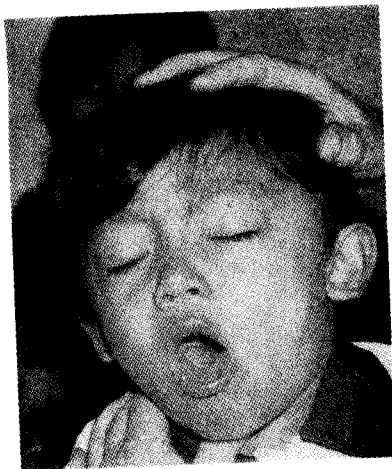
Immediately consult a doctor. Child may need hospitalization in many cases.

### **Prevention**

A dreaded infection like Diphtheria, can be prevented by simple immunization with added booster doses.

## **7. WHOOPING COUGH**

This disease starts with a mild fever and an irritating cough. The cough becomes explosive and markedly aggravated. Rapidly successive cough (10-20) may occur leading to



paroxysm of whoop (high pitched crowing inspiration). It is aggravated by crying, feeding and emotional disturbances. It may be associated with vomiting and fits.

### **What to do?**

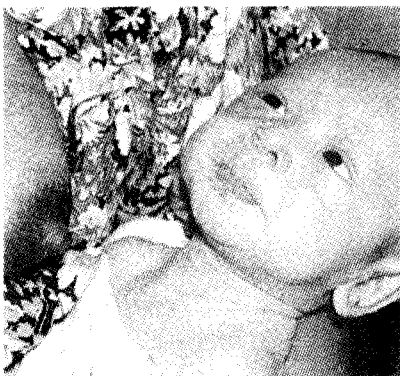
Immediately take child to a doctor and follow the advice.

### **How to prevent it?**

By immunizing your child as per immunization schedule.



## 8. TETANUS



**It is broadly classified into two groups.**

**A. NEONATE :** First four weeks of life of a new born child.

1. Baby has difficulty in sucking. Mild stimulus can lead to stiffening of whole abdominal muscles followed by generalized stiffness.

**B. OLDER CHILDREN :** Onset is slow. These children have local stiffness. Mild stimulus provoke spasms.

### What to do ?

Immediately take your child to doctor and seek his advice.

### Prevention :

1. Immunize pregnant mother with tetanus toxoid at antenatal visit. Two doses of injection are given between 6 to 8 months of pregnancy.
2. Good umbilical cord care.
3. Wound care under hygienic conditions.
4. Follow routine immunization schedule to your child.

## 9. CHICKENPOX

In Chickenpox child has fever and within 24 hours of fever, pearl like lesion appears on trunk. These Lesion appears in crops and they are more in trunk and back than on hands



and feet. Lesions are highly contagious and itchy in nature.

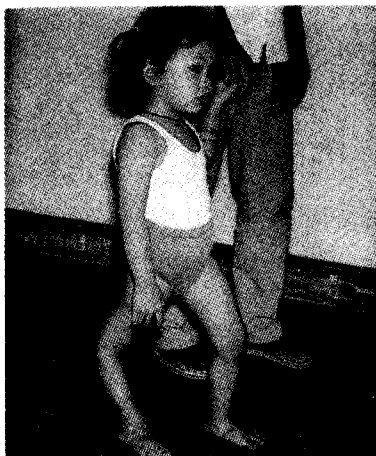
### **What to do ?**

It is a childhood disease and mild in nature. So there is no reason to panic.

1. Paracetamol syrup for fever.
2. Prevent itching by application of lactocalamine lotion and do not allow the child to scratch the lesions.

3. Child to be kept at home till all the vesicles have dried up.
4. Plenty of fluids and energy rich fruits and food to be given to child.

## **10. POLIOMYELITIS**



In poliomyelitis the disease starts with fever, vomiting and loose motion. There is weakness and paralysis of muscle. Usually large muscle groups of upper and lower limbs are affected. Child may have head drop. It may be



associated with breathing difficulty and irritability and sometimes drowsiness.

### What to do ?

1. Take child immediately to doctor and follow his advice.
2. Strict bed rest and no injections.

### Prevention :

1. Immunize your child with five doses of oral polio vaccine as per immunization schedule.
2. Oral polio vaccine added with BCG vaccine to be given at birth.

