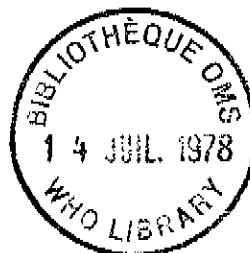




ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
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CONTEMPORARY PSYCHOSOCIAL PROBLEMS

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*Child Psychology*

When considering the psychosocial problems of children and adolescents, it is necessary to distinguish between "deviance" and "problems". By "deviance" we mean behaviour which conflicts with the social norms and expectations of a particular group or society, and which lies outside the range of socially acceptable nonconformity.

Deviance usually implies delinquency, alcoholism, drug abuse, suicide, etc., but there are also some psychosocial "problems" related to normal development, which, although problematic, are definitely not deviant. These include, for example, all cases of psychosocial adaptation to new roles and tasks and participation in new institutions of social life. For the age-group 5-8 years the most important aspect is starting school, for adolescents (14-18 years) it is entry into adult life and the world of work.

For the age-group 5-8 years psychosocial "problems" occur much more frequently than deviance. The first symptoms of deviance or future deviant behaviour may appear in the next age-group (10-13 years). Juvenile delinquency is probably the commonest deviant behaviour in children under 14 years of age. In the same group most psychosocial "problems" can be related to growth and puberty. In the oldest age-group (14-18 years), besides the problems mentioned already, such as how to be an adult, what way of life and what profession to choose, deviant behaviour occurs more frequently than before. Its forms are also more varied (juvenile delinquency, alcoholism, drug abuse, use of violence, suicide, prostitution, etc.).

Regarding the etiology of psychosocial problems and deviations, we should take into consideration not only the situation of the child and its family, but also some of the macrosocial characteristics of the societies in which they live. There may be only a minimal chance of solving children's problems by effecting changes in macrosocial processes, and we should realize that in many cases we cannot blame the child's immediate environment for all its problems and deviant behaviour.

Activities to reduce deviance should be directed at the resocialization process, for both curative and preventive reasons. Here particular attention should be given to the school, since in many cases families which have other adult deviant members are not able to correct the behaviour of their children themselves. In the development of such programmes, close cooperation between school staff, school health personnel, parents and social institutions in the community is essential.

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