Facts FOR Life

A Communication Challenge

The health of children in the developing world could be dramatically improved if all families were empowered with today's essential child health information. That information has now been brought together in FACTS FOR LIFE, published by UNICEF, WHO, and UNESCO in partnership with many of the world's leading medical and children's organizations.

FACTS FOR LIFE is a challenge to *communicators* of all kinds — politicians, educators, religious leaders, health professionals, business leaders, trade unions, voluntary organizations, and the mass media. It is for all those who can help to make its contents part of every family's basic stock of child-care knowledge.

Facts FOR Life

A Communication Challenge

P&LA

FACTS FOR LIFE is devised and produced for UNICEF, WHO and UNESCO, by P&LA, 18 Observatory Close, Benson, Oxfordshire, OX9 6NU, U K

Facts for Life

Every week, a quarter of a million children die in the developing world. Many millions more live on with ill health and poor growth.

A fundamental cause of this tragedy is poverty. Another fundamental cause is that today's knowledge about protecting the health and growth of children has not yet been put at the disposal of the majority.

Today, there is a world-wide scientific consensus on essential child health information.

○ It is information which can help to save the lives of many millions of children in the developing world.

○ It is information which can drastically reduce malnutrition and help to protect the healthy growth of the next generation.

○ It is information which almost all parents can put into practice, in some degree, at very low cost.

It is therefore information to which all families now have a right.

FACTS FOR LIFE brings this information together in an accessible format. It is published by UNICEF, the World Health Organization, and UNESCO in partnership with many of the world's best-known agencies working for the health and development of children. It is the most authoritative expression, in plain language, of today's scientific consensus on practical, low-cost, family-based ways of protecting children's lives and health.

But the most difficult question remains. How can this information be communicated? How can it become part of the basic stock of child-care knowledge in every family and every community?

Experience in all countries has shown that only frequent, varied repetition of new information, from all sides and over many years, can truly succeed in putting new health knowledge at the disposal of the majority.

FACTS FOR LIFE is therefore intended for all those who influence or

control the principal channels of communication in all societies. It is presented as a long-term communication challenge to:

- Heads of state and political leaders
- All branches of national and local government
- Religious and spiritual leaders
- Educational systems and the teaching profession
- Newspapers and magazines, television and radio
- Employers and the business community
- Trade union and cooperative leaders
- The medical profession and the health services
- Community health workers, nurses, and midwives
- Development workers and voluntary agencies
- Women's organizations
- Youth movements
- Community organizations and traditional leaders
- Artists, writers and entertainers

In sum, FACTS FOR LIFE is for all those who can help to undertake the greatest communication challenge of all – the challenge of empowering families to use today's knowledge to protect today's children – and tomorrow's world.

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Facts for Life and Primary Health Care

FACTS FOR LIFE is a practical contribution to the evolving primary health care movement. Intended principally for the developing world, its national and international versions bring together today's essential family information on maternal and child health care. That information — about birth-spacing, safe motherhood, breastfeeding, weaning and child growth, immunization, diarrhoeal diseases, respiratory infections, domestic hygiene, malaria and AIDS — could now enable most families in the developing world to make significant improvements in their own and their children's health. FACTS FOR LIFE is therefore an aid to achieving the first level of primary health care – a well-informed community.

Advisers

FACTS FOR LIFE is written by Peter Adamson with the assistance of Glen Williams and in consultation with the staffs of UNICEF, WHO, and UNESCO. Particular help was given by the Directors and staffs of the technical divisions of the World Health Organization. Thanks are also due to the following people who have kindly acted as consultants on the text.

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Partners

FACTS FOR LIFE is published by UNICEF, WHO and UNESCO in partnership with the following organizations:

- African Medical and Research Foundation
- Aga Khan Foundation
- Appropriate Health Resources and Technologies Action Group
- Arab Council for Childhood and Development
- Asian Health Institute
- Associated Country Women of the World
- Association of Paediatric Societies of the Southeast Asian Region
- Bahá'í International Community
- Baptist World Alliance
- CARE
- Centro de Informacion y Documentacion en Barcelona
- Centre for Development and Population Activities
- Commonwealth Nurses Federation
- Conference of European Churches
- European Healthcare Management Association
- Family Health International
- Foster Parents Plan International
- Helen Keller International
- Institute of Cultural Affairs International
- International Abolitionist Federation
- International Alliance of Women
- International Association for Community Development
- International Association for Maternal and Neonatal Health
- International Association for Religious Freedom
- International Association of Democratic Lawyers
- International Association of Schools of Social Work
- International Baby Food Action Network
- International Centre for Diarrhoeal Disease Research, Bangladesh
- International Children's Centre, Paris
- International Commission on Human Development with Special Reference to Mother and Child (Institute of Nutrition)
- International Confederation of Free Trade Unions
- International Confederation of Midwives
- International Council of Nurses
- International Council of Women
- International Council on Management of Population Programmes
- International Council on Social Welfare
- International Federation for Family Health
- International Federation of Business and Professional Women
- International Federation of Educative Communities
- International Federation for Parent Education
- International Federation of Settlements and Neighbourhood Centres
- International Hospital Federation
- International Lactation Consultant Organization
- International Olympic Committee
- International Organization of Consumers Unions
- International Organization of Journalists
- Inter-Parliamentary Union
- International Paediatric Association
- International Physicians for the Prevention of Nuclear War
- International Planned Parenthood Federation
- International Save the Children Alliance
- International Schools Association
- International Social Service

- International Society of Tropical Paediatrics
- International Terre des Hommes Federation
- International Union for Health Education
- International Union of Family Organizations
- International Union of Food and Allied Workers Association
- International Vitamin A Consultative Group
- International Women's Networking Business Conference

- Jaycees International, Inc.
- Latin American Paediatric Association
- La Leche League International
- League of Red Cross and Red Crescent Societies
- Medical Women's International Association
- Medicus Mundi International
- Muslim World League

- Pan African Institute for Development
- Pan American Federation of Associations of medical schools
- Pan American Health and Education Foundation
- Population Council
- Program for Appropriate Technology in Health

- Rehabilitation International
- Rissho Kosei-Kai
- Rockefeller Foundation
- Salvation Army
- Soroptimist International
- Susila Dharma International Association
- Task Force Sight and Life
- Teaching Aids at Low Cost

- Tropical Child Health Unit, Institute of Child Health, University of London
- Union of National Radio and Television Organizations of Africa
- United Towns Organization
- Wellstart – The San Diego Lactation Program
- Woman's Christian Temperance Union

- Women's International Democratic Federation
- World Alliance of Young Men's Christian Associations
- World Assembly of Youth
- World Association for Christian Communication
- World Association of Girl Guides and Girl Scouts

- World Confederation of Labour
- World Council of Churches (Christian Medical Commission)
- World Education
- World Federation for Medical Education
- World Federation of Trade Unions
- World Medical Association
- World Movement of Mothers

- World ORT Union
- World Organization for Early Childhood Education
- World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians
- World Organization of the Scout Movement
- World Veterans Federation
- World Vision International
- World Young Women's Christian Association

Any relevant international organization is invited to become a partner in the FACTS FOR LIFE venture and to be so listed in future reprints of the publication. For further details please write to UNICEF, Facts for Life Unit, DIPA, 3 UN Plaza, New York, NY10017, USA.

All for Health

FACTS FOR LIFE is intended for those who can help to communicate its essential child health messages to all families.

The booklet is therefore a starting point for discussions with communicators of all kinds. It is a way of inviting a wide range of individuals and organizations to become involved in promoting child health by using their communications resources and skills.

It is also a way of making that challenge concrete and 'do-able'. For example:–

○ Using FACTS FOR LIFE, owners and editors of the mass media can be asked to make a long-term commitment to promoting its vital child health messages to their readers, listeners and viewers.