### Consult a Doctor if your child has

1. Sudden loss of appetite, if it is an alteration of normal pattern.
2. Repeated vomiting especially if it upsets the child.

3. Frequent loose or abnormal motions, or sudden large loose motions.
4. Persistent crying, indication pain somewhere.
5. Sudden shrieks of pain, even if not repeated in a short while.
6. Difficulty with breathing.
7. Any abnormal discharge especially from ears.
8. Any sudden change in the child's appearance making him look ill.
9. Foreign bodies in mouth, throat, ears, eyes.
10. High fever.
11. Fits.
12. Dull and listless child.



**E A R L Y  
INTERVENTION  
S E R I E S**

## **Family Planning**

*Prepared under project :* **Early Intervention to IUGR Children At Risk for Development Delays**

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### **Timing Births :**

**Birth spacing is one of the most powerful ways of improving the health of the women.**

1. Pregnancy before 18 or after 35 years is risk for both mother and child.
2. Less than 2 years space between births increases the chance of complications in the mother.

### **Prime Messages for family planning**

**Family planning gives her choice of when to begin having children, how many to have, how to space and when to stop.**

**Family planning refers to the practices that help the couple:**

1. To avoid unwanted pregnancy.
2. To limit the family size.
3. To increase the spacing between two pregnancies.
4. It can be a temporary procedure to increase spacing or a permanent one to limit the family size.

### **Family planning advice to mother having 1 or 2 children : (Temporary Method)**

**Ideal - After delivery if there are no local infections and no contra indications, to opt for Intra Uterine Device (IUD) like - CuT.**



**E A R L Y  
INTERVENTION  
S E R I E S**

## **Family Planning**

*Prepared under project : Early Intervention to IUGR Children At Risk for Development Delays*

### **Advise for mother regarding Intra Uterine Device (IUD) :**

1. IUD is simple, needs no hospitalization and can be inserted at the time of discharge from hospital after the delivery.
2. IUD can be safely left in place for 3 years.
3. Continue breast feeding.
4. To have regular checkup with doctor.

**(If not advisable to mother, husband can use condoms)**

### **Family Planning advice to couple intending to limit the family :**

#### **(Permanent Method)**

Mother : Tubal Ligation

Father : Vasectomy

#### **Addresses of the centres :**

1. Government Hospitals
2. Family Welfare Centres.
3. Voluntary organisations working for Mother and child welfare programmes.
4. Maternity Centres.
5. Family Planning Centres.
6. Primary Health Centres.

#### **Your local referral centres :**

- 1.
- 2.
- 3.





## **1. CARE OF THE NEW BORN CHILD**

**Birth of a new born baby is gift of nature to parents.**

**Baby needs adequate care and warmth to ensure good growth and development.**

**Parent is the best nurse to provide care to newborn**



1. Warmth-Baby should be kept warm at birth and subsequently.
2. Baby after birth should be thoroughly wiped and wrapped in a dry towel or neat sheet.

3. Baby to be kept with mother to promote bonding between mother and child
4. Umbilical stump to be kept dry, Cord dries up and falls off by 5 to 10 days.
5. Any redness, bleeding or pus from the umbilical stump needs consultation from doctor.
6. The mucus, blood fragments and secretion on the skin of baby is to be wiped dry.
7. Baby to be sponged daily from the next day after birth with special attention to axilla, neck and groin.
8. The diaper area should be cleaned well with soap and water.
9. A soft unmedicated soap should be used.
10. Care of Eyes-Eyes of newborn should be cleaned with the sterile cotton swab.



## EARLY INTERVENTION SERIES

# Care to become a good parent follow these....

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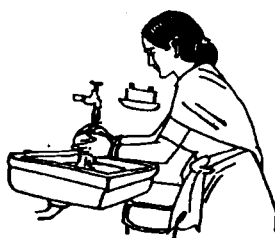
11. Avoid using synthetic material clothing for the baby.
12. Kazal application is to be discouraged as it can cause eye infection.
13. Parents are advised not to put oil into the ears, nose and umbilicus.

