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Unit 3 Essays

Required Question

Late childhood is characterized by continuous growth and change in proportions to the child's body. Although development is continuous in late childhood, body growth is slow with a steady increase in weight. The weight increase during this stage is due to the increase in the size of the skeletal, muscular, and organ systems. Also during this stage, the child completely loses the appearance of the head being bigger than the rest of the body, and the head & weight decrease in relation to body height. During this stage, bones continue to ossify, and muscle mass and strength increase as baby fat decreases. Significant changes also occur in the brain, with brain volume stabilizing by the end of this stage. A shift in the activation occurs from larger areas of the brain to smaller areas of the brain. To continue, areas of the brain that aren't being used; lose synaptic connections; with increased connections in the areas of the brain that are being used. During late childhood, motor skills become more enhanced and coordinated in comparison to early childhood. By this stage, children can engage in activities such as: running, climbing, swimming, and jumping. Also, myelination of the central nervous system increases which has a positive impact on the improvement of fine motor skills; which in turn allows the child to complete complex and repetitive tasks with their hands.

Chapter 7 Q3.

Obesity is one of the most prevalent health problems in children. In fact, over the past couple of years; children who are at risk for being overweight have dramatically increased. It has also been found that more children experience obesity in late childhood compared to any other stage of development. Researchers have found that two contributing factors of childhood obesity are hereditary and environmental aspects; in fact, the common trend present is that overweight parents tend to have overweight children; furthermore, if the parent grew up not prioritizing incorporating healthy foods into their diet; often times than not the same can be true for the future child's diet. In regards to the environmental factors that determine if a child will be obese or not are: the availability of food (food high in carbohydrates and sugar), income, quality of living provided by the parents, declining physical activity, parents eating habits, and heavy screen time. One example of these environmental factors is: the parents not having a steady income; which then influences them to buy cheap microwavable meals like frozen dinners over being able to buy fresh produce and meats that often cost more and take longer to prepare. The consequences of being overweight increase the risk of medical and psychological problems. The most prevalent problems are diabetes, high blood pressure, high cholesterol issues, and sleep problems. Some psychological problems that are linked with obesity are depression and low self-esteem, as children during the late childhood stage have gained self-awareness, and have started to recognize characteristics that set them apart from other children of their age. A course of action that includes dieting, exercise, and behavior changes has been implemented to help obese children lose weight.

Chapter 7 Q11.

The concrete operational stage that was proposed by Piaget, lasts from age seven to eleven. In this stage, children can perform concrete operations and can use logical reasoning that can be applied to concrete objects. Certain tasks in physical and cognitive development indicate the ability of children to perform concrete operations. The use of imagination plays an important role in the reversible mental action applied to a real concrete object. Furthermore, concrete operations allow the child to grasp the characteristics of an object rather than focus on a single property. For example, if a concrete operational child is presented with two different shapes like a circle or square; the concrete operational child can coordinate information about height, width, and information about both dimensions. Children with concrete operations are able to classify or divide things into different categories, and are able to comprehend systems and the inner workings of systems; for example, a concrete operational child can comprehend a family tree and understand that each relative is related or connected to one another. Children at the operational stage also gain the ability of seriation. Seriation is the ability to order stimuli along a dimension-like: length. The last operational skill a child has at the operational stage is the child is able to reason between classifications (transitivity). Transitivity is the ability to gather or group information to understand certain conclusions. In other words being able to understand cause, effect, and conclusion, why certain causes warrant certain effects, and being able to summarize that into a conclusion. It is also important to note that some concrete operational abilities do not form at the same time, in fact, one may be gained as a result of learning and mastering another operational ability.

Chapter 7 Q12. pg230

Bilingualism is the ability to speak two languages fluently; bilingualism has been proven to have a positive impact on children's cognitive development. Recent research has shown that the time period for learning a second language is sensitive to the mastery of the language. It has also been found that children master the curriculum of a second language faster than adults; mostly due to the fact that children are less resistant to feedback, and are more likely to learn a second language from increased sessions of teaching. A positive of learning a second language in children is that it allows for skills such as concept formation, reasoning, cognitive flexibility, and cognitive complexity to be enhanced, and often results in bilingual students performing better on assessments than monolingual students. Bilingual children are more informed about the structure of spoken and written language and are better at identifying grammar errors. Bilingual education in the U.S. has developed the following approach, first instruction in English only, and two a dual-language approach that emphasizes instruction in the child's native language and English for varying amounts of time throughout the advances of the child to the next grade level. Researchers have struggled to discover how effective bilingual programs are due to varying factors among the programs such as type of instruction, quality of schooling, instructors, and children. What researchers have been able to conclude is that the quality of instruction determines the effectiveness with which a new language is learned. Research has also found that dual-language programs are more successful than English-only programs.

Chapter 7 Q4.