○ Ministries of education, principals of schools and teacher training colleges, teachers and teaching unions, can be asked to join in the task of making sure that no child leaves school without a knowledge of today's methods of protecting the lives and growth of children.

○ Religious leaders, political parties, employers, trade unions, health workers can be asked to promote FACTS FOR LIFE messages at every opportunity to their congregations, constituencies, customers, employees, members, clients.

National versions of FACTS FOR LIFE

The basic messages in FACTS FOR LIFE are universal – addressing the most important causes of child death and child malnutrition in almost all developing regions. But in many countries, national versions of FACTS FOR LIFE are also being published to reflect the health priorities and communications opportunities of individual nations

Where possible, UNICEF, WHO, and UNESCO are ready to assist in tailoring FACTS FOR LIFE to national needs.

A guide to health promotion

FACTS FOR LIFE is accompanied by a second booklet, titled ALL FOR HEALTH, which proposes that a breakthrough in the promotion of today's health knowledge depends on the realization that health is everybody's business.

With examples from many different countries, ALL FOR HEALTH shows how the promotion of health, and especially child health, is becoming the concern of:–

- **Heads of state and political leaders**
- **All branches of national and local government**
- **Religious and spiritual leaders**
- **Educational systems and the teaching profession**
- **Newspapers and magazines, television and radio**
- **Employers and the business community**
- **Trade union and cooperative leaders**
- **The medical profession and the health services**
- **Community health workers, nurses, and midwives**
- **Development workers and voluntary agencies**
- **Women's organizations**
- **Youth movements**
- **Community organizations and traditional leaders**
- **Artists, writers, and entertainers**

ALL FOR HEALTH also distills what has been learnt about the methods and pitfalls of health education in recent years and summarises the essential 'Twelve steps in health communication'.

The booklet also contains a range of suggestions and examples for using FACTS FOR LIFE.

For details of how to obtain copies of the ALL FOR HEALTH booklet, please see page facing inside back cover.

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(page 32)
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(page 58)
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(page 6, 66 and 72)

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Contents

Each of the ten chapters of FACTS FOR LIFE consists of:

- A NOTE TO COMMUNICATORS on why the chapter's messages could exert such powerful leverage on maternal and child health
- PRIME MESSAGES – the information which every family and community ought to know
- SUPPORTING INFORMATION – for those communicators who need to know more

The ten chapters are

An invitation to participate in FACTS FOR LIFE – see inside back cover

Women's work

Putting today's essential health knowledge into practice will be seen by many as 'women's work'.

But women already have work.

They already grow most of the developing world's food, market most of its crops, fetch most of its water, collect most of its fuel, feed most of its animals, weed most of its fields.

And when their work outside the home is done, they light the third world's fires, cook its meals, clean its compounds, wash its clothes, shop for its needs, and look after its old and its ill.

And they bear and care for its children.

The multiple burdens of womanhood are too much.

And the greatest communications challenge of all is the challenge of communicating the idea that the time has come, in all countries, for men to share more fully in that most difficult and important of all tasks — protecting the lives and the health and the growth of their children.

FACTS FOR LIFE is therefore addressed not only to women but to men.

Facts for Life – THE TOP TEN

The following are the top ten messages distilled from FACTS FOR LIFE.

1 The health of both women and children can be significantly improved by spacing births at least two years apart, by avoiding pregnancies before the age of 18, and by limiting the total number of pregnancies to four.

2 To reduce the dangers of childbearing, all pregnant women should go to a health worker for pre-natal care and all births should be assisted by a trained person.

3 For the first few months of a baby's life, breastmilk *alone* is the best possible food and drink. Infants need other foods, in addition to breastmilk, when they are four-to-six months old.

4 Children under three have special feeding needs. They need to eat five or six times a day and their food should be specially enriched by adding mashed vegetables and small amounts of fats or oils.

5 Diarrhoea can kill by draining too much liquid from a child's body. So the liquid lost each time the child passes a watery stool must be replaced by giving the child plenty of the right liquids to drink – breastmilk, diluted gruel, soup, or a special drink called ORS. If the illness is more serious than usual, the child needs help from a health worker – and the special ORS drink. A child with diarrhoea also needs food to make a good recovery.

6 Immunization protects against several diseases which can cause poor growth, disability, and death. All immunizations should be completed in the first year of the child's life. Every woman of child-bearing age should be immunized against tetanus.

7 Most coughs and colds will get better on their own. But if a child with a cough is breathing much more rapidly than normal, then the child is seriously ill and it is essential to go to a health centre quickly. A child with a cough or cold should be helped to eat and to drink plenty of liquids.

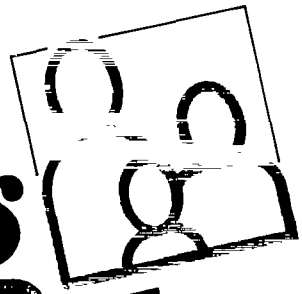
8 Many illnesses are caused because germs enter the mouth. This can be prevented by using latrines; by washing hands with soap and water after using the latrine and before handling food; by keeping food and water clean; and by boiling drinking water if it is not from a safe piped supply.

9 Illnesses hold back a child's growth. After an illness, a child needs an extra meal every day for a week to make up the growth lost.

10 Children between the ages of six months and three years should be weighed every month. If there is no gain in weight for two months, something is wrong.

What every family and community has a right to know about

Timing Births



Note to communicators

It is not yet widely known that birth spacing is one of the most powerful ways of improving the health of women and children. Births which are 'too many or too close' or to women who are 'too old or too young' are responsible for approximately one third of all infant deaths world-wide.

The four prime health messages of this chapter can therefore help to prevent the deaths of over three million children and 200,000 women each year.

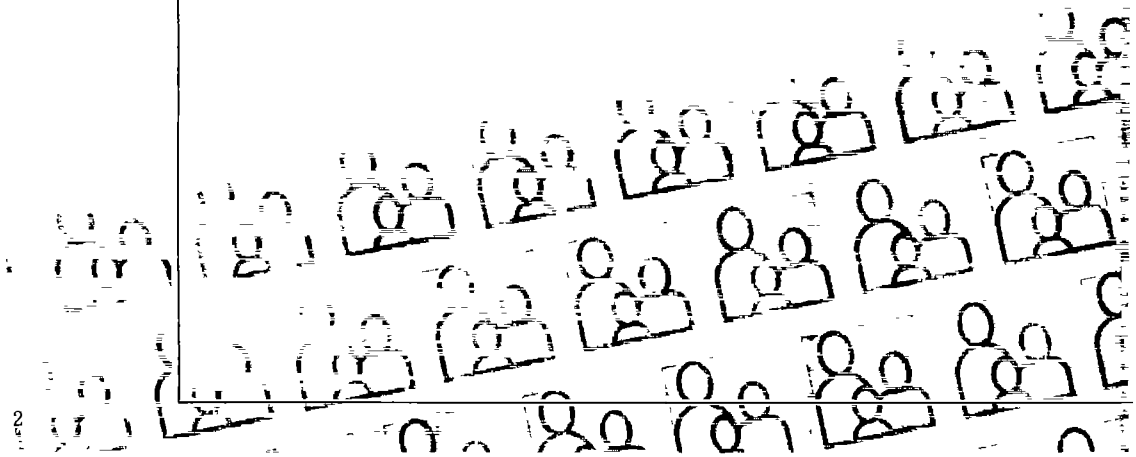
If today's knowledge about the timing of births is to fulfil its potential for saving lives and improving health, then family planning services will have to be made available to all.

