

Lidija Radulović¹

Department of Ethnology and Anthropology
Faculty of Philosophy, University of Belgrade

Dragana Đurić

Institute for Psychophysiological Disorders and Speech Pathology
"Prof. dr Cvetko Brajović", Belgrade

HANDLING THE BABY IN THE TRADITIONAL CULTURE AND CONTEMPORARY LIFE IN - SERBIA FROM THE ASPECT OF EARLY MOTOR DEVELOPMENT*

Abstract: In the patriarchal culture of the Serbs children were not regarded as today. Low economic status and hard work in the field meant that mothers carried their babies with them. Baby handling was instinctive, and keeping babies in *ljudjka*s (a large scarf, used to strap the baby to its mother's body for carrying around, or to make a hammock) and cradles implied good stimulation of central nervous system and vestibular apparatus. The fast pace of life today, coupled with the desire to have the baby sitting and walking as soon as possible, can have a negative impact on the baby's development, predominantly because of the use of various aids that frequently impose a certain position upon the baby that hinders its proper motor development at this early age. Comparative method for evaluation of culturally induced concepts in "handling babies" in traditional and contemporary culture. Functional analysis of positive and negative effects in handling children in the past and today.

Key words: Handling babies, traditional culture and contemporary culture, motor development

Early motor development is extremely important in overall child physical development. It can be studied using different approaches: by historical viewings of scientific knowledge of motor development, from the aspect of disciplinary changes in scientific knowledge in both medicine and humanity sci-

¹ lradulov@eunet.rs

* This paper resulted from work on the project *Cultural Identities in Processes of European Integration and Regionalization*, No. 147035, financed by the Ministry of Science of the Republic of Serbia, presented at the 7th *International Congress "Physiotherapy: Tradition or Innovation"*, 26-27 september 2009. Beirut.

ces, but also from the interdisciplinary aspect of combining those two scientific disciplines in the research of the two cultural and historical periods in Serbia. In this paper, we will attempt to analyze, from the aspects of developmental neurology and anthropology, the handling of babies in the traditional culture of Serbian people in the XIX and the first half of XX century in the first part, and in the second part, we will devote our attention to this issue in the contemporary context, i.e., from second half of XX century till present. Interdisciplinary approach to the problem of motor development includes, besides medical, the influence of social and cultural constructs at a specific time and place. The objective of this paper is to analyze positive and negative effects on infant motor development by comparing traditional models of infant handling in the XIX and the first half of XX century and modern approaches from the second half of XX century till today.

Firstly, we will present the standardized model of the infant motor development in the first year of life which is characterized by postural control, locomotion and manual development.

Postural control consists of head, trunk, and upper and lower extremities control development. The head and trunk control will help the baby with sitting position, and control of the lower extremities will help with standing. Proper posture helps with stability of certain body parts and with balancing of the whole body (Piek 2006, 87). The first locomotor function is rolling from the position of lying on the tummy to lying on the back and vice versa, which happens at 6 or 7 months of age. This is followed by tummy crawling which will turn into reciprocal crawling. Then comes holding onto nearby objects and standing up, which after some time of stabilization, turns into walking around the age of one. Similar developmental schedule exists for the function of manual grasp with the coordinated voluntary movement of hands and fingers.

Motor development of a healthy newborn, infant and toddler is determined by genetically programmed developmental pattern, with fixed developmental schedule which follows cephalo-caudal direction of development. Reaching motor development milestones is universal and nowadays it is earlier than in children some 70 years ago (Gallahue and Ozmun 1998). According to Shirley (1933) babies start walking at the average of 15 months, whereas Bayley scale (1969) reports reaching of the same milestone at 11.7 months (Piek 2006, 123). Study done by Capute et al (1985) showed that race, socioeconomic status, and sex had influence on the rate of motor development.

Stages of motor development are the same in all children; however, the rates at which they develop are different and variable in every child. Central Nervous System (CNS) development has a wide range within the normal development. Age at which children acquire motor abilities can be significantly different in healthy children. The developmental scales usually give average

Handling the Baby...

age at which specific motor functions develop. Motor development helps with motor abilities of the child used for physical independence and adaptation to the conditions of social surroundings (Dimitrijević *i dr.* 2005).

