

- **Linking Orthodontics with Periodontal Health**
Linking Orthodontics with Periodontal Health Coordinating with Oral Surgeons for Jaw Corrections Integrating Pediatric Dentistry for Early Intervention Combining Endodontic Care in Complex Cases Collaborative Planning with Prosthodontists Sharing Diagnostic Data Across Multiple Specialists Addressing Aesthetic and Functional Goals Together Communication Strategies Among Dental Teams Balancing Orthodontic Solutions and Restorative Needs Encouraging Holistic Treatment Approaches Managing Patients with Special Medical Conditions Efficient Referrals That Improve Patient Outcomes
- **AI Driven Aligners That Predict Movement**
AI Driven Aligners That Predict Movement Cloud Based Case Tracking for Efficient Management Digital Impressions That Replace Traditional Molds Virtual Consultations for Remote Care 3D Printing Applications in Orthodontic Appliances Teledentistry and Its Impact on Patient Convenience Software Innovations for Treatment Simulations Aligning Treatment Goals with Technological Advances Advantages of Using Digital Models in Planning Modern Approaches to Virtual Monitoring Reducing Errors Through Computerized Analysis The Future of Orthodontics in a Digital Era
- **About Us**



Software-driven simulations are changing the game in children's orthodontic care, and for the better. Imagine being able to show a child, and their parents, exactly how their teeth will shift and straighten over the course of treatment, all before a single bracket is even glued on. That's the power we're talking about.

One of the biggest benefits is simply improved communication and understanding. Kids, especially, can be apprehensive about braces. A simulation helps demystify the whole process. Interceptive orthodontics can guide facial and jaw development Pediatric orthodontic care pediatrics. They can see the end result, which makes them more likely to cooperate and feel motivated to stick with their treatment plan. Parents, too, appreciate the clarity. They can make more informed decisions about the best course of action, knowing what to expect at each stage.

Beyond the visual aspect, these simulations also allow orthodontists to plan treatment with greater precision. The software can analyze the child's unique dental structure and predict how their teeth will respond to different forces. This leads to more efficient treatment, potentially shorter times in braces, and fewer adjustments along the way. This translates to less discomfort and fewer visits to the orthodontist's office, a win-win for everyone.

Finally, software simulations open the door to exploring different treatment options. Orthodontists can virtually test out various appliances, techniques, and timelines to determine the most effective and comfortable approach for each individual child. This personalized approach is crucial, as every child's mouth is different. By leveraging the power of software, we can move beyond a one-size-fits-all approach and tailor treatment to achieve the best possible outcome for each young patient. In essence, software simulations are transforming children's orthodontic care from a sometimes daunting experience into a more predictable, understandable, and ultimately, more successful journey toward a healthy and confident smile.

Okay, let's talk about the software powering treatment simulations these days. It's a really interesting space, because it's pulling from so many different fields. You've got your core simulation engines, of course, often built on established languages like C++ or Python. These are the workhorses, doing the heavy lifting of calculating how a treatment, be it radiation, a drug, or even surgery, will interact with a virtual patient.

But the really cool part is how these engines are being augmented. Think about things like finite element analysis (FEA) software. This is huge for simulating mechanical stresses during surgical procedures or predicting tissue deformation. Then there's computational fluid dynamics (CFD), which is becoming vital for modeling blood flow during cardiovascular interventions or airflow in respiratory treatments.

And it's not just about the raw calculations anymore. Visualization is key. We're seeing a big push towards using advanced rendering techniques, often leveraging gaming engine technology like Unity or Unreal Engine, to create incredibly realistic and interactive 3D models of the patient. This allows clinicians to truly "see" the impact of their planned treatment before they ever touch a real person.

Machine learning (ML) is also creeping in, and it's a game-changer. ML algorithms are being used to personalize simulations based on individual patient data, predict treatment outcomes, and even optimize treatment plans in real-time. Imagine a system that can learn from thousands of past cases to suggest the best possible radiation beam angles for a specific tumor. That's where we're headed.

Finally, cloud computing is playing a bigger role. It allows for complex simulations to be run on powerful remote servers, making them accessible to a wider range of clinicians, even those without access to expensive hardware.

So, to sum it up, the current landscape is a diverse mix of established simulation techniques, cutting-edge visualization tools, the power of machine learning, and the scalability of the cloud – all working together to create more accurate, personalized, and accessible treatment simulations. It's a rapidly evolving area, and it's exciting to see where it's going to go next.

*** Preventive measures to maintain periodontal health during orthodontic treatment.**

Okay, let's talk about how AI and machine learning are shaking up treatment planning, specifically within the realm of software innovations for treatment simulations. It's pretty cool stuff, honestly. For years, treatment planning has relied on the expertise of clinicians, which is obviously vital, but also inherently subjective and, let's face it, sometimes a bit time-consuming. Now, imagine having a digital assistant, powered by AI, that can analyze mountains of patient data – imaging scans, medical history, even genetic information – to suggest optimized treatment plans.

That's essentially what's happening. AI algorithms can learn from past treatment outcomes, identify patterns that humans might miss, and predict the effectiveness of different approaches with impressive accuracy. Think about it: less guesswork, more precision. This leads to more personalized treatment plans, tailored to the individual patient's specific needs and circumstances.

Machine learning, in particular, is a game-changer. As these systems are fed more data, they get smarter, constantly refining their algorithms and improving their predictive capabilities. This means treatment simulations become increasingly realistic and reliable. Software can now model complex biological processes with greater fidelity, allowing clinicians to visualize the potential impact of treatment on a patient's body before it even begins.

Of course, it's not about replacing clinicians entirely. The human element is still crucial. AI serves as a powerful tool to augment their expertise, providing them with valuable insights and helping them make more informed decisions. It's about collaboration, really – human intelligence working in tandem with artificial intelligence to deliver the best possible care. It's an exciting evolution, promising to improve treatment outcomes and ultimately, the lives of patients.

*** The role of oral hygiene instructions for children and parental involvement.**

Okay, so imagine this: you're a patient, right? And the doctor's explaining something complicated – maybe a surgery, or a new treatment. They're using all these medical terms, and you're nodding along, but secretly, you're just lost in the jargon jungle. That's where visual simulations come in, and why they're such a big deal in software innovations for treatment simulations.

Think about it. Instead of just hearing about how a procedure works, you can see it. A visual simulation can show you exactly what's going to happen, step-by-step. It can show you the healthy tissue versus the affected area. It can even show you, based on your individual data, how the treatment is *likely* to work for *you*. That's powerful stuff.

It's not just about understanding, though. It's about engagement. When you can see what's going on, you feel more involved in your own care. You're more likely to ask questions, to voice your concerns, and to feel like you're making informed decisions *with* your doctor, not just being told what to do. That kind of active participation can make a huge difference in your overall experience and even in the success of the treatment itself.