### 2. CARE OF A VERY SMALL BABY

**Babies below 2 kg. need special care :**

1. Do not bathe a very small baby. Wipe him clean. Encourage side-lying position. Move the baby as little as possible.
2. Keep the baby warm with mother's body contact or a bottle of warm water wrapped in a cloth.

3. Wash hands with soap and water every time before handling the baby.



4. If the baby is not sucking well at the breast, expressed breast milk can be fed with a dropper or a spoon.



If the baby does not cry well, suck or swallow the milk, looks blue or pale, or limp consult a doctor.



**3. DO NOT GET ANXIOUS**

**If in first 2 weeks the baby has**

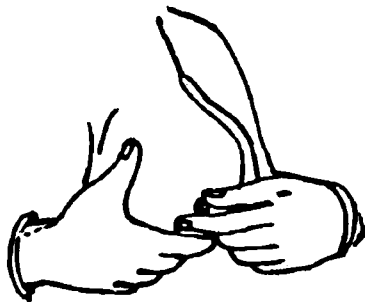
1. Vaginal bleeding
2. Sticky vaginal discharge
3. Breast engorgement
4. Birth marks on the skin.

Do not treat the baby on your own. If needed, consult a doctor.

**4. IF BABY STOPS SUCKING BREAST**

**Mother has to find out the cause such as**

1. Engorged breast



2. Choking of the baby due to rapid milk flow from the breast.

3. Baby used to bottle

4. Blocked nose

5. Mouth infection (oral thrust)

6. Dull and seriously ill child

Consult a doctor for any of the above problems.

**5. BABY NOT GAINING WEIGHT**

**Be concerned if the child does not gain 1/2 kg every month in the first 6 months. Poor gain in weight may be due to**

1. Not sucking because of weakness or sickness
2. Less breast milk
3. Wrong preparation of milk formula. Wrong way of giving milk.
4. Feeding problems
5. Birth injury

Mother should see a doctor immediately if he is not growing well.



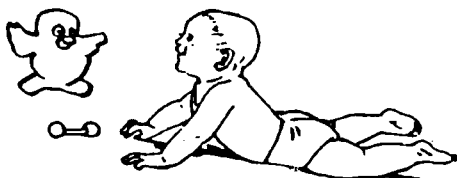
# EARLY INTERVENTION SERIES

Care to become a  
good parent follow  
these....

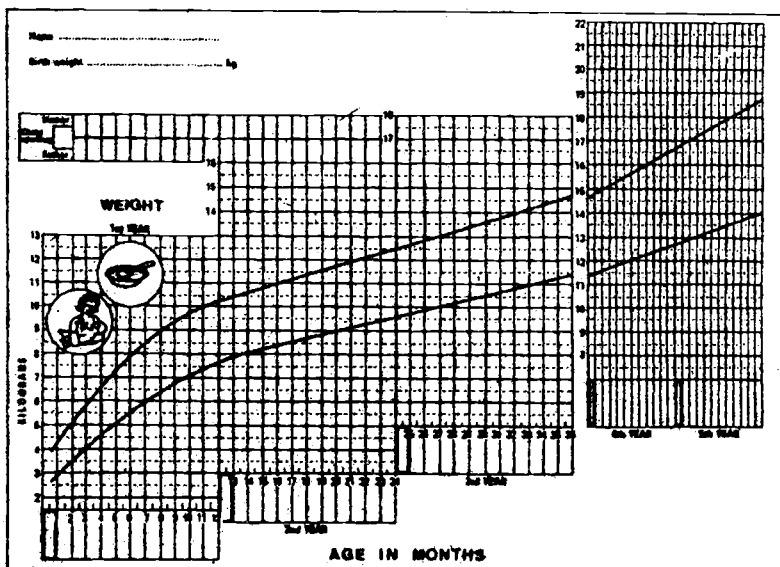
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## 6. RECOGNISING HEALTHY CHILD

1. Playful and active.



2. Arm circumference 14 cm. at 1 year.
3. Pink lips and conjunctivae
4. No disease signs
5. Complete immunization
6. Normal development
7. Rising growth curve.





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## At Birth - 3 Months

1. Does your child wake up at loud noises.

Yes/No.