Newborn and young infant lies in pronate position on its tummy, cheek, chest and forearms due to expressive flexed body position. With development, the center of gravity moves towards stomach, which enables the baby to support itself on forearms (3rd and 4th month of age) and hold its head up – the so called "elbow-pelvis support". Adopting this position enables the baby to move its head. At age 4 months, infant is able to lift one arm, which enables the balance reaction development. At the age of 6 months, by moving the center of gravity caudally, towards pelvis, infant starts to develop "hand-pelvis" support while in pronate position. At the end of 7th month, supporting itself on hands becomes so strong, that the infant starts to move backwards so that the weight of the body is supported by hands and hips. In this way the infant learns to place weight on its legs. It develops balance reaction by freeing one hand and moving the weight sideways, leaning on one hand and pelvis. At the age of 8 months, an infant discovers "hand-knee" stand. Moving in circle is prominent, over the left and right side, which improves weight transfer on the hip. At the age of 10 months, supporting itself on hands and knees, infant rocks itself back and forth, switching weight from hands to knees and knees to hands. From crawling position it will sit sideways and then straight, and vice versa. The crawling becomes coordinated. "Hands-feet" stand helps progression towards standing position which develops at the age of 10 or 11 months.

Up until 3rd month, motor function is characterized by predominantly spontaneous movements; however, from the age of 4 months, it starts to become voluntary. At 3 months, infant lies symmetrically on its back, bringing its hands in front of the face, while the legs are bent, lifted up, or resting on the surface on which the infant lies. At 4 months, it makes grasping movements with its hands and feet. The body symmetry is imagined as a straight line drawn from the nose to the navel to the symphysis of the pubic bone. At 5 months, infant places its body in a perfect sitting position while lying on its back. Legs are lifted and hands are touching the hips. At 6 months, a baby is able to grab and hold its feet; at 7, to put them in the mouth. The weight of the body moves towards the head, the lower part of the back is lifted which enables stretching of the lumbar muscles and spine. At 7 months, infant rolls from lying on its back to its tummy and vice versa. At 8 months, it plays lying on its side; at 9 or 10 months it can change position from lying to sitting. At 11 months, 90 % of infants can place themselves into unassisted, proper sitting position, from which by sitting sideways, they can go into crawling. According to the Munich Development Diagnostics 90% of children are walking at the age of 12 months.

Social and Cultural Research Context in the Traditional Culture²

Besides a genetically programmed developmental pattern, the social and cultural context also has significant influence on concepts of childhood, upbringing and general attitude towards children and their overall development and education. The acts of parents and members of the family in bringing up a child may be perceived as different, changeable cultural patterns which depend upon the historical, economic, cultural and social contexts. Family studies theorists believe that the development of modern family in Europe, coupled with the development of urban culture and historical changes in mentality in XVII and XVIII centuries, influenced the changes in social status of children and practice of infant care. In the traditional Serbian culture, significant changes occurred in the XIX century when living conditions improved with better hygiene, vaccination of children, and birth control (Simić 2006, 134). However, these changes were characteristic of families living in the cities, while rural areas took longer. Up until the second half of XX century, Serbia was mostly agrarian country with peasantry making 90% of its population (Isić 2008, 14). In the second half of XIX and the beginning of the XX century there was marked disintegration of the complex communal families in Serbian villages (several couples of several generations and their children), which used to have up to 20 members. The number of those communal families decreased in some villages and the number of extended and nuclear families increased (Erdeljanović 1951, 135).³ These changes were evident as the hard economic conditions forced women to carry their newborns on their backs into the fields where they had to do agricultural and other farm work. Multiple-member families provided women with opportunities to spend more time taking care of their newborns, and to follow religious-magic rules where new mothers were prohibited to do any work or even leave the house with their newborns. Beliefs about ritual impurities and special susceptibility of the newborns to the demon and supernatural powers, as well as taboo about female work that applied to the mother, had positive effects on the newborn development as the mother was focused on infant care. Because of after-delivery bleeding, women were considered impure and new mothers were prohibited from doing any work related to food, crops, and tools. This enabled them to rest and for uterus to regenerate. Undeveloped living standards of the

² The meaning of traditional culture implies a type of culture, i.e., collection of beliefs, values, symbols, behavioural rules, and production techniques that are handed down by oral communication and whose existence is reflected and justified by recalling the past.