And let's be honest, it's about trust, too. Seeing a realistic simulation can build confidence in the treatment plan. It can ease anxieties and fears about the unknown. It's a way to demystify the medical process and make it less intimidating.

So, when we talk about software innovations for treatment simulations, we're really talking about empowering patients. We're talking about using technology to improve communication, boost engagement, and ultimately, make healthcare more human. It's about moving beyond just telling patients what's happening, and showing them, so they truly understand and feel comfortable every step of the way. And that's a pretty exciting prospect.

*** Early detection and management of periodontal problems during orthodontic care.**

Software innovations are really changing the game when it comes to treatment simulations, and one area where we're seeing a huge impact is in the customization and personalization of treatment plans. Think about it: for years, treatment strategies were often based on broad guidelines, almost a one-size-fits-all approach. But, let's be honest, every patient is different. Their genetics, lifestyle, medical history – it all plays a role in how they'll respond to treatment.

Now, software offers the potential to tailor treatment plans in ways we never thought possible. We can input a patient's specific data – things like their age, weight, genetic markers related to drug metabolism, even their adherence history – and the software can run simulations to predict how they'll likely respond to different treatment options. It's like having a crystal ball, but based on solid data and algorithms.

This isn't just about picking the right medication either. It extends to things like dosage adjustments, timing of treatments, and even predicting potential side effects. Imagine being able to anticipate that a patient with a certain genetic profile is more likely to experience nausea with a particular chemotherapy drug. We can then proactively adjust their treatment plan, perhaps by adding an anti-nausea medication from the start, rather than waiting for them to suffer.

The beauty of this is that it moves us towards a more proactive, patient-centered approach. Instead of reacting to problems as they arise, we can anticipate them and personalize the treatment plan to minimize discomfort and maximize effectiveness. Sure, there are challenges. We need to make sure the data we're using is accurate and that the algorithms are constantly refined and validated. But the potential to improve patient outcomes and overall well-being through customized and personalized treatment plans powered by software is incredibly exciting. It's a future where treatment is less about guesswork and more about precision, driven by the unique needs of each individual.

*** Collaboration between orthodontists and periodontists for optimal outcomes.**

Okay, let's talk about where orthodontics simulation software is headed. I mean, honestly, it's pretty wild to think about how far we've come, right? From plaster models to these intricate, digital simulations... But the cool part is, we're only just scratching the surface of what's possible.

I think one of the biggest future trends is going to be even *more* personalized treatment planning. We're moving beyond just seeing how teeth will move. We're talking about incorporating patient-specific data like bone density, soft tissue response predictions, and even genetic predispositions that might affect treatment outcomes. Imagine being able to truly *predict* how a patient's body will react to braces or aligners before even putting them on! That's game-changing.

Then there's the whole AI/Machine Learning side of things. These algorithms can learn from massive datasets of past cases, identifying patterns and suggesting optimal treatment plans that a human orthodontist might not even consider. Think of it as having a super-experienced, always-available consultant at your fingertips. It won't replace the orthodontist, of course, but it will definitely enhance their ability to make informed decisions.

Another area that's going to explode is augmented and virtual reality. Imagine a patient being able to see their future smile in real-time, superimposed on their own face. That kind of visual communication is incredibly powerful for patient engagement and understanding. And for orthodontists, AR/VR could allow for more precise appliance placement and even virtual surgical planning.

Finally, and this is maybe a bit further out, I think we'll see more integration of simulation software with 3D printing and robotic technologies. We're talking about a completely automated workflow, from diagnosis to appliance fabrication to even robotic-assisted bracket placement. It sounds like science fiction, but the pieces are already there.

So, yeah, the future of orthodontic simulation software is bright. It's all about making treatment more predictable, more personalized, and ultimately, more effective for patients. It's a really exciting time to be in orthodontics!

Okay, so we're talking about how software is changing the game in pediatric orthodontics, specifically how it's helping us simulate treatments. And when you want to really understand something, it's often

best to look at real-world examples, right? That's where case studies come in.

Think about it. Before, planning orthodontic treatment for kids – especially tricky cases involving jaw growth or complex tooth alignment – was a lot of educated guesswork. We'd take X-rays, make plaster models, and use our experience to predict how things would move and grow with braces or aligners. But now, with sophisticated software, we can actually *simulate* the treatment process. We can see, on a screen, what different treatment plans will likely achieve, and even anticipate potential problems.

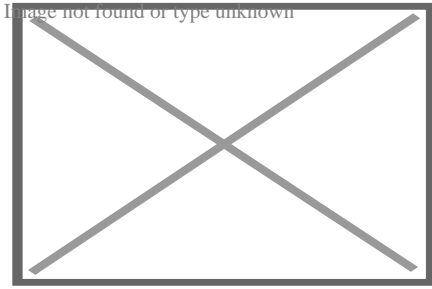
The coolest part is seeing how this plays out in actual patient cases. Imagine a young patient with a significant overbite and a developing underbite. Using software, the orthodontist can create a 3D model of the patient's teeth and jaw, and then simulate the effects of different appliances, like headgear or functional appliances, over time. They can visualize how the jaw will grow, how the teeth will erupt, and how the bite will ultimately settle. This allows them to choose the most effective treatment approach *before* even starting.

We've seen cases where software simulations helped avoid unnecessary tooth extractions. We've seen cases where it helped identify the optimal timing for intervention, maximizing the benefits of growth modification. And we've seen cases where it allowed for more predictable and stable results, leading to happier patients and parents.

These aren't just theoretical possibilities anymore. These are documented successes. These case studies are providing concrete evidence of the power of software in pediatric orthodontics. They're showing us how these tools are improving treatment planning, enhancing communication with patients and families, and ultimately, leading to better outcomes for our young patients. It's pretty exciting stuff, really.

About child

"Children" and "Childhood" redirect here. For other uses, see Child (disambiguation), Children (disambiguation), and Childhood (disambiguation).