2. Does your child startle or cry at loud sounds.

Yes/No.



## 3-6 Months

1. Does your child listen to soft sounds

Yes/No.



2. Does your child seem to recognise mother's voice. Yes/No.



3. Does your child stop playing and appear to listen to sounds or speech. Yes/No.



4. Does your child try to turn towards the speaker Yes/ No.



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## 6-9 Months

1. Does your child respond to his/her name

Yes/No



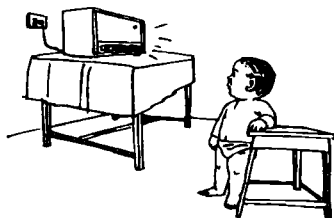
2. Does your child turn his/her head towards the side, where the sound is coming from.

Yes/No



## 9-12 Months

1. Does your child search or look around when hearing new sounds. Yes/No.



2. Does your child turn to look up when you call.

Yes/No



3. Does your child respond to simple commands/queries such as come here, Do you want more etc.

Yes/No



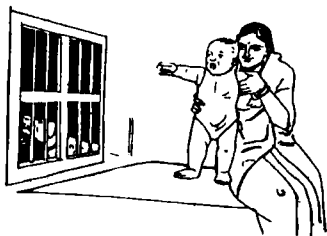
## Hearing Screening Checklist

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### 12-18 Months

1. Does your child distinguish sounds such as door bell, and train/ barking dog/automobile horn.

Yes/No.



2. Does your child hear you when you call from another room. Yes/No.



#### NOTE :

Read each question and check. If majority of the answers are 'No' or if you suspect problem in hearing consult an Audiologist and Speech Pathologist.



Children learn through play. The right play material at the right time is not only enjoyable but also helps the child to learn new things.

### **Avoid following things while selecting the toy.**

- ◆ Toys with sharp edges.
- ◆ Metal toys as they get rusted, hurt the baby if baby mouths it.
- ◆ Small objects, beads, buttons on toys which could be swallowed by child.
- ◆ Painted toys, when paint can be toxic.

### **Select toys that are**

- ◆ Colourful and attractive
- ◆ Non-toxic
- ◆ Washable

Some of the toys can be sound making, dangling and mobile or animated type. The following table gives you the approximate age of child, child's activity and toys to be bought or made at home.

Age	Activity
-----	----------

#### **0-6 months**

- 1- Begins social play with mother or care taker



- 2- Can hold and look steadily at a small toy given to him







- 3- Can grasp an offered rattle with whole palm



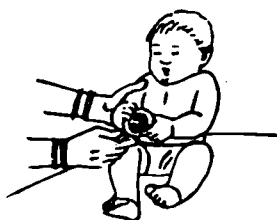
- 4- Shakes rattle, takes it to mouth and leaves it



- 5- Can drop rattle by opening hands



- 6- Can hold rattle between two hands with support.



**TOYS REQUIRED : Rattles, Mobile toys, Dangling toys, Ball, etc.**

## 6-12 months

- 1- Stretches to grasp toy in sitting position



- 2- Can hold a small toy or object in both hands simultaneously (Without any support)



- 3- Can pass a toy from hand to hand.



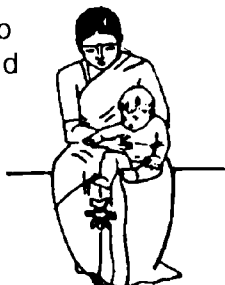


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- 4- Starts looking for a toy hidden in front of him



- 5- Will drop a toy and see how and where it falls



- 6- Bangs/shakes/slides toys to produce sounds



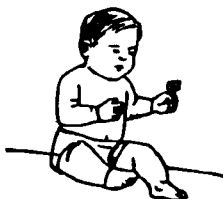
- 7- Picks up an object/toy from floor



- 8- Pokes a toy or an object with an index finger



- 9- Grasps small toys/objects between thumb and finger



- 10-Can take pegs out of holes



- 11-Picks up small objects with thumb and index finger





12-Starts to show hand preference (eg. left hand - right hand).



13-Pushes or pulls large toys, cars, trucks etc.



14-Will imitate ringing bell stirring spoon in cup etc.