Timing Births
Prime Messages

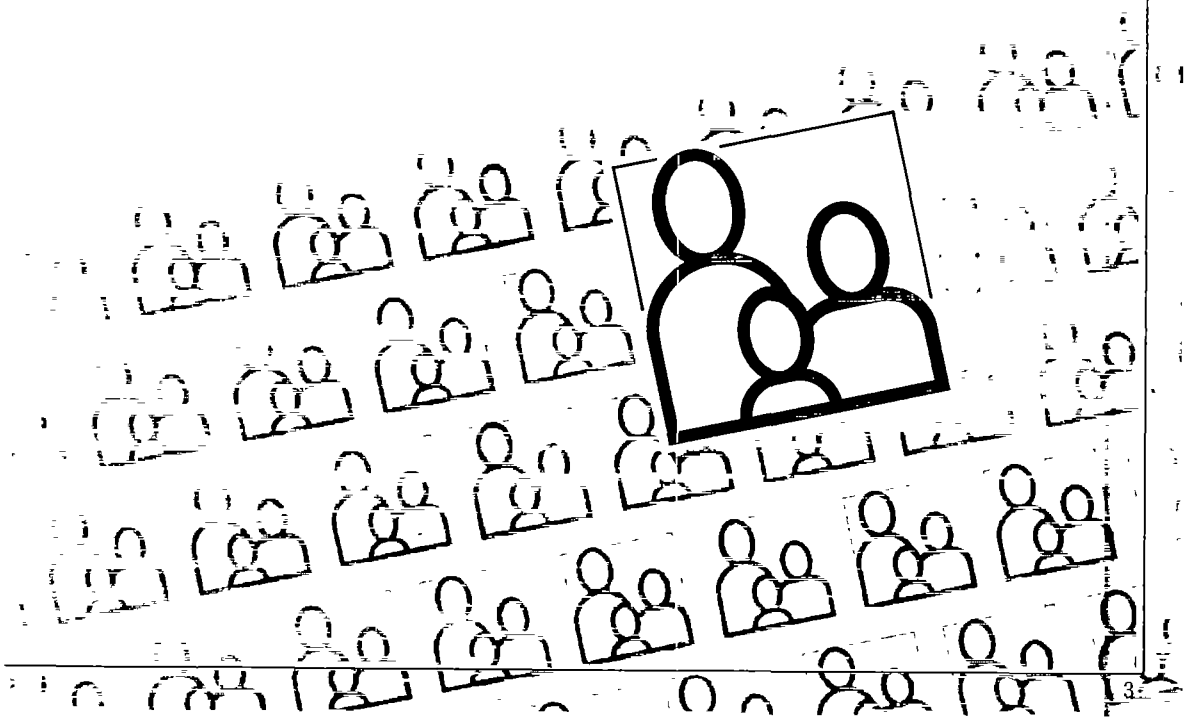
1 Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.

2 The risk of death for young children is increased by about 50% if the space between births is less than two years.

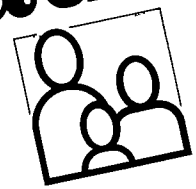
3 Having more than four children increases the health risks of pregnancy and childbirth.



4 Family planning gives couples the choice of when to begin having children, how many to have, how far apart to have them, and when to stop.



Timing Births Supporting Information



1

Becoming pregnant before the age of 18, or after the age of 35, increases the health risks for both mother and child.

○ Every year over half a million women die from problems linked to pregnancy and childbirth, leaving behind over one million motherless children. Most of these deaths could be prevented by acting on today's knowledge about the importance of planning pregnancies.

○ For health reasons alone, no girl should become pregnant before the age of 18. A woman is not physically ready to begin bearing children until she is about eighteen years of age. Babies born to women younger than eighteen are more likely to be born too early and to weigh too little at birth. Such babies are much more likely to die in the first year of life. The risks to the mother's own health are also greater.

All girls should be allowed the time to become women before becoming mothers. In societies where many girls marry at an early age, couples should use family planning to delay the first pregnancy until at least the age of 18.

○ After the age of 35, the health risks of pregnancy and childbirth begin to increase again. If a woman is over the age of 35, and has had four or more previous pregnancies, then another pregnancy is a serious risk to her own health and that of her unborn child.

2

The risk of death for young children is increased by about 50% if the space between births is less than two years.

○ For the health of both mothers and children, parents should wait until their youngest child is at least two years old before having another baby.

○ Children born too close together do not usually develop as well, physically or mentally, as children born at least two years apart.

○ One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly,

and the mother has less time to prepare the special foods a young child needs. Also, she may not be able to give the older child the care and attention he or she needs, especially during illness. As a result, the child often fails to grow and develop properly.

○ A mother's body needs two years to recover fully from pregnancy and childbirth. The risk to the mother's health is therefore greater if the next birth follows too closely upon the last. The mother needs to give herself time to get her strength and energy back before she becomes pregnant again.

○ If a woman becomes pregnant before she is fully recovered from bearing a previous child, there is a higher chance that her new baby will be born too early and too light in weight. Low birth-weight babies are less likely to grow well, more likely to fall ill, and four times more likely to die in the first year of life than babies of normal weight.

3

Having more than four children increases the health risks of pregnancy and childbirth.

○ After a woman has had four children, further pregnancies bring greater risks to the life and health of both mother and child.

Especially if the previous births have not been spaced more than two years apart, a woman's body can easily become exhausted by repeated pregnancy, childbirth, breastfeeding, and looking after small children. Further pregnancies usually mean that her own health begins to suffer.

○ After four pregnancies, there is an increased risk of serious health problems such as anaemia ('thin blood') and haemorrhage (heavy loss of blood). The risk of giving birth to babies with disabilities, or with low birth-weight, also increases after four pregnancies and after the mother reaches the age of 35.

4

Family planning gives couples the choice of when to begin having children, how many to have, how far apart to have them, and when to stop.

○ Most health services can provide several methods of safe, effective family planning. No one method of timing births is suitable for, or acceptable to, every individual. Couples should ask advice about the most suitable means of family planning from the nearest trained health worker or family planning clinic.

○ Spacing births at least two years apart, and avoiding pregnancies before the age of 18 and after the age of 35, can help to ensure that each baby is born healthy and strong.

What every family and community has a right to know about

Safe Motherhood

Note to communicators

Every day, more than 1,000 women die from problems related to bearing children. The six prime health messages of this chapter can help to save the majority of those lives and to prevent many serious illnesses.

But to make full use of this knowledge, women need the support of their husbands, their communities, and their governments.

Governments have a particular responsibility to train people to assist at childbirth, to make available routine prenatal services, and to provide special care for women who have serious problems during pregnancy and childbirth.

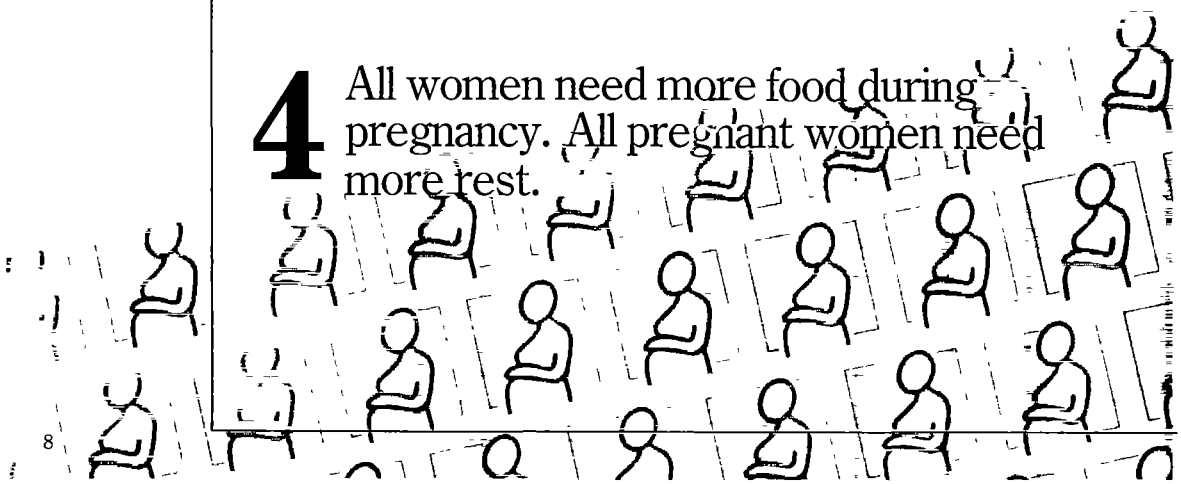
Safe Motherhood Prime Messages

1 The risks of childbirth can be drastically reduced by going to the nearest health worker for regular check-ups during pregnancy.