³ Erdeljanović gives examples from the village of Mramorac where communal family of 22 members formed six nuclear families while in the same region only a few communal families of 10 members continued to exist.

Handling the Baby...

society, low educational level, difficult economic conditions, and low level of medical knowledge and services resulted in high mortality rate of newborns and also of their mothers (Stojanović 2006, 164; Petrović-Todosijević 2007, 230).⁴ At the beginning of the XX century, more accurately in 1903, of all deceased women 6.10% were women who have just given birth, while of all deceased 26.3% were children less than a year old (Stojanović 2006, 164, 167). The mortality rate slowly started to decrease only from the second half of the XX century when the society and government policy implemented free medical care. However, medical care in the rural areas was still underdeveloped so that many births were done at home without medical help. In Serbia, in 1950, out of 1,000 newborns 118 died, while in 1960 that number went down to 86, and in 1990 it was 23 (Dodić-Gudac 2007, 194). People living in rural areas relied on folk medicine knowledge and cultural practices in infant care which was handed down by older women, most often by mother-in-laws, and were coloured by religious and magic spell beliefs. Traditional culture had a complex system of taboos which disciplined the behaviour of women starting with wedding ritual, conception, pregnancy, delivery and breastfeeding, together with magic spells which served as strategies to ensure the birth of a healthy child. However, religious-magic concepts often influenced women to apply practices which were not in the best interest for proper development and health of a child. Thus, fatalist attitude towards destiny and belief that in the first three nights after the birth destiny fairies cast the child's fate that not even God could change, brought about both a resigned attitude in the parents towards life and the child, and a specific cult model where deceased babies did not have the same after death destiny as the adult members of the community. Infants who died before being christened were believed to be able to turn into demons; thus, they were not buried in the cemetery and their death was not grieved but justified as God's will - "God gave, God took away" - or with a belief that the baby was spell cast or cursed. Only after its first birthday, the baby was considered a child and its first steps were celebrated with a ritual "postupaonica" which in some way represented cultural acceptance into the status of a child. Urban families in Serbia in the XIX century, influenced by European codes of child caring, are markedly different in child rearing as compared to village families. In extremely affluent families mothers had nurses who took care of their babies, but in most city families it was mothers who took care of their newborns. Patriarchal family model in

⁴ For example, during 1908, out of all women who died that year in the villages, 6.39% were women who died while giving birth, while 0.78% died in Belgrade. In the thirteen villages of the Drenica region, from 1945 till 19551, out of 1114 children born 701 children died, while in Bosansko Grahovo 64% of children born that year died within the first year of life.

both urban and rural areas meant that father had absolute authority and formal, reserved attitude, without expressing much emotions, towards children.

The Ways of Baby Handling in the Context of Motor Development in the Traditional Culture

Every social group develops cultural constructs of appropriate and inappropriate child rearing practices. In some cultures, for example, the practice of hindering motor development is considered unacceptable, while the freedom of motor development and individualism is favoured (Valsiner 1997, 170). Traditional Serbian culture did not have one universal model in regards to caring for an infant; there were different models depending on the economical, cultural, and social circumstances. In farming areas, contribution of every member of the household in doing agricultural work was important, which meant that mothers used to carry their babies with them on their backs in so called "ljuljka"s. While working, they hung "ljuljka"s between two tree branches or made special tents by putting tree sticks into the ground over which they hung blankets to form shade. These hammock-tents were called "kataruske". Older children were usually asked to rock and look after the babies placed in them. The rocking motion of "ljuljka"s provided some more vestibular stimulation in addition to rhythmical movements of mother's walking and tactile communication with the baby (Valsiner 1997, 168). These are important conditions for both early loco-motor development and, also, for overall motor development (Valsiner 1997, 170). In many cultures babies are rocked in cradles as people have realized that this motion calms the baby. Cradle is a wooden bed where a baby sleeps but also spends time during the day until it starts walking or even till second or third year when it is old and mature enough to sleep with parents or other children (Vukanović 1979, 133). Thus, rocking motion has stimulating effect on vestibular apparatus, sense of balance, and also postural control development. However, at the end of XIX and the beginning of XX century in America and Europe, doctors and scientists had increased influence on knowledge about proper infant care which was conveyed through popular medical handbooks accessible to the educated elite. Paediatric doctors had negative attitude towards baby rocking in cradles, so the use of these wooden rocking beds was discontinued (Valsiner 1997, 169).