15-Starts to show interest in pictures



**TOYS REQUIRED :** Rattles, mobiles, ball, small objects, soft toys, squeezing toys, blocks, pegs, simple puzzle boards (2-3 pieces) spoon, cup, pull along cars, trucks, buses, bell, picture cards, books with clear pictures etc.

**12-18 months**

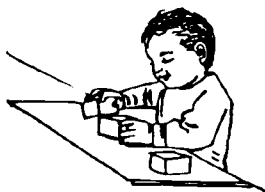
1. Holds a crayon and imitates scribble.





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2. Builds tower of two cubes or beakers.



3. Enjoys putting objects in and out of container.



4. Plays with dolls, involves in acts like combing, feeding, dressing etc.



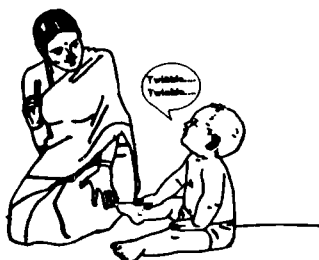
5. Enjoys playing with musical toys.



6. Enjoys watching pictures in books (turns several pages at a time).



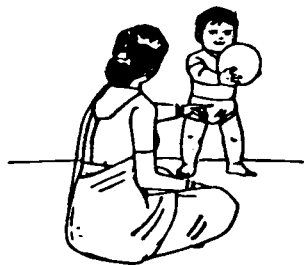
7. Enjoys nursery rhymes and tries to join in.





8. Obeys simple instruction  
eg. sit down, come here,  
give, take etc.

***TOYS REQUIRED : Crayons,  
notebooks, drawing sheets,  
blocks, build-up beakers,  
construction toys, pegs,  
containers, tea set, kitchen  
set, drums, telephone,  
picture books, rhymes  
cassettes/book etc.***



## FEW MORE TIPS

1. Always select the toys which can be used in various situations.
2. Also use household objects for play which are safe for the child to use.
3. Prepare toys at home using available materials which are less expensive and it also makes you feel proud and happy when your kid plays with them.



- **CUTS, BRUISES AND MINOR ACCIDENTS.**



1. Dirt must be gently washed out of cuts.



2. Bleeding fingers should be held upwards under a cold running tap water.

3. Tiny splinters of wood or glass must be removed with fine tweezers.
4. Dirt in the eye should be removed with the edge of a clean tissue paper, after rolling the eyelid back to find its exact position.
5. A nose bleed can be stopped by making the child sit upright and pinching the tip of the nose for five to ten minutes.
6. Many small cuts heal better if left open to, the plasters can be used wherever necessary.

**Consult a Doctor :**

- Bleeding persists
- Restriction of movement
- Unbearable pain

- **DURING CONVULSIONS**

**What to do :**

1. Do not panic.
2. Turn him on one side.
3. Put head end of the bed lower than foot end.



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4. Wipe out mouth secretions with cotton or soft cloth. Allow free flow of air in the room.
5. Loosen the clothes.
6. Remove the furniture around.
7. Keep the airway clear.
8. Take him to a doctor.

### **Avoid the following :**

1. Forceful opening of mouth.
2. Forceful handling of the child.
3. Hot fomentation when he has fever.
4. Giving water during convulsions or unconsciousness.
5. Over crowding.

### **• BURNS**

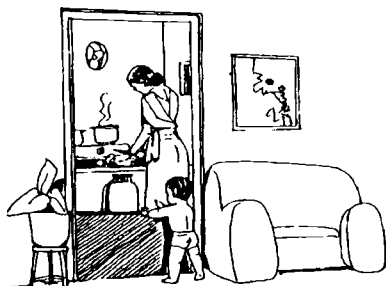
#### **What to do after burn ?**

1. Pour water on burnt part immediately
2. Keep it open. Do not apply a bandage

3. Give plenty of oral fluids
4. Keep the child under mosquito net
5. Give high calories, high protein food.
6. Do not apply any household remedies on the burnt part.