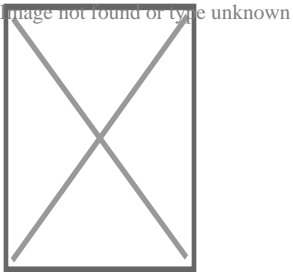


International children in traditional clothing at Liberty Weekend

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Part of a series on

Human growth and development



Stages

- Gamete
- Zygote
- Embryo
- Fetus
- Infant
- Toddler
- Child
- Preadolescent
- Adolescent
- Emerging and early adulthood
- Young adult
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Biological milestones

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Developmental stage theories

- Attachment
- Ecological
- Psychosocial
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- Evolutionary

-  Psychology portal

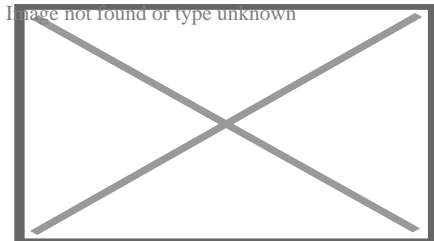
A **child** (pl. **children**) is a human being between the stages of birth and puberty,^{[1][2]} or between the developmental period of infancy and puberty.^[3] The term may also refer to an unborn human being.^{[4][5]} In English-speaking countries, the legal definition of *child* generally refers to a minor, in this case as a person younger than the local age of majority (there are exceptions like, for example, the consume and purchase of alcoholic beverage even after said age of majority^[6]), regardless of their physical, mental and sexual development as biological adults.^{[1][7][8]} Children generally have fewer rights and responsibilities than adults. They are generally classed as unable

to make serious decisions.

Child may also describe a relationship with a parent (such as sons and daughters of any age)^[9] or, metaphorically, an authority figure, or signify group membership in a clan, tribe, or religion; it can also signify being strongly affected by a specific time, place, or circumstance, as in "a child of nature" or "a child of the Sixties."^[10]

Biological, legal and social definitions

[edit]



Children playing ball games, Roman artwork, 2nd century AD

In the biological sciences, a child is usually defined as a person between birth and puberty,^{[1][2]} or between the developmental period of infancy and puberty.^[3] Legally, the term *child* may refer to anyone below the age of majority or some other age limit.

The United Nations Convention on the Rights of the Child defines *child* as, "A human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier."^[11] This is ratified by 192 of 194 member countries. The term *child* may also refer to someone below another legally defined age limit unconnected to the age of majority. In Singapore, for example, a *child* is legally defined as someone under the age of 14 under the "Children and Young Persons Act" whereas the age of majority is 21.^{[12][13]} In U.S. Immigration Law, a child refers to anyone who is under the age of 21.^[14]

Some English definitions of the word *child* include the fetus (sometimes termed *the unborn*).^[15] In many cultures, a child is considered an adult after undergoing a rite of passage, which may or may not correspond to the time of puberty.

Children generally have fewer rights than adults and are classed as unable to make serious decisions, and legally must always be under the care of a responsible adult or child custody, whether their parents divorce or not.

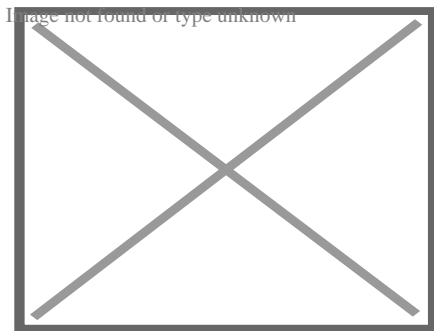
Developmental stages of childhood

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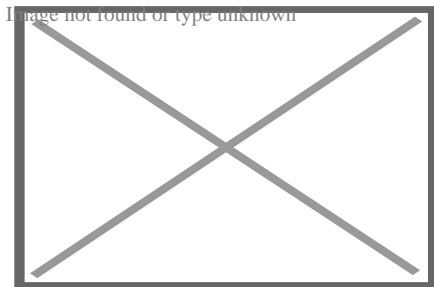
Further information: Child development stages and Child development

Early childhood

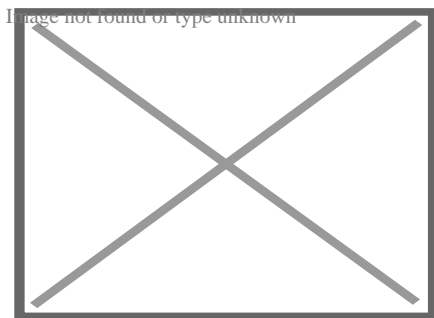
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Children playing the violin in a group recital, Ithaca, New York, 2011



Children in Madagascar, 2011



Child playing piano, 1984

Early childhood follows the infancy stage and begins with toddlerhood when the child begins speaking or taking steps independently.^{[16][17]} While toddlerhood ends around age 3 when the child becomes less dependent on parental assistance for basic needs, early childhood continues approximately until the age of 5 or 6. However, according to the National Association for the Education of Young Children, early childhood also includes infancy. At this stage children are learning through observing, experimenting and communicating with others. Adults supervise and support the development process of the child, which then will lead to the child's autonomy. Also during this stage, a strong emotional bond is created between the child and the care providers. The children also start preschool and kindergarten at this age: and hence their social lives.

Middle childhood

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Middle childhood begins at around age 7, and ends at around age 9 or 10.^[18] Together, early and middle childhood are called formative years. In this middle period, children develop socially and mentally. They are at a stage where they make new friends and gain new skills, which will enable them to become more independent and enhance their individuality. During middle childhood, children enter the school years, where they are presented with a different setting than they are used to. This new setting creates new challenges and faces for children.^[19] Upon the entrance of school, mental disorders that would normally not be noticed come to light. Many of these disorders include: autism, dyslexia, dyscalculia, and ADHD.^[20]

Special education, least restrictive environment, response to intervention and individualized education plans are all specialized plans to help children with disabilities.^[20]

Middle childhood is the time when children begin to understand responsibility and are beginning to be shaped by their peers and parents. Chores and more responsible decisions come at this time, as do social comparison and social play.^[20]

During social play, children learn from and teach each other, often through observation.^[21]

Late childhood

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Main article: Preadolescence

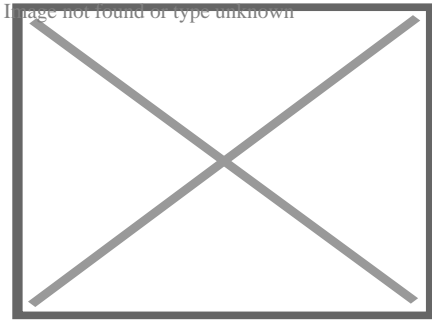
Preadolescence is a stage of human development following early childhood and preceding adolescence. Preadolescence is commonly defined as ages 9–12, ending with the major onset of puberty, with markers such as menarche, spermarche, and the peak of height velocity occurring. These changes usually occur between ages 11 and 14. It may also be defined as the 2-year period before the major onset of puberty.^[22] Preadolescence can bring its own challenges and anxieties. Preadolescent children have a different view of the world from younger children in many significant ways. Typically, theirs is a more realistic view of life than the intense, fantasy-oriented world of earliest childhood. Preadolescents have more mature, sensible, realistic thoughts and actions: 'the most "sensible" stage of development...the child is a much *less emotional being* now.'^[23] Preadolescents may well view human relationships differently (e.g. they may notice the flawed, human side of authority figures). Alongside that, they may begin to develop a sense of self-identity, and to have increased feelings of independence: 'may feel an individual, no longer "just one of the family."^[24]