Studies have shown that in the United States, 12.9% of children received special education in the years 2017 and 2018. To address the question of the challenge of teaching children with disabilities in the classroom setting, the type of disabilities that a child may have should be defined. One common disability is learning disabilities; which is defined as having difficulty understanding spoken or written language; this can appear in listening, thinking, reading, and writing. In order to be classified as having a learning disability; the issue can not be the result of visual, hearing, or motor disabilities. It was found that most children with a learning disability have a reading problem which can present in three forms: Dyslexia (impairment in the ability to read or spell), Dysgraphia (difficulty in handwriting), Dyscalculia (difficulty in math computation, adding, subtracting, dividing, and multiplying). The cause of learning disabilities is hard to pinpoint, but researchers have concluded that learning disabilities are due to problems integrating information from multiple brain regions. Another common disorder is Autism spectrum disorder (ASD); which is characterized by troubles in social interaction, problems in verbal and nonverbal communication, and repetitive behaviors. Autism is identified during early and middle childhood; early warning signs of autism are a lack of social gestures and use of no meaningful words around one year of age and displaying no interest in other children or two-worded phrases at the age of two. A major challenge in educating children with disabilities in the classroom is; determining if that child benefits from inclusion in the classroom with other children or not. Many experts argue that a more customized/individualized approach would be more beneficial for a child with a disability, the reasoning for this approach is that children with

a certain disability are different from the typical student and need a different approach to tailor to the differences in which they learn.

Chapter 8 Q.15

Self-esteem can be defined as confidence in one's talent and abilities; self-esteem refers to self-evaluation and can also be called self-worth or self-image. During Middle and Late childhood, children can make the switch from identifying themselves as a person to a person with characteristics of good or bad. The basis of self-esteem comes from the quality of parent-child relationships that develop during early childhood. Researchers have been able to make the connection between low-self esteem in a child during middle or late childhood; resulting from neglect or ill-treatment by parents in earlier stages of development. Researchers also discovered that high self-esteem children are often times than not have good relationships with their parents who facilitate sensitive parenting. Another important factor in self-esteem in children is their home environment; for example, children with both parents in the household had higher self-esteem than children with an absent parent. Consequently, researchers have found that self-esteem can reflect perceptions that don't always match up with reality. For example, A child's self-esteem may lead them to display that they are intelligent, and better at doing things than others, but that reflection is not always true; which further can lead to a gained sense of arrogance and superiority over others. The consequences of low self-esteem can lead to obesity, anxiety, depression, suicide, and drug use. One study has found that children with low and decreasing self-esteem have been linked to getting depression in adulthood.

Chapter 8 Q.17

Kohlberg's levels identified the level of moral thinking as Pre-conventional reasoning, Conventional reasoning, and Post conventional thinking. Pre-conventional thinking is the lowest level of moral reasoning, this level is utilized by children before age nine, at this level children can understand good and bad with respect to external rewards and punishments; children at this level obey authority because of either fear of punishment or hope for a reward for good behavior. In the second level, conventional reasoning, adolescents understand expectations of their social roles; individuals at this level understand the limitations and rules set by parents, the government, or society as a whole; Kohlberg believed that not everyone progresses beyond level two. In level three, post-conventional thinking, morality is flexible in thinking and more internalized, during this level individuals constantly check their reasoning to ensure it meets the ethical expectations set by society. Kohlberg believed that advances in maturation did not influence moral reasoning, he also believed that peer interaction plays an important role in challenging children to change their moral reasoning. Kohlberg's theory was heavily criticized based on moral thought & behavior, conscious vs unconscious, and Gender. Kohlberg's theory has been questioned for focusing too much on moral thought and not enough on moral behavior, in other words, moral thoughts not matching up with moral behaviors displayed by individuals. Kohlberg's theory has also been scrutinized for placing too much emphasis on thinking about reasoning before an individual takes a moral stance; most social psychologists believe that a moral stance is formed unconsciously and automatically, and the process is more instinct-based. The most publicized criticism of Kohlberg's theory is that it reflects a gender bias and that

Kohlberg's theory is based on the male norm; this is a more common criticism because most of Kohlberg's research was conducted with males and their responses helped model his theory.

Chapter 8 Q.20

Differences between sexes are averages and are not true for all girls and boys; differences are usually caused by biological factors and sociocultural factors. In regards to physical development women have twice the body fat of men with fat settling in areas of the breasts and hips. In contrast, male fat is more likely to settle in the abdomen. The brain's appearance is very similar between the sexes, but some differences have been discovered by researchers inside the brains of males and females. One difference is that the female brain is 10% smaller than the male brain. Another difference is that the parietal lobe that functions in visuospatial skills is larger in males, while the area of the brain that's involved with emotions shows more activity in females than males. Even with these differences present in the brain, researchers have concluded that there are more similarities in the brains of males and females than there are differences. In regards to the intelligence of the sexes, there aren't any differences present, but there have been differences in cognitive areas. Research has shown women have better verbal skills than men, and there is strong evidence present that suggests women do better in reading and writing comprehension than men. Research has also shown that girls are more likely to earn better grades and complete high school, while boys are more likely to be assigned to remedial classes. One common socioemotional development difference among the sexes is that boys tend to be more aggressive than girls; this difference is apparent early in child development. Both biological and environmental factors have contributed to the difference in aggression among the sexes; with

biological factors being hormones and hereditary; while environmental factors being cultural expectations, peer models, and social agents.

Works Cited

Santrock, John W. *Essentials of Life-Span Development*. McGraw-Hill Education, 2022.