Because of enormous amount of work they had to do, mothers used to wean babies out early and leave them with grandparents and older siblings who were staying at home to look after them. Large and extended families had stimulating effects on child motor development while in nuclear family overworked mothers were the sole caregivers. However, in the traditional culture, the positive thing in care giving was busy mothers leaving their children on the floor to lie freely, roll over, and crawl. Flat, hard surface is ideal for motor

Handling the Baby...

development from 5-6 months when babies start to roll over till they start standing on their feet. Mothers would place their babies on their tummies on the covered floor and by putting sugar cubes, or something else that baby liked, a little ways away, stimulated them to crawl and get it. Thus, providing freedom of movement in the traditional culture of the XIX century did not mean that the babies were left on their own to develop motor functions, but were taught how to do it; for example, sitting was helped by propping pillows. Walking was stimulated by first placing the baby to stand in a corner or by standing it up while holding its upper arms, and when it learns to stand, in the same way walking it across the room and singing songs that talk about walking. Usually one of the family members would put their arms around the baby and encourage him/her to walk by saying "you can do it, you can do it..." (Đorđević 1958, 430). The custom of using assisting devices for learning to walk, such as wooden walkers, was common in the XIX century. These walkers had three wheels, one in the front and two in the back. Above the back wheels there was a handle for the child to hold on to and to push the walker in front of him/herself. Sparsely furnished household provided additional stimulation for walking as children were placed to stand holding onto a bench and left to slowly walk along its sides from end to end (Grbić 1909, 135).

The practice of swaddling babies continued in Serbia, especially in village environment, up until 1970's (in some areas longer), even though in the XIX century under the influence of Enlightenment Movement, urban society condemned binding infants in rags and dippers for it considered it unsuitable and restricting for proper physical development. Shortly after Second World War, Dragutin M. Djordjevic described swaddling of a baby after having a bath: Usually before the bath, the baby was left naked to "stretch" a little. After the bath, the baby was tightly bound in dippers, then it was wrapped in swaddling clothes, and a scarf, "vezoglavka" was placed on its head. Then, the swaddled baby was once again wrapped in a cloth dipper as it was believed that the swaddling should not be left uncovered. Ethno theories about infant proper physical development state that the reason for swaddling lies in preventing a child to have bent legs and for the mother to be able to carry and move it around with ease while doing daily chores (Đorđević 1958, 416). However, there are folk beliefs that infants should not be held for too long so that their spine would not get crooked (Grbić 1909, 135). Restricting movements by swaddling or by other means was a cultural norm in many traditional societies. At the beginning of XX century, psychologists, psychoanalysts, and anthropologists belonging to cultural-anthropological school "Culture and Individual", such as Margaret Mead and Ruth Benedict, linked swaddling and hindering of infant freedom of movement to development of closed-in and authority terrified person. The cultural practices and methods of child rearing in authoritative societies corresponded to development of passive type of personality (Valsiner 1997, 172). Research done in the Hopi First Nati-

ons denied hypothesis proposed by Western scientists and showed that, in later development, there is no difference in muscle strength between swaddled and un-swaddled children (Denis and Denis 1991, 565, 567). Some scientists explained this by claiming that swaddling was like an isometric device, i.e., swaddled baby performed passive exercises by muscle movements with increased resistance (Valsiner 1997, 176). Coleman, discovered that swaddling lasting several months did have negative effects on child development because it increased the risk of the developmental hip dislocation (Coleman 1968, 179-93). The biggest percentage in Europe of developmental hip dysplasia and dislocation was in Yugoslavia, reported in 1962. 75 out of 1000 children had developmental hip dislocation (Šoć 1973). The systematic follow-up included corrective position of swaddling which include flexion and abduction of the hips and legs. It is partially for this reason why the practice of swaddling was discontinued in Serbia.