Developmental stages post-childhood

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Adolescence

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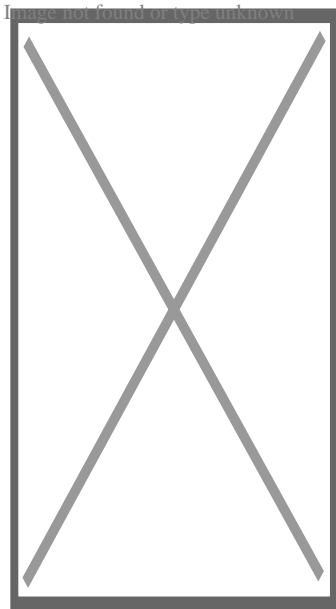
An adolescent girl, photographed by Paolo Monti

Adolescence is usually determined to be between the onset of puberty and legal adulthood: mostly corresponding to the teenage years (13–19). However, puberty usually begins before the teenage years (10—11 for girls and 11—12 for boys). Although biologically a child is a human being between the stages of birth and puberty,^[1]^[2] adolescents are legally considered children, as they tend to lack adult rights and are still required to attend compulsory schooling in many cultures, though this varies. The onset of adolescence brings about various physical, psychological and behavioral changes. The end of adolescence and the beginning of adulthood varies by country and by function, and even within a single nation-state or culture there may be different ages at which an individual is considered to be mature enough to be entrusted by society with certain tasks.

History

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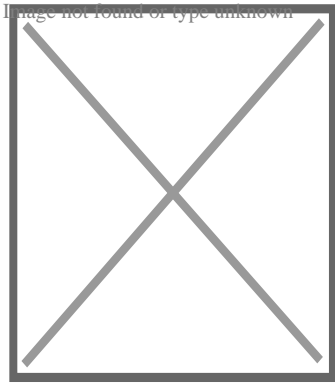
Main article: History of childhood



Playing Children, by Song dynasty Chinese artist Su Hanchen, c. 1150 AD.

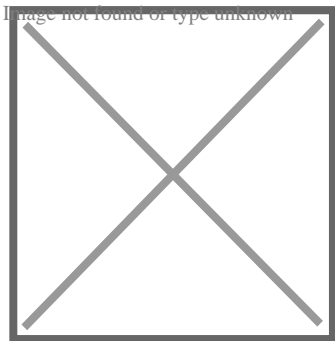
During the European Renaissance, artistic depictions of children increased dramatically, which did not have much effect on the social attitude toward children, however.^[25]

The French historian Philippe Ariès argued that during the 1600s, the concept of childhood began to emerge in Europe,[²⁶] however other historians like Nicholas Orme have challenged this view and argued that childhood has been seen as a separate stage since at least the medieval period.[²⁷] Adults saw children as separate beings, innocent and in need of protection and training by the adults around them. The English philosopher John Locke was particularly influential in defining this new attitude towards children, especially with regard to his theory of the tabula rasa, which considered the mind at birth to be a "blank slate". A corollary of this doctrine was that the mind of the child was born blank, and that it was the duty of the parents to imbue the child with correct notions. During the early period of capitalism, the rise of a large, commercial middle class, mainly in the Protestant countries of the Dutch Republic and England, brought about a new family ideology centred around the upbringing of children. Puritanism stressed the importance of individual salvation and concern for the spiritual welfare of children.[²⁸]



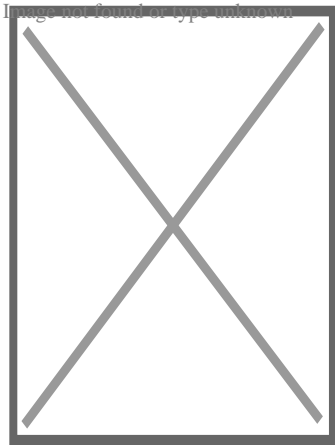
The Age of Innocence c. 1785/8. Reynolds emphasized the natural grace of children in his paintings.

The modern notion of childhood with its own autonomy and goals began to emerge during the 18th-century Enlightenment and the Romantic period that followed it.[²⁹][³⁰] Jean Jacques Rousseau formulated the romantic attitude towards children in his famous 1762 novel *Emile: or, On Education*. Building on the ideas of John Locke and other 17th-century thinkers, Jean-Jaques Rousseau described childhood as a brief period of sanctuary before people encounter the perils and hardships of adulthood.[²⁹] Sir Joshua Reynolds' extensive children portraiture demonstrated the new enlightened attitudes toward young children. His 1788 painting *The Age of Innocence* emphasizes the innocence and natural grace of the posing child and soon became a public favourite.[³¹]



Brazilian princesses Leopoldina (left) and Isabel (center) with an unidentified friend, c. 1860.

The idea of childhood as a locus of divinity, purity, and innocence is further expounded upon in William Wordsworth's "Ode: Intimations of Immortality from Recollections of Early Childhood", the imagery of which he "fashioned from a complex mix of pastoral aesthetics, pantheistic views of divinity, and an idea of spiritual purity based on an Edenic notion of pastoral innocence infused with Neoplatonic notions of reincarnation".^[30] This Romantic conception of childhood, historian Margaret Reeves suggests, has a longer history than generally recognized, with its roots traceable to similarly imaginative constructions of childhood circulating, for example, in the neoplatonic poetry of seventeenth-century metaphysical poet Henry Vaughan (e.g., "The Retreat", 1650; "Childe-hood", 1655). Such views contrasted with the stridently didactic, Calvinist views of infant depravity.^[32]



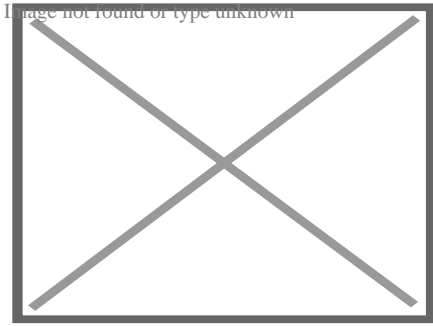
Armenian scouts in 1918

With the onset of industrialisation in England in 1760, the divergence between high-minded romantic ideals of childhood and the reality of the growing magnitude of child exploitation in the workplace, became increasingly apparent. By the late 18th century, British children were specially employed in factories and mines and as chimney sweeps,^[33] often working long hours in dangerous jobs for low pay.^[34] As the century wore on, the contradiction between the conditions on the ground for poor children and the middle-class notion of childhood as a time of simplicity and innocence led to the first campaigns for the imposition of legal protection for children.