2 A trained person should assist at every birth.

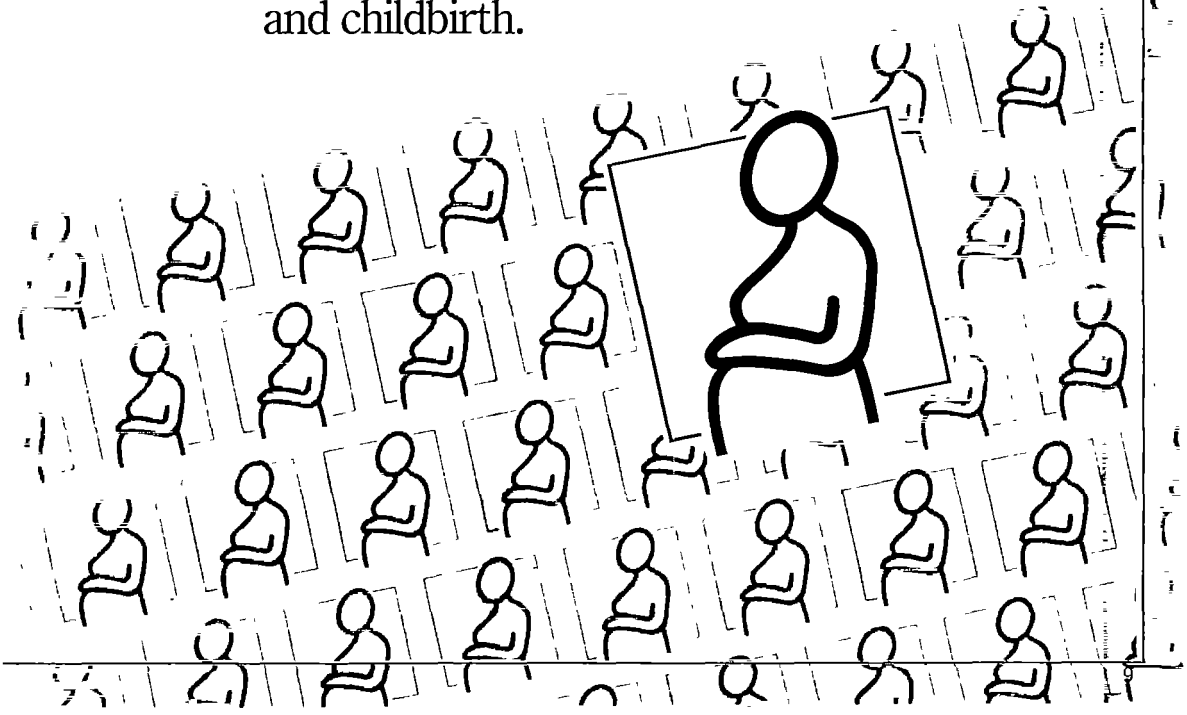
3 To reduce the dangers of pregnancy and childbirth, all families should know the warning signs.

4 All women need more food during pregnancy. All pregnant women need more rest.

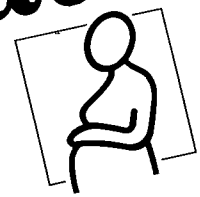


5 Spacing pregnancies at least two years apart, and avoiding pregnancies below the age of 18 or above the age of 35, drastically reduces the dangers of child-bearing.

6 Girls who are healthy and well-fed during their own childhood and teenage years have fewer problems in pregnancy and childbirth.



Safe Motherhood Supporting Information



1

The risks of childbirth can be drastically reduced by going to the nearest health worker for regular check-ups during pregnancy.

○ Many of the dangers of pregnancy and childbirth can be avoided if the mother-to-be goes to a health centre as soon as she believes she is pregnant. A health worker will help the woman to have a safe birth and a healthy baby by: –

○ Checking the progress of the pregnancy so that if problems are likely the woman can be moved to a hospital for the birth

○ Checking for high blood pressure, which is a danger to both mother and child

○ Giving tablets to prevent anaemia ('thin blood')

○ Giving the two injections which will protect the mother and her new-born baby against tetanus

○ Checking that the baby is growing properly

○ Giving malaria tablets where necessary

○ Preparing the mother for the experience of childbirth and giving advice on breastfeeding and care of the new-born

○ Advising on ways of delaying the next pregnancy

2

A trained person should assist at every birth.

○ A trained birth attendant will know:–

○ When labour has gone on for too long (more than 12 hours) and a move to hospital is necessary

○ How to keep the birth clean and reduce the risk of infection

○ How to cut the cord cleanly and safely

- What to do if the baby is being born in the *wrong position*
- What to do if too much blood is being lost
- When to call on more expert medical help
- What to do if the baby does not begin breathing straight away
- How to help the mother to start breastfeeding immediately after the birth
- How to dry and keep the baby warm after delivery
- How to help the mother prevent or postpone another birth

3

To reduce the dangers of pregnancy and childbirth, all families should know the warning signs.

○ With any pregnancy, it is important to ask the advice of a health worker about where the baby should be born and who should attend the birth. If a family knows that a birth is likely to be difficult or risky, it may be possible to have the baby in a hospital or maternity clinic. Or it may be possible to move, temporarily, closer to a clinic or hospital so that the mother is within reach of medical help.

○ So it is important for pregnant women, their husbands, and other family members to know the signs which indicate that extra care, and regular visits to a health worker, are needed.

Warning signs before pregnancy begins:—

- An interval of less than two years since the last birth
- Mother-to-be is less than 18 or more than 35 years old
- Mother-to-be has four or more previous children
- Mother-to-be has had a previous baby weighing less than 2 kilograms at birth
- Mother-to-be has had a previous difficult or caesarian birth
- Mother-to-be has had a previous premature birth
- Mother-to-be has had a previous miscarriage, abortion or still birth
- Mother-to-be weighs less than 38 kilograms before pregnancy
- Mother-to-be measures less than 145 cm in height

Warning signs developing during pregnancy:—

- Failing to gain weight (at least 6 kilos should be gained in pregnancy)
- Paleness of inside eyelids (should be red or pink)
- Unusual swelling of legs, arms, or face

Four signs which mean get help immediately:–

- Bleeding from the vagina during pregnancy
- Severe headaches (sign of high blood pressure)
- Severe vomiting
- High fever

4

All women need more food during pregnancy. All pregnant women need more rest.

○ The husband and family of a pregnant woman should ensure that she has extra food every day and more rest than usual during the daytime, especially in the three months before the birth.

○ A pregnant woman needs a variety of the best foods available to the family: milk, fruit, vegetables, meat, fish, eggs, pulses and grains. There is no reason to avoid any of these foods during pregnancy.

○ If possible, a woman should be weighed as soon as she knows that she is pregnant. It is important to gain weight every month during pregnancy, and to try to gain a total of 10-12 kilos before the baby is born.