In the traditional societies, cultural practices in stimulating motor development of a child were not directed towards parents' desire for their children to achieve cardinal motor functions earlier in the first year of life, but to generally prepare the child for living life. If the child did not start walking by the age of 2 or 3, religious-magic rituals while making bread ("kravaj" or "pogača") was symbolically supposed to stimulate walking activity (Grbić 1909).

Social and Cultural Context of Contemporary Time

After the Second World War, in the second half of XX century, Serbia (and Former Yugoslavia) experienced volatile changes in its social and political system with accelerated industrialization, urbanization, and economic and cultural growth, which all had significant influence on transformation of patriarchal family and every day way of life. During socialist Yugoslavia, important changes in legal and social status of marginalized social groups, women, and children occurred. Socialist structure of society resulted in changes within social and cultural concept of childhood and child upbringing. Government policies improved both education of women and social and health care of children. By opening maternity hospitals, child centers and daycares, guaranteed maternity leave before and after delivery society provided better conditions for child care. However, large influx of rural population into the cities, formation of working class, and larger number of women working outside home did not correspond to the number of daycares; so, mothers were forced, after shorter maternity leave (up to three months in the 1960s), to leave their children to their grandmothers to look after them.⁵ Several decades back, a new law pro-

⁵ Even though the number of preschool institutions has been constantly increasing, there is still shortage in the big cities today. Percentage of preschool children enrolled in daycares and preschools was 22.1% in 1997. (Ćopić *et al* 2001, 21).

Handling the Baby...

posed and implemented maternity leave till the child turns one. Even though marked changes occurred in the conceptualization of reproductive roles and participation of fathers in child rearing increased, in Serbia, mother had and still has a primary role in nursing and looking after her child. Recently, there is increased number of mothers who, due to professional careers, voluntarily shorten their maternity leave and return to work.

This accelerated overall growth slowly resulted in birth rate decrease; thus, families today have an average of 1.14 children (Ćopić *et al* 2001, 20). In today's Serbia, nuclear family is the most prevalent type, while according to statistics done in 1991, extended families constituted 20.2% (Dodić-Gudac 2006, 79). The number of extended families is larger in rural regions, while in urban environment they exist mostly because of low economic and housing conditions. Political, social, economic and cultural changes at the end of XX century and transitional processes happening in Serbia today have influence on bringing Serbia closer to Western culture. There is also increased influence of globalization of cultural processes in all areas of life.

The Ways of Baby Handling in the Context of Motor Development in Contemporary Time

In the last few decades, the attitude and relationship towards children in society and family has put children in the "center of the world". Cultural concepts in upbringing have turned towards freedom of expression and nurturing individualism of a child. Child's overall development takes place in social and cultural context that will conceptualize the meaning and goal of child's development. In Serbia, in the last several years, there is marked parents' desire to speed up their children's development as early as possible. In the context of faster paced lifestyles, expectations of greater achievements, emphasis of individual differences, and modern trends of success in all aspects of life, faster psycho-motor development of a child has positive connotation. Thus, parents try in various ways by use of exercises or modern baby equipment (walking harnesses, jolly jumpers, baby walkers) to make child's learning of motor skills easier and faster. Cultural view of hygiene can also influence certain ways of locomotion; for example, crawling or exaggerated mothers' fear of germs when the baby starts putting objects in the mouth can mean that babies are discouraged to perform these actions. In this sense, there have been considerable changes compared to traditional culture, as hygiene habits of people have been raised to a much higher level. Special toys, ecological and hygienically safe for putting in the mouth and kept clean, are bought for children. However, it should be mentioned, that beside cultural norms, the way babies are handled depends on the level of education, economic status, and personal motivation of the parents. In addition to this, other factors, such as increased

number of older mothers, higher risk and maintained pregnancies, have their share in problems of early motor development. Baby care trend has taken an important place in modern life. Media such as television, film, Internet, magazines for mothers, large selection of popular literature about baby care and development, private daycares, kindergartens with child stimulation programs, and developmental counselling and specialized medical institutions with preventative programs impose stereotypical model for parents to have great expectations of their infant and small child.

The advancement in medicine, systematic follow-ups of children in the XX and XXI century, coupled with collaboration among various experts, raised the level and quality of early development follow-up. In motor development assessments around the world and in Serbia, there is increased number of children with transient and/or abnormal signs of motor development. The reasons can be found in advancement in medicine which enables increased number of maintained pregnancies, in-vitro-fertilizations, more frequent twin and triplet births, and survival of infants with very low birth weight and gestational age.