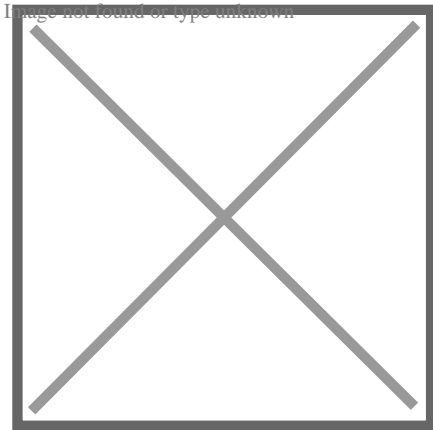
British reformers attacked child labor from the 1830s onward, bolstered by the horrific descriptions of London street life by Charles Dickens.^[35] The campaign eventually led to the Factory Acts, which mitigated the exploitation of children at the workplace^[33]^[36]

Modern concepts of childhood

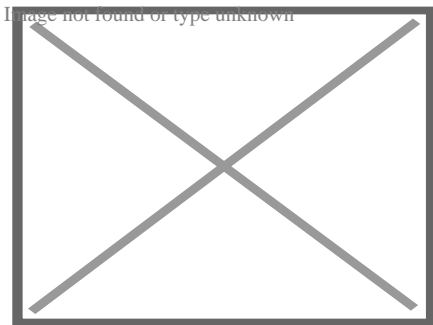
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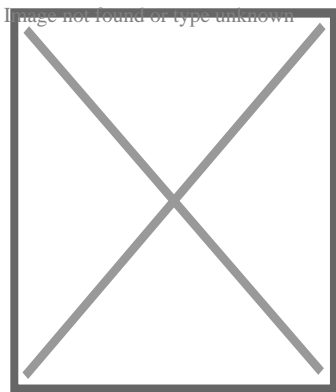
Children play in a fountain in a summer evening, Davis, California.



An old man and his granddaughter in Turkey.



Nepalese children playing with cats.



Harari girls in Ethiopia.

The modern attitude to children emerged by the late 19th century; the Victorian middle and upper classes emphasized the role of the family and the sanctity of the child – an attitude that has remained dominant in Western societies ever since.^[37] The genre of children's literature took off, with a proliferation of humorous, child-oriented books attuned to the child's imagination. Lewis Carroll's fantasy *Alice's Adventures in Wonderland*, published in 1865 in England, was a landmark in the genre; regarded as the first "English masterpiece written for children", its publication opened the "First Golden Age" of children's literature.

The latter half of the 19th century saw the introduction of compulsory state schooling of children across Europe, which decisively removed children from the workplace into schools.^{[38][39]}

The market economy of the 19th century enabled the concept of childhood as a time of fun, happiness, and imagination. Factory-made dolls and doll houses delighted the girls and organized sports and activities were played by the boys.^[40] The Boy Scouts was founded by Sir Robert Baden-Powell in 1908,^{[41][42]} which provided young boys with outdoor activities aiming at developing character, citizenship, and personal fitness qualities.^[43]

In the 20th century, Philippe Ariès, a French historian specializing in medieval history, suggested that childhood was not a natural phenomenon, but a creation of society in his 1960 book *Centuries of Childhood*. In 1961 he published a study of paintings, gravestones, furniture, and school records, finding that before the 17th century, children were represented as mini-adults.

In 1966, the American philosopher George Boas published the book *The Cult of Childhood*. Since then, historians have increasingly researched childhood in past times.^[44]

In 2006, Hugh Cunningham published the book *Invention of Childhood*, looking at British childhood from the year 1000, the Middle Ages, to what he refers to as the Post War Period of the 1950s, 1960s and 1970s.^[45]

Childhood evolves and changes as lifestyles change and adult expectations alter. In the modern era, many adults believe that children should not have any worries or work, as life should be happy and trouble-free. Childhood is seen as a mixture of simplicity, innocence, happiness, fun, imagination, and wonder. It is thought of as a time of playing, learning, socializing, exploring, and worrying in a world without much adult interference.^{[29][30]}

A "loss of innocence" is a common concept, and is often seen as an integral part of coming of age. It is usually thought of as an experience or period in a child's life that widens their awareness of evil, pain or the world around them. This theme is demonstrated in the novels *To Kill a Mockingbird* and *Lord of the Flies*. The fictional character Peter Pan was the embodiment of a childhood that never ends.^{[46][47]}

Healthy childhoods

[edit]

Role of parents

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Main article: Parenting

Children's health

[edit]

Further information: Childhood obesity, Childhood immunizations, and List of childhood diseases

Children's health includes the physical, mental and social well-being of children. Maintaining children's health implies offering them healthy foods, insuring they get enough sleep and exercise, and protecting their safety.^[48] Children in certain parts of the world often suffer from malnutrition, which is often associated with other conditions, such diarrhea, pneumonia and malaria.^[49]

Child protection

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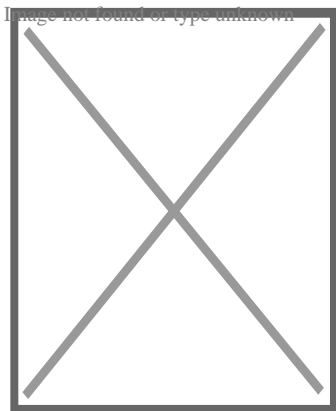
Further information: Child labor, Child labor laws, Risk aversion, Child abuse, and Protection of Children Act

Child protection, according to UNICEF, refers to "preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage".^[50] The Convention on the Rights of the Child protects the fundamental rights of children.

Play

[edit]

Further information: Play (activity), Playground, Imaginary friend, and Childhood secret club

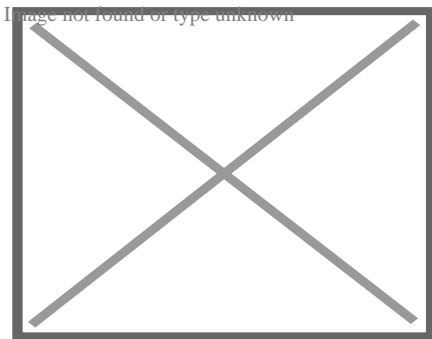


Dancing at Mother of Peace AIDs orphanage, Zimbabwe

Play is essential to the cognitive, physical, social, and emotional well-being of children.^[51] It offers children opportunities for physical (running, jumping, climbing, etc.), intellectual (social

skills, community norms, ethics and general knowledge) and emotional development (empathy, compassion, and friendships). Unstructured play encourages creativity and imagination. Playing and interacting with other children, as well as some adults, provides opportunities for friendships, social interactions, conflicts and resolutions. However, adults tend to (often mistakenly) assume that virtually all children's social activities can be understood as "play" and, furthermore, that children's play activities do not involve much skill or effort.^{[52][53][54][55]}

It is through play that children at a very early age engage and interact in the world around them. Play allows children to create and explore a world they can master, conquering their fears while practicing adult roles, sometimes in conjunction with other children or adult caregivers.^[51] Undirected play allows children to learn how to work in groups, to share, to negotiate, to resolve conflicts, and to learn self-advocacy skills. However, when play is controlled by adults, children acquiesce to adult rules and concerns and lose some of the benefits play offers them. This is especially true in developing creativity, leadership, and group skills.^[51]



Ralph Hedley, *The Tournament*, 1898. It depicts poorer boys playing outdoors in a rural part of the Northeast of England.