### **Prevention**

1. Keep the baby away from fire.



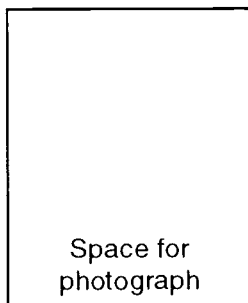
2. Keep match boxes kerosene and other inflammable items out of reach for children.
3. Make sure the gas cylinder is closed when not in use.

# **APPENDIX - II**

## **IMMUNIZATION CARD**



# INDIAN ACADEMY OF PEDIATRICS IMMUNIZATION & HEALTH RECORD



Name of the child : .....

Date of Birth : .....

Home Address : .....

.....

.....

Doctor's Name : .....

Clinic Address : .....

.....

.....

# BIRTH RECORD

Time of Birth :

Sex : Male / Female

Delivery : Normal / Vacuum / Forceps / Caesarean

Neonatal Status :

Birth Weight :

Length :

Head circumference :

Blood Group :

Remarks :

.....  
.....  
.....

Name of the Mother :

Mother's Blood Group :

Name of the Father :

Father's Blood Group :

Details of Siblings :

.....  
.....  
.....

# IMMUNIZATION RECORD

AGE	VACCINE	DUE ON	GIVEN ON	MAKE	BATCH
Birth	BCG				
	Oral Polio Vaccine - 1st dose				
	Hepatitis B Vaccine - 1 dose				
6 weeks	DPT - 1st dose				
	Oral Polio Vaccine - 2nd dose				
	Hepatitis b Vaccine - 2nd dose				
10 weeks	DPT - 2nd dose				
	Oral Polio Vaccine - 3rd dose				
14 weeks	DPT - 3rd dose				
	Oral Polio Vaccine - 4th dose				
6-9 months	Oral Polio Vaccine - 5th dose				
	Hepatitis B Vaccine - 3rd dose				
9 months	Measles Vaccine				
15 - 18 months	MMR (Measles, Mumps. Rubella)				
	DPT - 1st booster dose				
	Oral Polio Vaccine - 6th dose				
5 years	DPT - 2nd booster dose				
	Oral Polio Vaccine - 7th dose				
10 years	TT (Tetanus) - 3rd booster dose				
15-16 yrs	TT (Tetanus) - 4th booster dose				

## **PRIME MESSAGES**

1. Immunization protects against several dangerous diseases. A child who is not immunised is more likely to become undernourished, disabled or die.
2. Immunization is urgent. All the primary immunizations should be completed in the first year of life.
3. Booster doses of immunization should be given as per schedule.
4. Prophylactic immunization should be given as and when required.
5. It is safe to immunize a child suffering from mild illness in consultation with a doctor.
6. Every woman between ages of 15 and 44 should be immunized against Tetanus and Rubella.

# **APPENDIX - III**

## **BENEFITS GIVEN BY THE GOVERNMENT**

**(Disability Certificate / Medical Board Certificate  
is Essential)**

**BENEFITS GIVEN BY THE GOVERNMENT (Disability certificate / Medical Board certificate is essential)\***

Type of benefits	Benefits offered by	Where to approach
<p>1 Travel Benefits</p> <p>Railways</p> <p>Bus</p>	<p>Central government provides railway concession</p> <p>The respective State Governments provides concession or free bus pass along with escort.</p>	<p>Station master of respective railway stations.</p> <p>Respective bus depot.</p>

<p>2</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Free education in a special school or in an integrated school</li> <li>• Schemes of scholarships for education of children with disabilities</li> <li>• Special schools</li> </ul>	<p>Central government</p> <p>State government</p> <p>State government-</p>	<p>Government schools, schools aided by government or non government organisations funded by government</p> <p>- District Rehabilitation office, Social welfare office, Disability rehabilitation office</p>
<p>3</p> <p>Rehabilitation</p> <ul style="list-style-type: none"> <li>• Assistance to set up special schools and training centers</li> <li>• Assistance for purchase of aids and appliances</li> <li>• Reservation of jobs with age concession and age relaxation</li> </ul>	<p>Central Government</p> <p>Central Government</p> <p>Central Government</p>	<p>Ministry of Social Justice and Empowerment, Govt. of India (Disability Division) Shastri Bhavan, New Delhi</p> <p>Same as above</p> <p>1% jobs in govt and public sector in groups 'C' and 'D' reserved for people having visual impairment.</p>