For infants that in the first months of life show deviations of expected muscle tone - asymmetry, reduced mobility, and transient dystonia – handling techniques in everyday activities are very important (for example, therapeutically corrected sleeping, holding, carrying position of infants). The work of a paediatric physiotherapist in contemporary society includes counselling parents about caring for their baby with regard to optimal motor development. Beside specified physiotherapy program, parents are educated about proper infant handling and staying away from negative influences, such as those from baby carriers, jolly jumpers, and baby walkers.

Baby Bjorn carrier forces the baby to be in a vertical position, in which the head of the baby is hanging to one side - unless the baby has strong neck flexors and extensors - and the spine and lower extremities are in extension. This is not a natural physiological body position of a baby in the first months of life.

In the stroller and car seat carrier an infant is in a half sitting position. Due to the slant of a carrier, it is impossible for the weight of the body to be moved towards the head, as it is the case when a baby lies on its back on a flat surface. Also, bending of the legs in hips and knees and bringing feet towards the face is more difficult; there is no extension of the lumbar back, but rather compression of the spinal vertebrae (Zukunft – Huber 1998, 14).

Placing a child (especially children with developmental impairments who have not yet reached previous milestones in motor development) too early into a passive sitting position, into a slanted carrier or a car seat, or propping with pillows, is extremely undesirable and harmful. It should be taken into consideration that all pathology is intensified in vertical position (Zukunft – Huber 1998, 14). When placed in the baby walker too young, baby's body takes unnatural position with the head thrown back, arms raised up, and shoulders retracted (Il-

Handling the Baby...

lingworth 1987). Child with hypertonic muscles has even more pronounced equines foot position, which makes his/her condition worse. For the development of walking, no special equipment is needed, as it actually hinders walking process progression and stunts natural urge to walk (Zukunft – Huber 1998, 14). Positions where the baby lies on its back and tummy provide the first elements from which more complex motor activities begin to develop. Today, it is common that a baby spends very little time lying on its tummy while awake. Motor development in the tummy position is an important basis for development; therefore, even a healthy baby should spend some time during the day on its tummy. It is important that an infant from the very first months of its life, starts spending time on a flat, hard surface; this will make reaching motor development milestones easier, which are the most prominent in the first year of life.

There is noticeable inconsistency of opinions among experts. Highly specialized experts often neglect to view child as a whole being, and since the development of a child is a continuous process with large variations within normal range of development, it is often difficult to distinguish pathological from normal development. Cautious attitude towards the importance of prevention is prevalent which is opposed to the laid back attitude at the end of XX century when preventative work was not forced since time was considered the main factor of spontaneous development. In that sense, government policies and strategies in regards to health prevention and care that have been implemented in the last few years are very important. Disagreement in expert opinions among various medical professionals exists in Serbia, such as mass phenomenon when orthopaedic doctors, after hip ultrasound, give parents permission to place their baby in sitting position without taking into consideration other important factors that have effect on evaluating child's motor development level; this can lead to negative effects on motor development.

Conclusion

In both traditional and contemporary Serbian culture, mother has a dominant role in nurturing, bringing up, and raising a child. In the traditional culture, the baby care knowledge was handed down from generation to generation, where mother-in-laws had a dominant advisory role. In the contemporary society, the model of raising children in the city and country environments has fewer differences. Mothers are primarily influenced by professional advice when it comes to child care and development. Nonetheless, parents' behavioural model still depends on educational level, age, and social status. Even today, there are different cultural models, some of which have maintained or renewed the elements of traditional ideas and practices but with new meanings and functions.

In the traditional Serbian culture, which is characterized by low living standards, hard economic conditions, and low level of medical knowledge,

cultural construct of child rearing and early motor development can be viewed as "natural" relationship of parents towards the development of their children. Children developed spontaneously according to their individual pace. Hastening child development took place within the limits of child's needs and folk ideas about the pace and characteristics of child development. Belief system and religious-magic rituals, due to lack of medical knowledge, were intended to ensure survival and protection of mother and child, i.e., provide symbolic support to the child development.

