Modulo VI.2

Development of personal autonomy





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1.0. Introduction

In this topic we develop the idea of personal autonomy and independence, highlighting the differences between the two concepts. We also address the concept of activities of daily living and include a brief classification of them before considering the importance of context and surroundings in the development of personal autonomy. Lastly, we look at the main activities of daily living, how they are defined, the tasks involved in each one, and more specifically, which are the most important chronological development milestones.











1.1. Differences between the concept of autonomy and independence

The concepts of autonomy and independence are often used as synonyms, however, they differ in their details.

Concept of autonomy

Personal autonomy refers to the capacity of a person to make decisions related to his or her life on his or her own initiative. For Bornas (1994), an autonomous person is "one whose self-regulation system functions in such a way as to enable him/her to successfully meet both the internal and external demands placed on him/her".











1.1. Differences between the concept of autonomy and independence

Concept of Independence

On the other hand, the concept of independence, focuses on the ability to be able to carry out activities by oneself or with the help of assistive devices, without expressly mentioning the idea of higher skills implicit in the concept of autonomy. A person may be independent in dressing (puts clothes on without help), but not know how to select clothes according to the weather or the event, which would affect their autonomy. Conversely, a person may need to be dressed, but be the one who decides what to wear (limited independence but retained autonomy).











Therefore, the concept of personal autonomy focuses more on the higher cognitive capacities that allow decision making, and independence is oriented more towards not being dependent on a third person in the execution of activities.

In early and second childhood, both autonomy and independence develop in parallel, and as children develop, they acquire the necessary capacities that will allow them to be independent and autonomous. Both capacities continue to develop into adulthood.











Activities of daily living are daily activities that are done frequently and which allow people to develop with autonomy and independence (Pérez de Heredia Torres and Oudshoorn Giaccaglia, 2022). These activities can be classified into basic activities, instrumental activities and advanced activities.









1.2.1 Basic activities of daily living.

These so-called basic activities are oriented towards caring for one's own body and include basic needs such as feeding, washing, showering, going to the toilet, dressing or moving from one place to another.

Independence in these activities is acquired naturally little by little as people grow and develop (Pérez de Heredia Torres y Oudshoorn Giaccaglia, 2022).











1.2.2 Instrumental activities of daily living

These activities are more complex than the previous ones, but also refer to personal care, such as shopping, preparing food, washing clothes or ironing. As they are more complex, they are more appropriate for young people and adults.

(Pérez de Heredia Torres y Oudshoorn Giaccaglia, 2022).











1.2.3 Advanced activities of daily living

This set includes activities directly related to independent living and social interaction, such as going to the bank, renting a flat, etc. By the very nature of these activities, they are also specific to adulthood. (Pérez de Heredia Torres y Oudshoorn Giaccaglia, 2022).











1.3. Role of environments and contexts in the development of daily living

activities

- These activities are performed within contexts and environments, which establish, among other things, the characteristics and specific elements of these activities.
- For example, dressing is not the same depending on where one lives, as the climate determines the type of clothes to be worn, as does the **culture** one belongs to (e.g. the use of veils in Muslim cultures). Another example is the types of foods eaten and the utensils used (cutlery, chopsticks, eating with hands, etc.).













Similarly, social contexts also influence howe these tasks are done. Family dynamics may encourage children's participation in the tasks and therefore their development, or the dynamics may lead to minimal participation by children, and development will be slower. Examples of include a parent who cleans a child's bottom because they do it badly and stain their clothes (if they don't practice, it will be more difficult for them to succeed), or not letting them handle a spoon, because they spill their food and eat less.













It is also important to consider the role of the physical environment. If we consider dressing, the physical environment would refer to the type of clothes that can be bought. For example, in Europe it is difficult to find children's shoes with laces, and this limits the opportunities for children to acquire this skill. Circumstances such as having a bath or shower, the height of the toilet bowl, the type of tap, and the length of children's hair, are examples of physical elements that can facilitate or limit children's independence in different tasks.