Play is considered to be very important to optimal child development that it has been recognized by the United Nations Commission on Human Rights as a right of every child.^[11] Children who are being raised in a hurried and pressured style may limit the protective benefits they would gain from child-driven play.^[51]

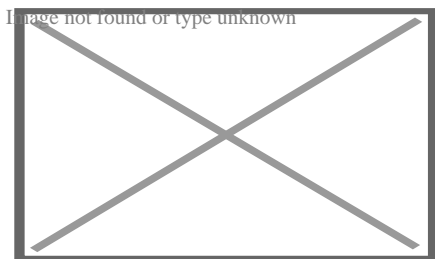
The initiation of play in a classroom setting allows teachers and students to interact through playfulness associated with a learning experience. Therefore, playfulness aids the interactions between adults and children in a learning environment. "Playful Structure" means to combine informal learning with formal learning to produce an effective learning experience for children at a young age.^[56]

Even though play is considered to be the most important to optimal child development, the environment affects their play and therefore their development. Poor children confront widespread environmental inequities as they experience less social support, and their parents are less responsive and more authoritarian. Children from low income families are less likely to have access to books and computers which would enhance their development.^[57]

Street culture

[edit]

Main articles: Children's street culture and Children's street games



Children in front of a movie theatre, Toronto, 1920s.

Children's street culture refers to the cumulative culture created by young children and is sometimes referred to as their *secret world*. It is most common in children between the ages of seven and twelve. It is strongest in urban working class industrial districts where children are traditionally free to play out in the streets for long periods without supervision. It is invented and largely sustained by children themselves with little adult interference.

Young children's street culture usually takes place on quiet backstreets and pavements, and along routes that venture out into local parks, playgrounds, scrub and wasteland, and to local shops. It often imposes imaginative status on certain sections of the urban realm (local buildings, kerbs, street objects, etc.). Children designate specific areas that serve as informal meeting and relaxation places (see: Sobel, 2001). An urban area that looks faceless or neglected to an adult may have deep 'spirit of place' meanings in to children. Since the advent of indoor distractions such as video games, and television, concerns have been expressed about the vitality – or even the survival – of children's street culture.

Geographies of childhood

[edit]

The geographies of childhood involves how (adult) society perceives the idea of childhood, the many ways adult attitudes and behaviors affect children's lives, including the environment which surrounds children and its implications.^[58]

The geographies of childhood is similar in some respects to children's geographies which examines the places and spaces in which children live.^[59]

Nature deficit disorder

[edit]

Main article: Nature deficit disorder

Nature Deficit Disorder, a term coined by Richard Louv in his 2005 book *Last Child in the Woods*, refers to the trend in the United States and Canada towards less time for outdoor play,^[60]^[61] resulting in a wide range of behavioral problems.^[62]

With increasing use of cellphones, computers, video games and television, children have more reasons to stay inside rather than outdoors exploring. "The average American child spends 44 hours a week with electronic media".^[63] Research in 2007 has drawn a correlation between the declining number of National Park visits in the U.S. and increasing consumption of electronic media by children.^[64] The media has accelerated the trend for children's nature disconnection by deemphasizing views of nature, as in Disney films.^[65]

Age of responsibility

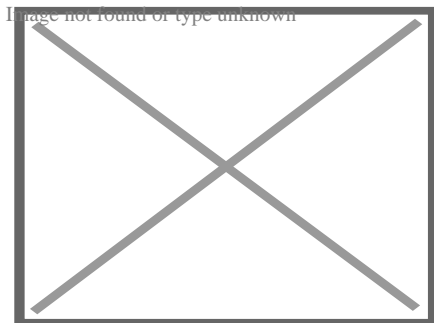
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Further information: Age of consent, Age of majority, Age of criminal responsibility, and Marriageable age

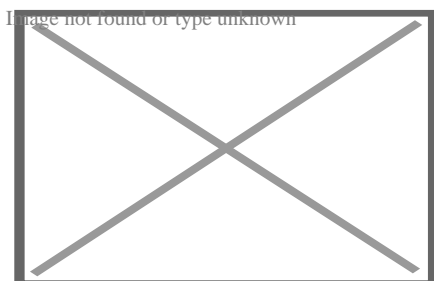
The age at which children are considered responsible for their society-bound actions (e. g. marriage, voting, etc.) has also changed over time,^[66] and this is reflected in the way they are treated in courts of law. In Roman times, children were regarded as not culpable for crimes, a position later adopted by the Church. In the 19th century, children younger than seven years old were believed incapable of crime. Children from the age of seven forward were considered responsible for their actions. Therefore, they could face criminal charges, be sent to adult prison, and be punished like adults by whipping, branding or hanging. However, courts at the time would consider the offender's age when deliberating sentencing.^[citation needed] Minimum employment age and marriage age also vary. The age limit of voluntary/involuntary military service is also disputed at the international level.^[67]

Education

[edit]



Children in an outdoor classroom in Bié, Angola



Children seated in a Finnish classroom at the school of Torvinen in Sodankylä, Finland, in the 1920s

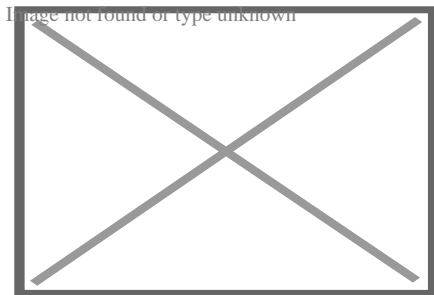
Main article: Education

Education, in the general sense, refers to the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and preparing intellectually for mature life.^[68] Formal education most often takes place through schooling. A right to education has been recognized by some governments. At the global level, Article 13 of the United Nations' 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) recognizes the right of everyone to an education.^[69] Education is compulsory in most places up to a certain age, but attendance at school may not be, with alternative options such as home-schooling or e-learning being recognized as valid forms of education in certain jurisdictions.