In the contemporary culture there is a contradictory phenomenon. Child care trend for the development of a young child has taken important place in the modern life style. The accessibility of information about early motor development clashes with the cultural practice in today's culture which is turned towards faster motor development and not towards quality of motor function. Exaggerated need to speed up the infant's development, commercialization of baby products industry, large and abundant supply of designer baby products in trade oriented Serbia, have led to mass consumption of unnecessary baby equipment. In contrast to the traditional cultural model where large number of adults and other children were involved in the stimulation of infant development, today's model is a nuclear family where "natural" stimulation of development is driven by various toys, technical devices, and baby accessories.

Cultural concepts, ideas, and acquired knowledge about child rearing and parenting can represent important factors that influence unsuitable handling of infants with impairments in early motor development. Physiotherapy treatment of children with transient, abnormal, and/or pathological signs in motor development includes counselling parents about proper infant handling and staying away from negative effects of baby equipment such as Bjorn carriers, jolly jumpers, and baby walkers.

References:

- Coleman**, S. Sherman. 1968. Congenital dysplasia of the hip in the Navajo Infant. *Clinical Orthopaedics* 56 : 179-194.
- Čopić** S. i Grupković B. i Lazić G. i Doborsavljević-Grujić Lj. 2001. *Žene u Srbiji. Da li smo diskriminisane?*, Beograd: Sekcija žena UGS "Nezavisnost".
- Čupić**, Vesna i Mikloušić Ana-Marija. 1981. *Neurološki pregled djeteta*. Zagreb: Tehnička knjiga.
- Denis**, Wayne and Marsena G. Denis. 1991. The effect of cradling practices upon the onset of walking in Hopi children, *Journal of Genetic Psychology* 152 (4): 563-572. Reprinted from *Journal of Genetic Psychology* 56: 77-86.
- Dimitrijević**, Lidija i Hristina Čolović. 2005. Ometanje normalnog motornog razvoja u prvoj godini života, *Acta Medica Medianae* 44 (3): 53-57.

- Dorđević**, Tihomir. 1941. *Deca u verovanjima i običajima našeg naroda*. Beograd: Bibliografija Centralnog higijenskog zavoda.
- Dodić-Gudac**, Vera. 2006. "Položaj žene u Srbiji (1945-2000)". U *Žene i deca* 4. *Srbija u modernizacijskim procesima XIX i XX veka*, 33-130. Beograd: Helsinški odbor za ljudska prava u Srbiji.
- Dodić-Gudac**, Vera. 2007. "Žena u socijalizmu: Sfere privatnosti". U *Privatni život kod Srba u dvadesetom veku*, ur. Milan Ristović: 165-204. Beograd: Clio.
- Dorđević**, M. D. 1958. Život i običaji narodni u Leskovačkoj Moravi. *Srpski etnografski zbornik knj. LXX*, SAN, Život i običaji narodni knj. 31. Beograd.
- Erdeljanović**, Jovan. 1951. Etnološka građa o Šumadincima. *Srpski etnografski zbornik LXIV*, Rasprave i građa knj. 2. Beograd.
- Gallahue**, D. L. and Ozmun, J. C. 1998. *Understanding motor development: Infants, children, adolescents, adults*. Boston: Mc Graw Hill.
- Grbić**, M.S. 1909. Srpski narodni običaji iz Sreza Boljevačkog. *Srpski etnografski zbornik knj. 14*, Beograd: Srpska kraljevska akademija.
- Hellbruge**, T. et al. 1980. *Prvih 365 dana u životu djeteta*. Zagreb: Školska knjiga.
- Illingworth**, R. 1987. *The developmental of the infant and young child normal and abnormal*. Edinburgh: Churchill Livingstone.
- Isić**, Momčilo. 2008. *Seljanka u Srbiji: u prvoj polovini XX veka*. Beograd: Helsinški odbor za ljudska prava u Srbiji.
- Klasic**, P. and Živaljevic, V. and Brdar, R. 1988. Prevention of CDH, Stimulated by Distribution Baby Packages, *Pediatr.Orthoped* 8: 9.
- Miodragović**, J. 1914. *Narodna pedagogija u Srba ili kako naš narod podiže porod svoj*. Beograd: Zadužbina I.M. Kolarca.
- Naumović**, Slobodan. 1996. "Od ideje obnove do prakse upotrebe; Oglad o odnosu politike i tradicije na primeru savremene Srbije". U *Od mita do folklor*. Kragujevac: Liceum.
- Paunović**, Zoran. 2007. *Rano kliničko i ultrazvučno sistematsko ispitivanje kuka, detekcija, prevencija i tretman razvoja poremećaja kuka*. Magistarska teza. Univerzitet u Beogradu – Medicinski fakultet.
- Petrović-Todosijević**, Sanja. 2007. "Na tragu bezbrižnosti pod plaštom bezimnosti, Deca i detinjstvo između trajnog i novog". U *Privatni život kod Srba u dvadesetom veku*, ur. Milan Ristović: 207-237. Beograd: Clio.
- Piek**, P. Jan. 2006. *Infant Motor Development, Human Kinetics*. Perth, Australia: Curtin University of Technology.
- Simić**, Vladimir. 2006. "Svet deteta i njegova slika u srpskoj umetnosti 19. veka". U *Privatni život kod Srba u devetnaestom veku: od kraja osamnaestog veka do početka Prvog svetskog rata*, ur. Ana Stolić, Nenad Makuljević: 133-161. Beograd: Clio.
- Šoć**, F. 1973. Hereditarno-familijarna predispozicija kao etiološki faktor za razvoj kongenitalne displazije kuka u basenu Skadarskog jezera. Doktorska disertacija. Univerzitet u Beogradu – Medicinski fakultet.