○ A pregnant woman can damage her unborn child by smoking tobacco, drinking alcohol, and using narcotic drugs. It is particularly important not to take medicines during pregnancy unless they are absolutely necessary and prescribed by a trained health worker.

5

Spacing pregnancies at least two years apart, and avoiding pregnancies below the age of 18 or above the age of 35, drastically reduces the dangers of child-bearing.

○ One of the most effective ways of reducing the dangers of pregnancy and child birth for both mother and child is to plan the timing of births. The risks of child-bearing are greatest when the mother-to-be is under 18 or over 35, or has had four or more previous pregnancies, or when there is a gap of less than two years since the last birth.

○ Avoiding births by having an abortion can be very dangerous. Illegal abortions carried out by untrained persons kill between 100,000 and 200,000 women every year.

6

Girls who are healthy and well-fed during their own childhood and teenage years have fewer problems in pregnancy and childbirth.

○ Safe and successful childbearing depends most of all on the health and readiness of the mother-to-be. So special attention should be paid to the health, feeding, and education of adolescent girls. The first pregnancy should wait until at least the age of 18.

What every family and community has a right to know about

Breast feeding

Note to communicators

Babies fed on breastmilk have fewer illnesses and less malnutrition than babies who are fed on other foods. Bottlefeeding, especially in poor communities, is therefore a serious threat to the lives and health of millions of children.

The five prime messages in this chapter can help to avert that threat and promote the healthy growth of young children.

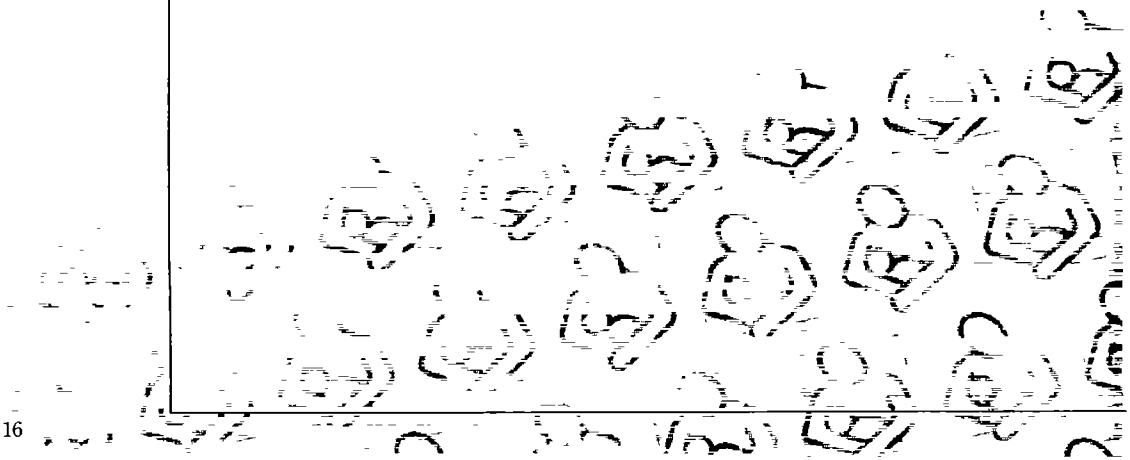
Many mothers lack confidence in their own ability to breastfeed. They need the encouragement and practical support of fathers, health workers, relatives and friends, women's groups, the mass media, trade unions and employers.

Breastfeeding Prime Messages

1 Breastmilk alone is the best possible food and drink for a baby in the first four-to-six months of life.

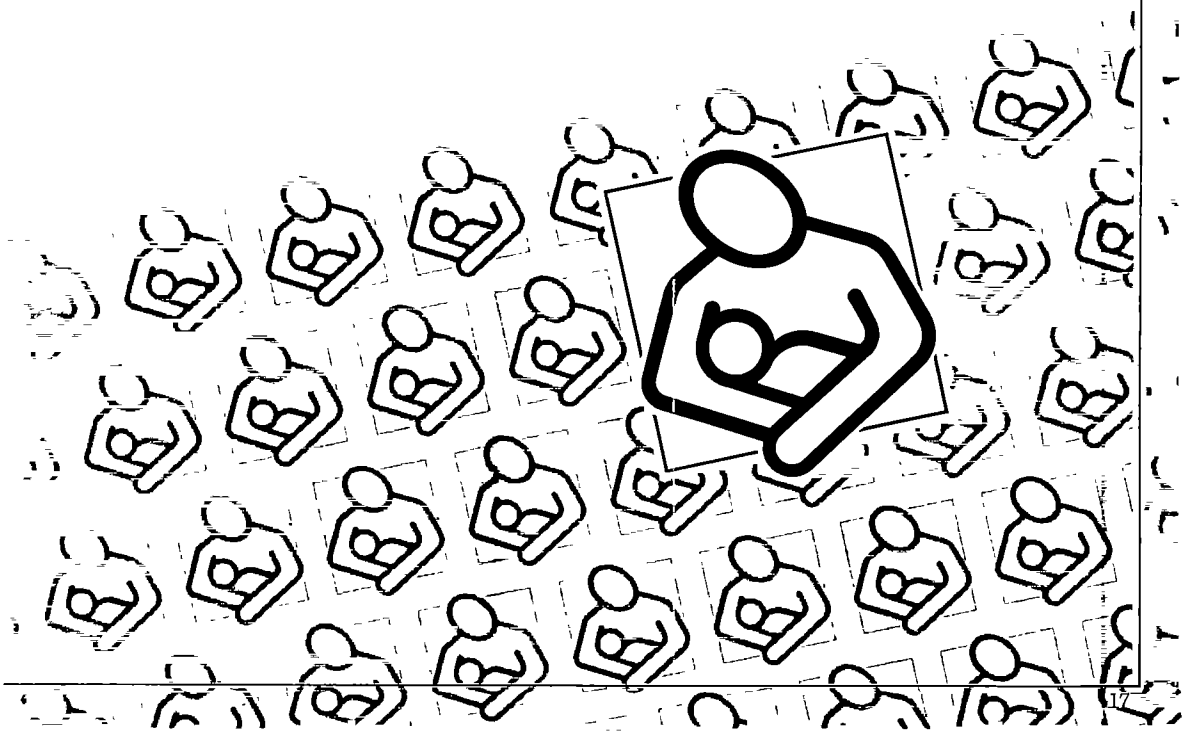
2 Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

3 Frequent sucking is needed to produce enough breastmilk for the baby's needs.



4 Bottle-feeding can lead to serious illness and death.

5 Breastfeeding should continue well into the second year of a child's life and for longer if possible.



Breastfeeding Supporting Information

1

Breastmilk alone is the best possible food and drink for a baby in the first four-to-six months of life.

○ From the moment of birth up to the age of four-to-six months, breastmilk is all the food and drink a baby needs. It is the best food a child will ever have. All substitutes, including cow's milk, milk-powder solutions, and cereal gruels, are inferior.

○ Even in hot, dry climates, breastmilk contains sufficient water for a young baby's needs. Additional water or sugary drinks are not needed to quench the baby's thirst.

○ Breastmilk helps to protect the baby against diarrhoea, coughs and colds, and other common illnesses. The protection is greatest when breastmilk alone is given to the baby during the first four-to-six months.

○ Other foods and drinks are necessary when a baby reaches the age of four-to-six months. Until the age of nine or ten months, the baby should be breastfed before other foods are given. Breastfeeding should continue well into the second year of life — and for longer if possible.

○ Frequent breastfeeding, both day and night, helps to delay the return of menstruation and so helps to postpone the next pregnancy. But breastfeeding, on its own, is not a reliable method of family planning.

2

Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.