1.4. Development of activities of daily living.

- It is difficult to establish typical developmental sequences for activities of daily living, as we have already seen the huge influence of contexts and environments.
- The following slides present a general outline of the development of basic activities, but it is important to remember that the periods indicated are long, because of the huge variation within countries and the even greater differences between countries and cultures.











1.4.1 Development of feeding (eating)

The development of skills to manipulate and hold food or liquids in the mouth happens according to the maturation of oro-facial structures. The development of these skills is described by various authors, however there are differences between children's abilities and feeding recommendations for children. For example, the WHO recommends exclusive breastfeeding until 6 months, but children may be able to eat other things.













The following is a summary of the main milestones and the age at which they are acquired:

- 6-8 months: they can hold a bottle in both hands and drink. They can also hold a biscuit in their hand and bring it to their mouth. If presented with a spoon, they can scoop up the mashed food on the spoon.
- 9-12 months: they can eat soft food with their fingers (cooked ham, omelette).
- From 12 months: they begin to pick up spoons and bring it to their mouth. They grasp it in palmar grasp and pronation of the hand, and gradually move on to tridigital grasp. Complete spoon handling (good grasp and no spillage) is established at around 3 years of age.











- 24 months: they drink on their own from a normal glass (without lid or spout), although they pick it up with both hands.
- Between 24 and 30 months, show interest in forks.
- 3 years. Handle spoons and forks and start to use a (blunt) knife to cut omelettes, fish, etc.
- 4-5 years. They are able to spread butter or cocoa cream on bread.
- 6 years. They use a knife to cut meat



Image 4

Schuberth L, Amirault L, Case-Smith J., 2010; Román Sánchez J, Sánchez S, Secadas F.,

1997; OMS, 2010.











<u>1.4.2 Dressing-undressing development</u>.

Dressing and undressing is an activity that children begin to participate in from a very early age, starting with simply standing still or stretching out their arms to have their jacket put on.

The different skills are gradually acquired naturally, but it is essential to give children the opportunity to do it alone. Rushing before going to school can mean that parents do not leave space for children to do it on their own, and therefore delay the acquisition of these skills.













- From the age of one, they cooperate by putting arms through sleeves and stretching legs. They are able to take off shoes and socks, although only as part of a game (they enjoy taking them off).
- At two years old, they can pull down zips, take off their coat if it is unbuttoned, undo Velcro fastenings, help pull up trousers and, are able to identify where to put their arms into shirts.
- At 3 years old, they put on socks (wrong heel), shoes (on wrong foot), and put hands up sleeves without help. Need help to take off a jumper or T-shirt, fasten buttons on the front (school smock). Hook, unhook and pull up zips.











- Undressing is learned before dressing.
- 3 and a half years old. Handle hooks and eyes, untie bows and belts, put on gloves, shirts and coats.
- 6 years. Button almost everything and begin to tie laces. Although at 6 years of age they would already have the skills to tie laces, it is difficult to find children's shoes on the market that include laces; these have been replaced by elastic bands, Velcro, etc., which means that this skill is delayed until the need to wear laces arises.

Romero Ayuso DM., 2006; Romero Ayuso DM., 2006 (bis); Bluma S, Sherer, M., Frohman, A. y Hilliard, J., 1978; Mulligan S., 2006; Secadas F., 2009; Shepherd J., 2010.











Outside of this stage (0-6) there are still a few more tasks to be acquired in second childhood:

Full dress-undressing dates from around 8-9 years of age, which includes taking clothes out of the wardrobe and the ability to select suitable clothes for the occasion.









1.4.3 Development of grooming

Personal grooming is a complicated activity due to the large number of tasks it includes: face and hand grooming, hair combing, nail care, tooth care, nose care, etc.

The following table shows the main milestones in the development of this activity, and like the activity of dressing, some of the tasks are acquired from the age of 6 years onwards.