<ul style="list-style-type: none"> <li>• Scholarship scheme Students are given scholarships</li> <li>• Allowances Parents working in Government organisations with disabled children are given educational allowance, income tax reduction&amp;pension.</li> <li>• Conveyance allowance to central government employees who are blind</li> </ul>	<p>Central Government</p> <p>Central Government</p>	<p>Welfare Department</p> <p>Department of Income Taxes</p>
<p>6 Postage Literature packages are (&lt;7kg) exempted from payment of postage (only by road)</p>	<p>Central Government</p>	<p>Respective Post Office</p>

<p>7 Telecommunication</p> <p>Concessional telephone connection with rental debate of 50%of the normal rent .</p> <p>Allotment of STD/PCO to persons with visual impairment</p> <p>Locomotor Impairment who are middle school pass in rural and matriculation pass in urban areas.</p>	<p>Central Government</p>	<p>Telephone departments in the respective area</p>
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\* Subject to policy decisions of Central Government / Respective State Government

**Additional Information on  
Government Organizations  
working for Persons with Disability**

# Rehabilitation Council of India

Rehabilitation Council of India (RCI) was set up in 1993 was a statutory body under the administrative control of ministry of social justice and empowerment with the following objectives :

1. To regulate the training policies and programmes in the field of rehabilitation of people with disabilities
2. To prescribe minimum standards of education and training of avatious categories of professionals dealing with people with disabilities
3. To regulate these standards in all training institutions uniformly throughout the country.
4. To recognize institutions / universities running degree diploma / certificate courses in the field of rehabilitation of the disabled and to withdraw recognition, wherever facilities are not satisfactory.
5. To recognize foreign degree / diploma / certificate awarded by universities / institutions on reciprocal basis.
6. To maintain central rehabilitation register of persons possessing the recognized rehabilitation qualification.
7. To encourage continuing rehabilitation education in collaboration with organizations working in the field of disability

Member Secretary

**Rehabilitation Council of India**

23 'A', Shivaji Nagar (Near Karanpuri Complex),  
New Delhi - 110 015

Tel. : 5911964 / 5911965

email : rehabstd@nde.vsnl.net.in

# **National Trust for Persons with Disabilities**

The National Trust act has been recently passed by the parliament for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

## **Objectives :**

- ✧ To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong.
- ✧ To strengthen facilities to provide support to persons with disability to live within their own families.
- ✧ To extend support to registered organizations to provide need based services during the period of crises in the family of persons with disability.
- ✧ To deal with problems of persons with disability who do not have family support.
- ✧ To promote measures for the care and protection of persons with disability in the event of death of their parent or guardian
- ✧ To evolve procedure for the appointment of guardians and trustees for persons with disabilities requiring such protection
- ✧ To facilitate the realization of equal opportunities protection of rights and full participation of persons with disability.

## **Joint Secretary (DD)**

Ministry of Social Justice and Empowerment  
Shastri Bhavan, New Delhi - 110 001  
Tel. : 3381641 Fax : 3388152

# **National Handicapped Finance and Development Corporation (NHFDC)**

NHFDC was set up by the Govt. of India on 24th January 1997 with the following aims & objectives :

- ✧ Promote economic developmental activities for the benefit of persons with disabilities
- ✧ Promote self employment and other ventures for the benefit / economic rehabilitation of persons with disabilities
- ✧ Extend loans to persons with disability for pursuing General / Professional / Technical Education for training at graduate and higher level.
- ✧ Assist in the upgradation of technical and enter preneurial skills of persons with disability for proper & efficient management of production units
- ✧ Assist self employed individuals / group of individuals of registered factories / companies / co-operatives of disabled persons in marketing their finished goods assist in poor procurement of raw materials.