○ Starting to breastfeed immediately after birth stimulates the production of breastmilk. If possible, breastfeeding should begin not later than one hour after the delivery of the baby.

○ In some countries, mothers are advised not to feed their babies on the thick yellowish breastmilk (called colostrum) which is produced in the first few days after the birth. This advice is wrong. Colostrum is good for

babies and helps to protect them against common infections. The baby does not need any other foods or drinks while waiting for the mother's milk to 'come in'.

○ Many mothers need help when they first start to breastfeed, especially if the baby is their first. An experienced and sympathetic adviser, such as a woman who has successfully breastfed, can help a mother avoid or solve many common problems.

○ Almost all mothers can produce enough milk if:–

○ The baby takes the breast into his or her mouth in a good position

○ The baby sucks as often as he or she wants, including during the night

○ The position of the baby on the breast is very important. A bad sucking position is the cause of problems such as:–

○ Sore or cracked nipples ○ Not enough milk ○ Refusal to feed

○ Signs that the baby is in a good position for breastfeeding are:–

○ The baby's whole body is turned towards the mother

○ The baby takes long, deep sucks

○ The baby is relaxed and happy

○ The mother does not feel nipple pain

○ Crying is not a sign that a baby needs artificial feeds. It normally means that the baby needs to be held and cuddled more. Some babies need to suck the breast simply for comfort. If the baby is hungry, more sucking will produce more breastmilk.

○ Mothers who are not confident that they have enough breastmilk often give their babies other foods or drinks in the first few months of life. But this means that the baby sucks at the breast less often. So less breastmilk is produced. To stop this happening, mothers need to be reassured that they can feed their young babies properly with breastmilk alone. They need the encouragement and practical support of their families, the child's father, neighbours, friends, health workers and women's organizations.

○ Mothers employed outside the home need adequate maternity leave, breastfeeding breaks during the working day, and creches where their babies can be looked after at the workplace. So employers and trades unions also have a part to play in supporting breastfeeding.

3

Frequent sucking is needed to produce enough breastmilk for the baby's needs.

○ From birth, the baby should breastfeed whenever he or she wants to – usually indicated by crying. Demand feeding is best for baby and mother,

and frequent sucking at the breast is necessary to stimulate the production of more breastmilk.

○ Frequent sucking helps to stop the breasts from becoming swollen and painful.

○ 'Topping up' breastmilk feeds with milk-powder solutions, cow's milk, water, or other drinks, reduces the amount of milk the baby takes from the breast. This leads to less breastmilk being produced.

○ The use of a bottle to give other drinks can cause the baby to stop breastfeeding completely. The sucking action of bottle-feeding is different from that of sucking the breast, and the baby will usually prefer the bottle because less sucking is required.

4

Bottlefeeding can lead to serious illness and death.

○ Cow's milk, milk-powder solutions, maize gruel and other infant foods given by bottle do not give babies any special protection against diarrhoea, coughs and colds and other diseases.

○ Bottlefeeding can cause illnesses such as diarrhoea unless the water is boiled and the bottle and teat are sterilized in boiling water before each feed. The more often a child is ill, the more likely it is that he or she will become malnourished. That is why, in a community without clean drinking water, a bottlefed baby is 25 times more likely to die of diarrhoea than a baby fed exclusively on breastmilk for the first four-to-six months.

○ The best food for a baby who, for whatever reason, cannot be breastfed, is milk squeezed from the mother's breast. It should be given in a cup that has been sterilized in boiling water. Cups are safer than bottles and teats because they are easier to keep clean.

○ The best food for any baby whose own mother's milk is not available is the breastmilk of another mother.

○ If non-human milk has to be used, it should be given from a clean cup rather than a bottle. Milk-powder solutions should be prepared using water that has been brought to the boil and then cooled.

○ Cow's milk or milk-powder solution can cause poor growth if too much water is added in order to make it go further.

○ Cow's milk or milk-powder solutions go bad if left to stand at room temperature for a few hours. Breastmilk can be stored for at least 8 hours at room temperature without going bad.

○ In low-income communities, the cost of cow's milk or powdered milk, plus bottles, teats and the fuel for boiling water, can be 25-50% of a family's income.

5

Breastfeeding should continue well into the second year of a child's life and for longer if possible.

○ Breastmilk is an important source of energy and protein, and helps to protect against disease during the child's second year of life.

○ Babies get ill frequently as they learn to crawl, walk and play. A child who is ill needs breastmilk. It provides a nutritious, easily digestible food when the child loses appetite for other foods.

What every family and community has a right to know about

Child Growth

Note to communicators

Malnutrition and infection hold back the physical and mental development of millions of children. The eight prime health messages in this chapter could help parents to prevent most child malnutrition, even in low-income communities.

Some parents are unable to feed their children properly because of drought, famine, war, or poverty. Only political and economic action, often involving land reform and investment in food production by and for the poor, can solve this problem.

But the great majority of parents in developing countries either grow enough or earn enough to provide an adequate diet for their young children – if they know about the special needs of the young child and if they are supported by their communities and governments in putting that knowledge into practice.

Child Growth Prime Messages

1 Children between the ages of six months and three years should be weighed every month. If there is no weight gain for two months, something is wrong.

2 Breastmilk alone is the best possible food for the first four-to-six months of a child's life.

3 By the age of four-to-six months, the child needs other foods in addition to breastmilk.

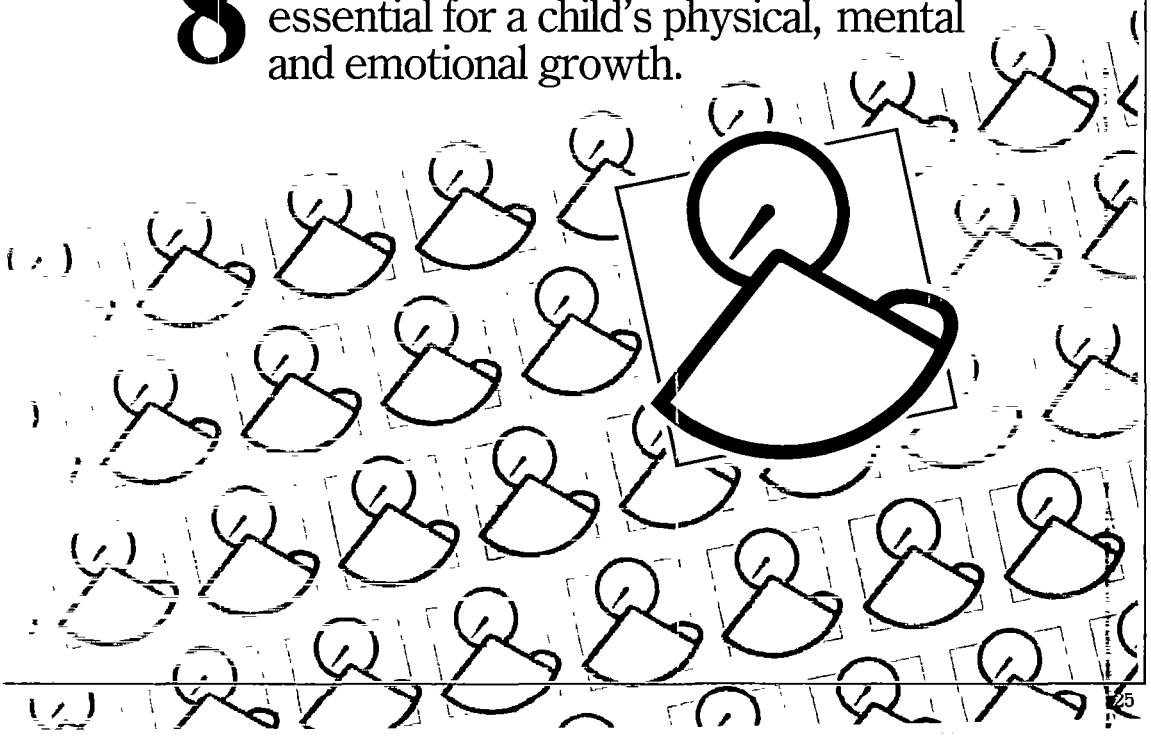
4 A child under three years of age needs food five or six times a day.

