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Chapter 2

1. Chromosomes are thread-like structures located in the center of the cells or nucleus. They come in a variety of sizes. They provide our cells with the precise directions needed to create an individual. The condensed DNA strands that makeup chromosomes are known as chromatin. Each chromosome comprises several genes and is constructed of DNA molecules.

The human framework is created and maintained by DNA. DNA is composed of four chemical bases, Adenine, Cytosine, Thymine, and Guanine. Each chromosome is made of DNA and has numerous genes because of DNA segments. DNA molecules make up chromosomes, and each chromosome has several genes. In cells, chromosomes transport DNA. The sections of DNA that code for proteins are known as genes.

Genes are sections of your DNA that give the physical traits that set the individual apart from others. Our bodies are constructed from our genes. The body's cells are guided by a detailed guide collectively present. They provide directions for producing protein about the kinds of physical traits—for instance, the color of our hair or eyes.

We need cells to build our bodies. There are many billions and billions of cells in our bodies. Every cell in our body is a duplicate of an individual cell that produces all other cells by self-division. Our body is formed and operated by the instructions of our DNA, genes, and chromosomes. Your chromosomes, genes, and DNA all contribute to your individuality.

4. Down syndrome is one anomaly. It occurs when an extra chromosome leads to physical abnormalities and mild intellectual impairment. At age 20, this happens in 1 in 1,900 births. Klinefelter syndrome is yet another chromosomal abnormality (XXY). It is when there are physical abnormalities resulting from an extra chromosome. Surgery, early intervention, infant stimulation, and specialized learning programs are the treatments for this abnormality. An efficient therapeutic option is hormone therapy. In 1 in 600 male births, this occurs. In females, Turner syndrome (XO), caused by an absent X chromosome, can result in intellectual disabilities and sexual underdevelopment. One in every 2,500 female births results in this. Hormone therapy for children and adolescents going through puberty is one option for treatment. A Y chromosome extra can result in XYY syndrome, an abnormal condition that can cause above-average height. Every 1,000 male births experience this. This anomaly doesn't need any special care.

As for gene abnormalities, sickle cell anemia is a blood disease that reduces the body's ability to absorb oxygen; it can result in joint swelling, heart failure, and kidney failure. Penicillin, painkillers, antibiotics, and physiotherapy or medical therapy can all be used to cure this anomaly. One in 400 African American children experiences this incident. Huntington's disease is characterized by degeneration of the central nervous system, which results in issues with muscle coordination and mental decline. This does not start to show up until you are 35 or older. The likelihood of death increases 10 to 20 years after the onset of symptoms. A metabolic disorder called phenylketonuria (PKU) can result in learning disabilities if not treated. A procedure that can assist in carrying out a special diet that can lead to average intellect and a typical life span.

Chapter 3

17. Breastfeeding is thought to be better for a baby's health because it helps the child gain the right amount of weight, reduces their risk of becoming obese as a child, has as there are fewer chances of gastrointestinal and lower respiratory infections, and has no adverse effects on their cardiovascular or cognitive development. Another advantage is that the mother and child have that skin-to-skin contact. Breastfeeding has the additional benefit of requiring no preparation. The mother's discomfort while breastfeeding, especially in the first few months, is one drawback. If the mother is not present, pumped milk must be provided. Breastfeeding benefits mothers by lowering their risk of developing breast and ovarian cancer. If the mother has active tuberculosis, HIV, or another infectious disease or is taking any medication that could harm the baby, she should not breastfeed.

Anyone can feed the baby from a bottle, which is one advantage. The baby can be given a bottle anytime and anywhere by either parent or caregiver. This enables the mother to delegate feeding to her partner and other people. In addition to providing the mother more time, this arrangement allows the partner to spend quality time with the child. Pumping is not necessary. There will be no discomfort. However, bottle feeding has the drawback that the bottle must be warm and at a specific temperature. Time and a lot of preparation are needed for this. The caregiver or guardian is responsible for maintaining and organizing the equipment.

20. Adroitness is the key to fine motor skills. Fine motor abilities target the smaller muscles of the body, such as hands, wrists, and fingers, as opposed to gross motor development, which functions the larger muscles of the body. Gross motor capabilities start to emerge in the second year, and children's mobility increases as their motor skills improve. At the age of 13-18 months, toddlers have the talent to pull a toy attached to a string or climb the stairs. By 18-24 months, they walk quickly, backward, kick a ball, stand, and balance their feet. As opposed to fine motor development, children practice grasping toys, using spoons, button shirts, and other tasks that require finger skills.

At 0 to 3 months, the baby's reflex wears off; their actions become more voluntarily and deliberately planned. Infants can swat at toys that are brilliantly colored, thanks to their growing kinesthetic awareness. Infants lift their heads and chest when put down from their stomach (tummy time). At 3 to 6 months, infants start to move at this age. They usually begin to roll over from their back to their side. They'll start to turn over completely, initially from their back to their belly and eventually from their stomach to their rear. Infants are on their backs, and the caregiver slowly raises them into a sitting posture; their heads will be raised.