Children in some countries (especially in parts of Africa and Asia) are often kept out of school, or attend only for short periods. Data from UNICEF indicate that in 2011, 57 million children were out of school; and more than 20% of African children have never attended primary school or have left without completing primary education.^[70] According to a UN report, warfare is preventing 28 million children worldwide from receiving an education, due to the risk of sexual violence and attacks in schools.^[71] Other factors that keep children out of school include poverty, child labor, social attitudes, and long distances to school.^{[72][73]}

Attitudes toward children

[edit]



Group of breaker boys in Pittston, Pennsylvania, 1911. Child labor was widespread until the early 20th century. In the 21st century, child labor rates are highest in Africa.

Social attitudes toward children differ around the world in various cultures and change over time. A 1988 study on European attitudes toward the centrality of children found that Italy was more child-centric and the Netherlands less child-centric, with other countries, such as Austria, Great Britain, Ireland and West Germany falling in between.^[74]

Child marriage

[edit]

In 2013, child marriage rates of female children under the age of 18 reached 75% in Niger, 68% in Central African Republic and Chad, 66% in Bangladesh, and 47% in India.^[75] According to a 2019 UNICEF report on child marriage, 37% of females were married before the age of 18 in sub-Saharan Africa, followed by South Asia at 30%. Lower levels were found in Latin America and Caribbean (25%), the Middle East and North Africa (18%), and Eastern Europe and Central Asia (11%), while rates in Western Europe and North America were minimal.^[76] Child marriage is more prevalent with girls, but also involves boys. A 2018 study in the journal *Vulnerable Children and Youth Studies* found that, worldwide, 4.5% of males are married before age 18, with the Central African Republic having the highest average rate at 27.9%.^[77]

Fertility and number of children per woman

[edit]

Before contraception became widely available in the 20th century, women had little choice other than abstinence or having often many children. In fact, current population growth concerns have only become possible with drastically reduced child mortality and sustained fertility. In 2017 the global total fertility rate was estimated to be 2.37 children per woman,^[78] adding about 80 million people to the world population per year. In order to measure the total number of children, scientists often prefer the completed cohort fertility at age 50 years (CCF50).^[78] Although the number of children is also influenced by cultural norms, religion, peer pressure and other social factors, the CCF50 appears to be most heavily dependent on the educational level of women, ranging from 5–8 children in women without education to less than 2 in women with 12 or more years of education.^[78]

Issues

[edit]

Emergencies and conflicts

[edit]

See also: Declaration on the Protection of Women and Children in Emergency and Armed Conflict, Children in the Israeli–Palestinian conflict, Save the Children, Inter-Agency Network for Education in Emergencies, Military use of children, Trafficking of children, International child abduction, and Refugee children

Emergencies and conflicts pose detrimental risks to the health, safety, and well-being of children. There are many different kinds of conflicts and emergencies, e.g. wars and natural disasters. As of 2010 approximately 13 million children are displaced by armed conflicts and violence around the world.^[79] Where violent conflicts are the norm, the lives of young children are significantly disrupted and their families have great difficulty in offering the sensitive and consistent care that young children need for their healthy development.^[79] Studies on the effect of emergencies and conflict on the physical and mental health of children between birth and 8 years old show that where the disaster is natural, the rate of PTSD occurs in anywhere from 3 to 87 percent of

affected children.^[80] However, rates of PTSD for children living in chronic conflict conditions varies from 15 to 50 percent.^[81]^[82]

Child protection

[edit]

This section is an excerpt from Child protection.[edit]

- v
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- e

Childcare

At home

- Parents
- Extended family
- Au pair
- Babysitter
- Governess
- Nanny

Outside the home

- Daycare
- Pre-school playgroup

Educational settings

- Early childhood education
- Homeschooling
- Pre-kindergarten
- Preschool
- Kindergarten
- Primary school

Institutions and standards

- Child protection
- *In loco parentis*
- Minor

Related

- Child abuse
- Child marriage
- Child Online Protection
- Family law
- Men in early childhood education
- Orphanage
- Parenting

Child protection (also called child welfare) is the safeguarding of children from violence, exploitation, abuse, abandonment, and neglect.^{[83][84][85][86]} It involves identifying signs of potential harm. This includes responding to allegations or suspicions of abuse, providing support and services to protect children, and holding those who have harmed them accountable.^[87]

The primary goal of child protection is to ensure that all children are safe and free from harm or danger.^{[86][88]} Child protection also works to prevent future harm by creating policies and systems that identify and respond to risks before they lead to harm.^[89]

In order to achieve these goals, research suggests that child protection services should be provided in a holistic way.^{[90][91][92]} This means taking into account the social, economic, cultural, psychological, and environmental factors that can contribute to the risk of harm for individual children and their families. Collaboration across sectors and disciplines to create a comprehensive system of support and safety for children is required.^{[93][94]}

It is the responsibility of individuals, organizations, and governments to ensure that children are protected from harm and their rights are respected.^[95] This includes providing a safe environment for children to grow and develop, protecting them from physical, emotional and sexual abuse, and ensuring they have access to education, healthcare, and resources to fulfill their basic needs.^[96]

Child protection systems are a set of services, usually government-run, designed to protect children and young people who are underage and to encourage family stability. UNICEF defines^[97] a 'child protection system' as:

"The set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including

routine referral systems etc., a necessary component of effective child protection systems."

—*United Nations Economic and Social Council (2008), UNICEF Child Protection Strategy, E/ICEF/2008/5/Rev.1, par. 12–13.*

Under Article 19 of the UN Convention on the Rights of the Child, a 'child protection system' provides for the protection of children in and out of the home. One of the ways this can be enabled is through the provision of quality education, the fourth of the United Nations Sustainable Development Goals, in addition to other child protection systems. Some literature argues that child protection begins at conception; even how the conception took place can affect the child's development.^[98]

Child abuse and child labor

[edit]

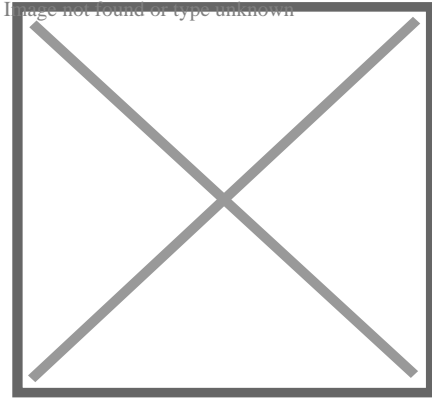
Protection of children from abuse is considered an important contemporary goal. This includes protecting children from exploitation such as child labor, child trafficking and child selling, child sexual abuse, including child prostitution and child pornography, military use of children, and child laundering in illegal adoptions. There exist several international instruments for these purposes, such as:

- Worst Forms of Child Labour Convention
- Minimum Age Convention, 1973
- Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse
- Optional Protocol on the Involvement of Children in Armed Conflict
- Hague Adoption Convention

Climate change

[edit]

This section is an excerpt from Climate change and children.[edit]



A child at a climate demonstration in Juneau, Alaska

Children are more vulnerable to the effects of climate change than adults. The World Health Organization estimated that 88% of the existing global burden of disease caused by climate change affects children under five years of age.^[99] A *Lancet* review on health and climate change lists children as the worst-affected category by climate change.^[100] Children under 14 are 44 percent more likely to die from environmental factors,^[101] and those in urban areas are disproportionately impacted by lower air quality and overcrowding.^[102]

Children are physically more vulnerable to climate change in all its forms.^[103] Climate change affects the physical health of children and their well-being. Prevailing inequalities, between and within countries, determine how climate change impacts children.^[104] Children often have no voice in terms of global responses to climate change.^[103]

People living in low-income countries experience a higher burden of disease and are less capable of coping with climate change-related threats.^[105] Nearly every child in the world is at risk from climate change and pollution, while almost half are at extreme risk.^[106]

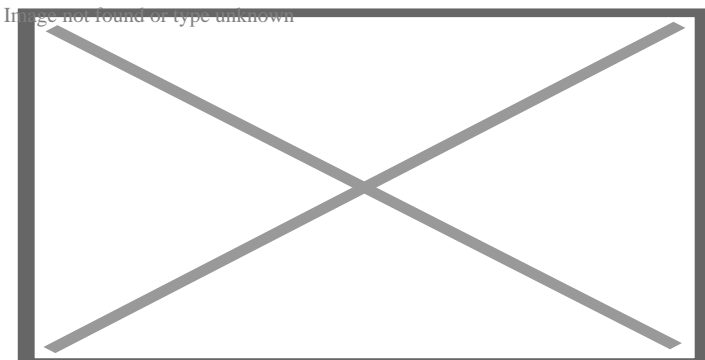
Health

[edit]

Child mortality

[edit]

Main articles: Child mortality and Infant mortality



World infant mortality rates in 2012.^[107]

During the early 17th century in England, about two-thirds of all children died before the age of four.^[108] During the Industrial Revolution, the life expectancy of children increased dramatically.^[109] This has continued in England, and in the 21st century child mortality rates have fallen across the world. About 12.6 million under-five infants died worldwide in 1990, which declined to 6.6 million in 2012. The infant mortality rate dropped from 90 deaths per 1,000 live births in 1990, to 48 in 2012. The highest average infant mortality rates are in sub-Saharan Africa, at 98 deaths per 1,000 live births – over double the world's average.^[107]

See also

[edit]

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- Child slavery
- Childlessness
- Depression in childhood and adolescence
- One-child policy
- Religion and children
- Youth rights
- Archaeology of childhood

Sources

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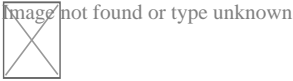
Further reading

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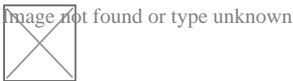
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Family

- History
- Household
- Nuclear family
- Extended family
- Conjugal family
- Immediate family
- Matrifocal family

First-degree relatives

- Parent
 - mother
 - father
- Child
 - son
 - daughter
- Sibling
 - brother
 - sister

- Second-degree relatives**
 - Grandparent
 - Grandchild
 - Uncle/Aunt
 - Niece and nephew

- Third-degree relatives**
 - Great-grandparent
 - Great-grandchild
 - Great-uncle/Great-aunt
 - Cousin

- Family-in-law**
 - Spouse
 - wife
 - husband
 - Parent-in-law
 - Sibling-in-law
 - Child-in-law
 - daughter-in-law
 - son-in-law

- Stepfamily**
 - Stepparent
 - stepfather
 - stepmother
 - Stepchild
 - Stepsibling

Kinship terminology

- Kinship
- Australian Aboriginal kinship
- Adoption
- Affinity
- Consanguinity
- Disownment
- Divorce
- Estrangement
- Family of choice
- Fictive kinship
- Marriage
- Nurture kinship
- Chinese kinship
- Hawaiian kinship
- Sudanese kinship
- Eskimo kinship
- Iroquois kinship
- Crow kinship
- Omaha kinship

Genealogy and lineage

- Bilateral descent
- Common ancestor
- Family name
- Heirloom
- Heredity
- Inheritance
- Lineal descendant
- collateral descent
- Matrilineality
- Patrilineality
- Progenitor
- Clan
- Royal descent

Family trees

- Pedigree chart
- Genogram
- Ahnentafel
 - Genealogical numbering systems
 - Seize quartiers
 - Quarters of nobility

Relationships

- Agape (parental love)
- Eros (marital love)
- Philia (brotherly love)
- Storge (familial love)
- Filial piety
- Polyfidelity

Holidays

- Mother's Day
 - U.S.
- Father's Day
- Father–Daughter Day
- Siblings Day
- National Grandparents Day
- Parents' Day
- Children's Day
 - Japan
- Family Day
 - Canada
- American Family Day
- International Day of Families
- National Family Week
 - UK
- National Adoption Day

Related

- Single parent
- Wedding anniversary
- Godparent
- Birth order
- Only child
- Middle child syndrome
- Sociology of the family
- Museum of Motherhood
- Astronaut family
- Dysfunctional family
- Domestic violence
- Incest
- Sibling abuse
- Sibling estrangement
- Sibling rivalry

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Development of the human body

- Before birth**
 - o Development
 - o Zygote
 - o Embryo
 - o Fetus
 - o Gestational age

- Birth and after**
 - o Birth
 - o Child development
 - o Stages
 - o Early
 - o Puberty
 - o Adult development
 - o Ageing
 - o Senescence
 - o Death

- Phases**
 - o Early years
 - o Infant
 - o Toddler
 - o Early childhood
 - o Childhood
 - o Child
 - o Youth
 - o Preadolescence
 - o Adolescence
 - o Emerging adulthood
 - o Adulthood
 - o Young adult
 - o Middle adult
 - o Elder adult
 - o Dying

- Social and legal**
 - o Minor
 - o Age of majority

National

- Germany
- United States
- France
- BnF data
- Czech Republic
- Spain
- Latvia
- Sweden
- Israel

Other

- NARA
- Encyclopedia of Modern Ukraine

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Frequently Asked Questions

How does the simulation software help to reduce the overall treatment time or number of appointments for my child?

The software can optimize treatment planning by precisely calculating force application and predicting tooth movement. This can lead to more efficient treatment, potentially reducing the overall duration. Moreover, some software allows for remote monitoring of progress, reducing the frequency of in-office appointments. The software also helps the orthodontist to better prepare for each appointment, further streamlining the process.

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