5 A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.

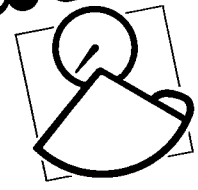
6 All children need foods rich in Vitamin A.

7 After an illness, a child needs extra meals to catch up on the growth lost during the illness.

8 Talking, playing, and showing love are essential for a child's physical, mental and emotional growth.



Child Growth Supporting Information



1

Children between the ages of six months and three years should be weighed every month. If there is no weight gain for two months, something is wrong.

○ Regular monthly weight gain is the most important sign of a child's overall health and development. It is the child's own weight gain which is important, not how the child compares in weight to other children.

○ It is therefore important to weigh children every month. If a child does not gain weight over a two-month period, then parents and health workers should act. The child is being held back either by illness, or poor food, or lack of attention. The following paragraphs cover the most likely causes of poor growth, and the most important actions parents can take to keep a child growing well.

○ Breastfeeding helps protect a baby and ensure its growth for the first few months of life. Immunization in the first year of life is also essential – it protects against diseases which cause undernutrition.

○ When other foods have to be given in addition to breastmilk, at the age of four-to-six months, the risk of infection increases. From now on, it is specially important to check that the child is putting on weight regularly from one month to the next. If a child under the age of three is not gaining weight, and if the child has good food, these are the ten most important questions to ask: –

○ Is the child eating frequently enough? (child should eat 5 or 6 times a day)

○ Do the child's meals have too little energy in them? (small amounts of oil or fats should be added)

○ Is the child frequently ill? (needs medical attention)

○ Has the child been refusing to eat when ill? (needs tempting to eat when ill and extra meals to catch up afterwards)

○ Is the child getting enough Vitamin A? (needs dark green vegetables every day)

○ Is the child being bottlefed? (bottle and water may not be clean, sugary drinks may be being used instead of milk)

○ Are food and water being kept clean? (if not, child will often be ill)

○ Are faeces being put into a latrine or buried? (if not, child will often be ill)

○ Does the child have worms? (needs de-worming medicine from health centre)

○ Is the child alone too much? (needs more stimulation and attention)

Recording the child's weight with a dot on the child's 'growth chart', and joining up the dots after each monthly weighing, gives a line which enables a mother to see her child's growth. An upward line means the child is doing well. A flat line is a cause for concern. A downward line is a sure sign that all is not well with the child.

2

Breastmilk alone is the best possible food for the first four-to-six months of a child's life.

○ From the moment of birth up to the age of four-to-six months, breastmilk is all the food and drink a baby needs to grow well. In these early months, when a baby is most at risk, breastmilk helps to protect against diarrhoea and other common infections.

○ Breastmilk is the best food a child will ever have. If possible, breastfeeding should continue well into the second year of life and for longer if possible.

3

By the age of four-to-six months, the child needs other foods in addition to breastmilk.

○ Breastmilk alone is the best food for a young baby. At about the age of four-to-six months, other foods should be added. But breastfeeding should continue.

○ The baby should be breastfed before being given other foods so that the mother will have more breastmilk for a longer period.

○ Boiled, peeled and mashed vegetables should be added to a young child's gruel or other weaning food at least once each day.

○ The greater the variety of foods the child eats, the better.

4

A child under three years of age needs food five or six times a day.

○ A child's stomach is smaller than an adult's so a child cannot eat as much as an adult at one meal. But its energy needs, for its size, are greater. So the problem is how to get enough energy food into the child. The answer is: –

○ Feed the child frequently – five or six times a day

○ Enrich the child's gruel or porridge with mashed vegetables and a little oil or fat

○ A child's food should not be left standing for hours. Germs can grow in it which may make the child ill. As it is usually not possible to cook fresh food for a child five or six times a day, dried foods or snacks should be given in between meals – fruits, bread, patties, biscuits, nuts, coconut, bananas or whatever clean food is easily available. Breastmilk is also an ideal 'snack' and is always clean and free from germs.

5

A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.

○ The family's normal food needs to be enriched to meet the special energy needs of the growing child. This means adding mashed vegetables and small amounts of fats or oils – butter, ghee, vegetable oil, soya oil, coconut oil, corn oil, ground-nut oil, or crushed nuts.

○ Breastmilk also enriches a child's diet and should continue, if possible, until well into the second year of a child's life.

6

All children need foods rich in Vitamin A.

○ Over 200,000 children go blind each year because they do not have enough Vitamin A in their bodies. Vitamin A may also protect children against other illnesses such as diarrhoea. It should therefore be a part of every child's daily diet.

○ Vitamin A comes from breastmilk, dark green leafy vegetables, and from orange or yellow fruits and vegetables such as carrots, papayas and mangoes.

○ If a child has had diarrhoea or measles, Vitamin A will be lost from the child's body. It can be replaced by breastfeeding more often, and by feeding the child more fruit and vegetables.

7

After an illness, a child needs extra meals to catch up on the growth lost during the illness.

○ One of the most important skills of a parent is the skill of stopping illnesses from holding back a child's growth. In times of illness, and especially if the illness is diarrhoea or measles, the appetite falls and less of the food that is eaten is absorbed into the body. If this happens several times a year, the child's growth will be held back.

○ So it is essential to keep on encouraging a child who is ill to take food and drink. This can be very difficult if the child does not want to eat, so it is important to keep offering the child the food he or she likes, usually soft, sweet foods, a little at a time and as often as possible. Breastfeeding is especially important.

○ When the illness is over, extra meals should be given so that the child 'catches up' on the growth lost. A good rule is to give a child an extra meal every day for at least a week after the illness is over. The child is not fully recovered from an illness until he or she is at least the same weight as when the illness began.

○ If illness and poor appetite persist for more than a few days, the child should be taken to a health worker.

○ It is also important to protect a child's growth by preventing illness: –

○ Give a child breastmilk alone for the first four-to-six months of life, then introduce other foods, and continue to breastfeed

○ Get your child fully immunized before the age of one year

○ Always use latrines and keep hands, food and kitchens clean

8

Talking, playing, and showing love are essential for a child's physical, mental and emotional growth.

○ In addition to physical needs, the child also has two other needs which are vital to his or her mental and emotional development:

The need for attachment

○ All children need a close, sensitive and loving relationship with the adult or adults who care for them.

○ From the very first day of life, an infant is capable of giving and receiving affection and building a relationship. This relationship, and the feeling of being loved and wanted, is vital to the inner development of the child. It is the basis for the development of the child's sense of security,

confidence, and the ability to cope well with other people and the world at large.

○ From the consistent words and actions of parents, a child gains a feeling of security, learns what is expected in human relationships, and develops a clear sense of what is right and wrong.

○ Anger and violence in the child's family are damaging to the child's inner development.

○ The relationships established very early in life help to set the pattern for relationships in adult life.

The need for stimulation

○ The mind of a child, as well as the body, needs help to grow. The three most important 'foods' for the growth of the mind are language, play, and love.

○ From its earliest months, a child needs to be 'bathed in words', cuddled, smiled at, listened to, and encouraged to respond by noise and movement. All children need to interact with other people. They need people to touch, talk to, laugh with, smile at, respond to and get responses from.

○ Lack of attention makes a child unhappy. A neglected child loses interest in life, has less appetite, and may fail to grow normally in mind or body.