Any Indian citizen with 40% more disability in the age group of 18-55 yrs with annual income below 60,000 for urban areas & 55,000 p.a for rural areas with relevant educational / technical vocational qualification is eligible to apply

*Contact :*

**National Handicapped Finance and Development Corporation (NHFDC)**

Red Cross Bhavan, Sector 12,

Opp : Mini Secretariat

Faridabad - 121002 (284311)

# **APPENDIX - IV**

## **CHECKLIST FOR EARLY IDENTIFICATION OF DISABILITIES**

# Vision Screening Chekclist

Circle the appropriate response (either YES or NO)

Age	Item	Response
0-3 months	Does your child follow light with eyes?	Yes/No
	Does your child look at objects and human faces?	Yes/No
	Does your child look towards the source of sound?	Yes/No
3-6 months	Does your child reach to toys when shown to him	Yes/No
	Does your infant maintain eye contact during face to face interaction?	Yes/No
6-9 months	Does your child smile at mirror image of himself or herself?	Yes/No
	Does your child pick up small objects like beads and marbles?	
9-12 months	Does your child manipulate objects in hand and looks for details?	Yes/No
	Does your child imitate simple actions like Namaste or bye-bye?	Yes/No
	Does your child move about (while crawling or walking) avoiding obstacles?	Yes/No
12-24 months	Does your child show interest in pictures and point out to them when asked to ?	Yes/No
	Does your child imitate vertical and horizontal strokes?	Yes/No
24-36	Does your child match simple shapes like circle and triangle?	Yes/No
	Does your child copy a circle?	Yes/No

**If the responses are "NO" or if you suspect a visual problem then refer the child to the doctor and seek his consultation.**



# Checklist for Screening hearing in Children

Circle the appropriate response (either YES or NO)

Age	Item	Response
0-3 months	Does your child awaken to loud noises	Yes/No
	Does your child startle or cry at loud sounds?	Yes/No
3-6 months	Does your child listen to soft sounds?	Yes/No
	Does your child seem to recognize mother's voice?	Yes/No
	Does your child stop playing and appear to listen to sounds of speech?	Yes/No
	Does your child try to turn towards the speaker?	Yes/No
6-9 months	Does your child respond to his or her name?	Yes/No
	Does your child turn his / her head towards the side where the sound is coming from?	Yes/No
9-12 months	Does your child searh or look around when hearing new sounds?	Yes/No
	Does your child turn to look up when you call?	Yes/No
	Does your child respond to simle commands / queries such as come here, Do you want more etc?	Yes/No
12-18 months	Does your child distinguish sound such as doorbell, and train / barking dog/ automobile horn?	Yes/No
	Does your child hear you when you call from another room	Yes/No

# Checklist for Screening Speech in Children

Age	Item	Response
Around 6-8 months	Child can make cooing sounds like ahh., aeee	Yes/No
Around 9-10 months	Child can produce sounds and utter sounds near to won language for asking questions, demanding	Yes/No
Around 10-12 months	Child can speak first words like dada, mama with meaning	Yes/No
Around 12-18 months	Child can use words to make wants known	Yes/No
Around 18-24 months	Child can speak in well-formed sentences	Yes/No
	Child can name objects in the surroundings	Yes/No
	Child can name simple pictures in the book	Yes/No
Around 24-30 months	Child can tell his or her name	Yes/No
Around 30-36 months	Child can say concepts like small, big, tall, short, cold, hot	Yes/No

\* This checklist can be used specifically for children who have speech problems due to hearing impairment

## Checklist for Screening motor milestones :

Age	Item	Response
2-6 months	Can the child hold neck steadily?	Yes/No
5-10 months	Can the child sit without support ?	Yes/No
9-14 months	Can the child stand without support?	Yes/No
10-20 months	Can the child walk well?	Yes/No

## Checklist for suspecting mental retardation in children :

Stage No.	Child's progress	Normal development all age range	Delayed development not achieved by
1.	Can child respond to name/voice?	1-3 months	4th month
2.	Can child smile at other?	1-4 months	6th month
3.	Can child hold head steadily?	2-6 months	6th month
4.	Can child sit without support?	5-10 months	12th month
5.	Can child stand without support?	9-14 months	18th month
6.	Can child walk well?	10-20 months	20th month
7.	Can child talk in 2-3 word sentences	16-30 months	20th month
8.	Can child eat/drink by self?	2-3 years	4th year
9.	Can child tell his name?	2-3 years	4th year
10.	Can child go to toilet?	3-4 years	4th year
11.	Can child avoid simple hazards ?	3-4 years	4th year