At 6 to 9 months, infants will initially sit while receiving assistance from the caregiver. Afterward, while the infants are getting support from their hands, they will eventually be able to sit. Eventually, they will be. They will be capable of sitting alone without help once their abdominal and back muscles fully develop. Infants will grow with more mobility and begin to explore their tummies by sliding. They will get into a crawling position and begin to rock. They will suddenly start to crawl. As infants get older, they will be able to sit by themselves. They would also try many times to lift themselves and start walking. This will take patience and persistence.

Chapter 4

49. Choosing between your career and raising your child can be difficult. People might mistakenly believe that putting their career first means disregarding their children and feel bad about it. However, giving up on a job to spend more time with your newborn may make your partner feel overburdened with financial obligations and reduce the level of care of the newborn or child. Every mother should be fair to herself and determine what is most effective for her regardless of whether she chooses to remain at home with the child or return to work. It is a choice the mother has to make for herself. Their decisions should be based on other people's opinions.

If I were a parent, I would place my children in daycare. I am a mother, and even though I will send her children to daycare, I will do my best to be still involved in my children's life. I would not be there when they go through their first milestones, but I have the confidence that they will grow into a very educated and respectful child in daycare. One of the reasons I would send my child to daycare is that I will be able to resume work after my maternity leave. I want my partner to have the burden of only some of the financial problems. My additional income will help increase my family income and help provide my baby with better services and facilities. However, I will select the best daycare for my child because I want the best education. Additionally, I would like my child to learn not to have separation anxiety. I would like them to learn to do things on their own.

41. Individual variances in behavioral patterns, feelings, and typical ways of interacting are known as temperaments. How quickly emotions are expressed, how intense they are, how long they last, and how quickly they disappear. I was a straightforward child according to Chess and Thomas' temperament classification. As a baby and now as an adult, I am usually in a good mood and can adapt quickly to new environments or experiences. My temperament has never changed. As an infant, my parents would tell me that I was a baby child. I didn't cry much unless I was hungry or needed to change. At night, I would sleep the whole time. Compared to my other siblings, we were the opposite. They always cried, reacted negatively, and did not want to engage in regular daily activities. While taking the quiz to test, it said that I am an introvert and my temperament was melancholic. High sensitivity, anxiety, emotional expression, and solid artistic flair are all traits of melancholia. For someone with the temperament melancholy, their neurological system is weak.

Like melancholic people, I like spending time away from lousy places, reading, painting or drawing, and other relaxing activities. Melancholics are also very reflective and reserved. I am a quiet person that likes to keep everything to herself. It is not unfair for others to carry my burdens and help me solve my problems. I keep everything bottled up inside until something triggers; I explode and get off balance. Most of the time, I have my arms crossed or my hands in my pocket which explains one of the characteristics of being sad. I cry for everything, if I see a sad movie, if someone criticizes me, etc.

Chapter 3

18. Reflexes are developed in response to signals throughout an infant's motor learning. Reflexes control the infant's motions. It is genetically predisposed to instinctive and instinctive strategic orientations. Reflexes aid the growth of the baby's delicate and gross motor skills. Reflexes make it easier to spot typical nerve and brain functions. Some reflexes only manifest during particular developmental stages.

The baby will tilt its head to find anything to suck when its cheek is caressed, or the side of its mouth is touched. When a baby's mouth corner is stroked or rubbed, this response starts to develop. To follow and "root" in the stroking direction, the infant will move their head and mouth. This aids the infant in locating where the bottle or breast is to start feeding.

Infants have the instinct to suck something reflexively into their mouths. Similar to rooting, the sucking reflex is an instinctual response. The newborn gets ready to suck by rooting. The baby will start sucking when the roof of its mouth is touched.

A quick, powerful noise or action will cause a Moro reflex. This occurs when a baby is surprised by a loud noise or motion. The infant reclines their head, stretches the arms and legs, cries, and pulls them back toward the body in reaction to the sound. When something meets an infant's palms, the reflex is to grab in response firmly.

Chapter 4

45. An attachment is a solid emotional connection between two people. According to Freud, infants develop attachments to those who can satisfy their oral needs. Harlow contends that infants prefer touch comfort to food. Infants' trust, according to Erikson, is built via warm embrace and physical safety. According to Bowlby, there are four distinct stages of attachment. From birth to two months is the first stage. Humans become comforting to babies. Babies then fixate on one figure between 2 and 7 months. Infants form particular attachments during the third phase. Babies learn about other people's emotions in the final stage. Knowing romantic relationships can benefit from comprehending attachment theory, which Bowlby established to explore the emotional link between infants and carers.

Infants have established a variety of attachment types. For starters, newborns whose caretakers closely hold them use them as a safe basis to discover their surroundings. A healthy existence depends on secure bonding! Autonomy, a drive to explore, good connections with peers, fewer disagreements with parents, less hostility, and less anxiety are advantages of a stable relationship. Babies with stress avoid their caregivers. They are formed when a caregiver frequently ignores a baby in discomfort. This youngster is less likely to ask their caregiver for consolation.

Infants that are insecure and reluctant attach to the caregiver and then push back against the proximity. In other words, people feel unworthy but typically have a favorable view of others. This attachment holds a negative self-image and a positive picture of others. Infants who lack confidence and organization appear puzzled, scared, and bewildered. It is developed when a caregiver neglects a baby. This kid is afraid and avoids social situations. Their conduct will stay the same whether or not their caretaker is present.