Age	Milestones
1 year and a half	Turn on the mixer tap, and leave hands in the water jet
2 years	Wash and dry hands with help
3-4 years	Hand and face washing are taken for granted
3 years	Wipe nose with a handkerchief when reminded
4 years	Blow nose with a handkerchief when reminded
6 years	Brush teeth without supervision (learning this skill requires many skills that are acquired from the age of 3 years). Able to blow and wipe nose without being told to do so
7-8 years	Independence in combing hair and making a ponytail
9 years	Start nail care with the use of nail clippers

Bluma S, Sherer, M., Frohman, A. y Hilliard, J., 1978; Hanson M., 1979; Mulligan S., 2006; Romero Ayuso DM., 2006; Secadas F., 2009.











<u>1.4.4 Bathing/showering development</u>.

According to what we have mentioned in the previous topic, children are able to sit upright without support between 6 and 9 months, however, in the bathtub, extreme care is taken to provide physical help to avoid accidents, so that it is a little later when children is able to sit up alone without physical help in the bathtub.

Different types of products are marketed that can help the baby to sit safely in the bathtub.













As children acquire a stable gait, they will help with transfers in and out of the bathtub, assisted by parents.

The physical environment of the bath or shower again plays a crucial role in transfers to the bath or shower, e.g. non-slip floors or grab bars are key points for parents to reduce the support they offer.









The following table describes the chronology of the most important tasks of this activity:

Age	Milestones
4 -5 years	Begin to take responsibility: soap up the body parts they can reach. Parents help with back and hair. Begin to help with body drying
8 years	Independent for bathing including hair washing and complete drying. They can run a bath.

Sheperd, 2010; Bluma S, Sherer, M., Frohman, A. y Hilliard, J. 1978.











<u>1.4.5 Bladder and bowel care development (sphincter control).</u>

Until almost 24 months of age, the parents control their children's sphincters, limiting themselves to necessary nappy changes; however, from 18 months onwards, children begin to signal their bowel or bladder needs with gestures or words.

Bowel control is acquired before bladder control, at around 18 months.













Bladder control is more difficult and there is great variability in relation to the age of acquisition; furthermore, there is evidence that girls acquire bladder control up to 6 months earlier than boys. Trying to give some ages, 50% of children have daytime sphincter control by the age of two and a half years, and at night 80% are able to do so by the age of three and a half years. However, the remaining 20% do not acquire night-time control until the age of 6.













As a final thought, there is evidence that potty training before 15 months influences earlier bladder control.

Romero Ayuso DM., 2006; Marugán de Miguelsanz J, Lapeña López de Armentia S, Rodríguez Fernández L, et al., 1996; Schum TR, Kolb TM, McAuliffe TL, et al., 2002; Sesa S, Frassoni A, Sabulsky J, et al., 2001; Secadas F., 2009.











1.4.6 Toilet hygiene development.

Toilet hygiene refers to children's ability not only to clean themselves after urinating or defecating, but also managing clothes (putting them on and taking them off), being able to sit on the toilet by themself, flushing the toilet and washing their hands, so that it involves other activities such as dressing and personal hygiene.













The main milestones:

- Between 2.5 and 3 years old, they start to wipe their own bottoms.
- By the age of 3 years, boys are able to urinate standing up at the toilet and pull down and pull up their trousers if they do not have buttons.
- Between 3 and 5 years, they start being able to flush the toilet. This variability depends on the flushing system of the cistern, as sometimes force is needed, and even if a child can reach, they may not be able to squeeze hard enough.
- Between 4 and 5 years, they can clean themselves properly after defecation. The use of wet wipes makes it easier for them to clean themselves properly.

Romero Ayuso DM., 2006; Schum TR, Kolb TM, McAuliffe TL, et al., 2002; Bluma S, Sherer, M., Frohman, A. y Hilliard, J., 1978.











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