- Stojanović**, Dubravka. 2006. U senci "velikog narativa": Stanje zdravlja žena i dece u Srbiji početkom XX veka, Žene i deca 4. U *Srbija u modernizacijskim procesima XIX i XX veka*, Beograd: Helsinški odbor za ljudska prava u Srbiji.
- Tomanović**, Smiljka. 2004. "Društvena transformacija i strategije društvenih grupa". U *Svakodnevnica Srbije na početku trećeg milenijuma*, ur. Andjelka Milić. Beograd: Institut za sociološka istraživanja Filozofskog fakulteta.
- Trebješanin**, Žarko. 1991. *Predstava o detetu u srpskoj kulturi*. Beograd: Srpska književna zadruga.
- Valsiner**, Jan. 1989. *Čovekov razvoj i kultura*, Društvena priroda ličnosti i njeno proučavanje. Beograd: Zavod za udžbenike i nastavna sredstva.
- Vukanović**, Tatomir. 1979. Dečja kolevka u balkanskih naroda, *Vranjski glasnik* knj XII – XIII) Vranje: Narodni muzej u Vranju.
- Zukunft – Huber**, B. 1998. *Neometen razvoj odojčeta*, Gornji Milanovac: *Dečje novine*.

Primljeno: 15.03.2010.

Prihvaćeno: 15.04.2010.

Lidija Radulović
Dragana Đurić

**POSTUPANJE SA BEBOM U TRADICIONALNOJ KULTURI I
SAVREMENOM ŽIVOTU U SRBIJI SA ASPEKTA RANOG
MOTORNOG RAZVOJA**

Deca u patrijarhalnoj kulturi Srba nisu bila posmatrana kao danas. Niski ekonomski status, puno rada na njivi, podrazumeo je da majke nose svoje beba sa sobom. Postupci bavljenja sa decom su bili instiktivni, držanje beba u ljuljkama i kolevkama podrazumelo je dobru stimulaciju centralnog nervog sistema, vestibularnog aparata. Ubrzani život danas, težnja da beba sto pre sedne i hoda mogu da ostave negativne posledice po razvoj bebe, prvenstveno zbog upotrebe raznih pomagala (ležaljke, korpa za auto, "kengur") koji često nameću položaj bebe u kome ona ne može pravilno da razvija svoju motoriku u najranijem uzrastu. Komparativni metod za procenu kulturom uslovljenih predstava u "rukovanju bebom" u tradicionalnoj i savremenoj kulturi. Funkcionalna analiza pozitivnih i negativnih efekata u bavljenju decom nekad i sad.

Ključne reči: postupanje s bebama, tradicionalna i savremena kultura, motorni razvoj