○ Children learn by doing. So as the child grows, he or she needs freedom to explore and to play. Play is not pointless. It is one of the most essential parts of growing up. It helps to develop mental, social, and physical skills – including talking and walking. It helps children grow in curiosity, competence, and confidence. It digs the foundations for school-work and for learning the skills necessary in later life.

○ Play does not always mean solving problems or achieving aims set by adults. The child's own play is just as important.

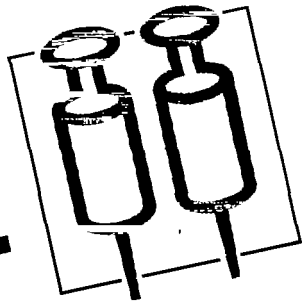
○ Encouraging play by providing materials and ideas is one of the most important skills of bringing up a child. Play materials do not have to be expensive. Empty boxes or household objects are as good as expensive toys. Imaginative play, for example when children pretend to be adults, is very important to a child's development.

○ Children need help to develop creativity. They need to be challenged to find solutions to problems and decide which solutions are best. The child needs to put his or her ideas and decisions into practice and see what happens – in safety.

○ Singing songs and learning rhymes, drawing pictures and reading stories aloud help the child's mind to grow and prepares the way for learning to read and write.

○ For healthy growth, all children need praise and recognition for their efforts.

What every family and community has a right to know about



Immu-nization

Note to communicators

Without immunization, an average of three out of every hundred children born will die from measles. Another two will die from whooping cough. One more will die from tetanus. And out of every two hundred children, one will be disabled by polio.

The four prime health messages in this chapter can help to prevent these tragedies.

Children can be protected against these diseases by vaccines.

But even when the service is available, many of the infants who need it are not brought for the full course of immunizations.

It is therefore essential that all parents know why, when, where, and how many times their infants should be immunized.

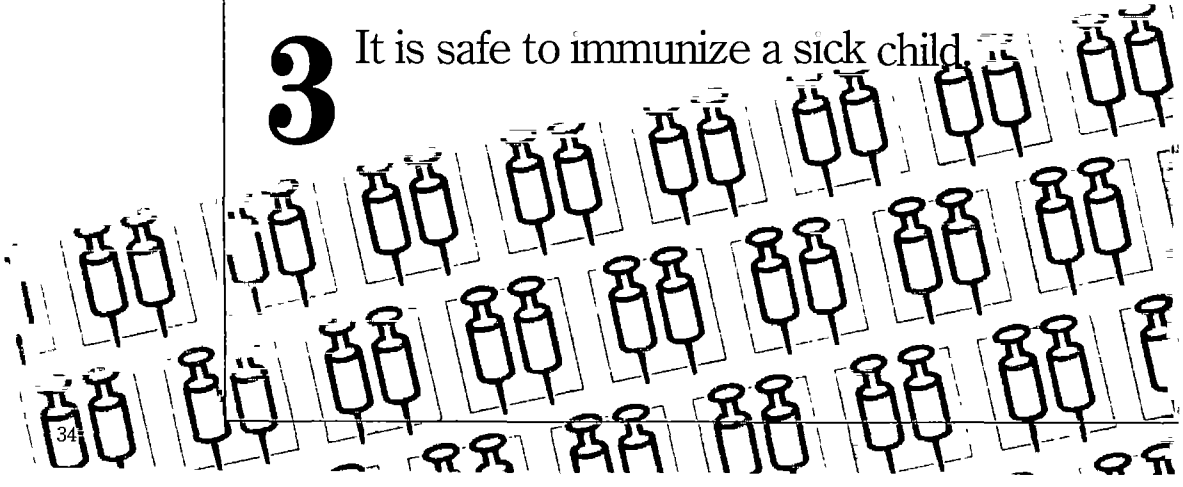
If the health service does not provide immunization, parents should ask for it through their community organizations.

Immunization Prime Messages

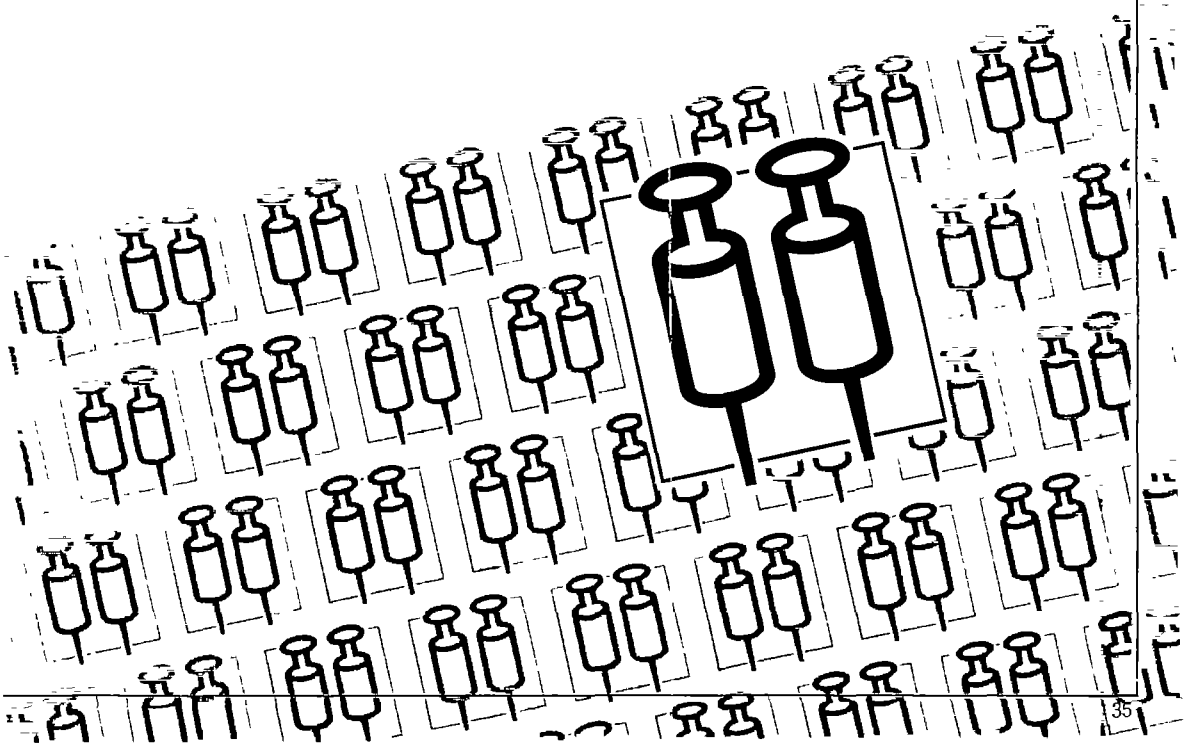
1 Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become undernourished, to become disabled, and to die.

2 Immunization is urgent. All immunizations should be completed in the first year of the child's life.

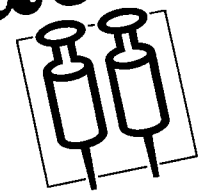
3 It is safe to immunize a sick child.



4 Every woman between the ages of 15 and 44 should be fully immunized against tetanus.



Immunization Supporting Information



1

Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become undernourished, to become disabled, and to die.

○ Immunization protects children against some of the most dangerous diseases of childhood. A child is immunized by vaccines which are injected or given by mouth. The vaccines work by building up the child's defences. If the disease strikes before a child is immunized, immunization is too late.

○ A child who is not immunized is very likely to get measles and whooping cough. These diseases can kill. But even children who survive these diseases are weakened by them and may die later from malnutrition or other illnesses.

○ Measles is also an important cause of malnutrition, mental retardation, and blindness.

○ An unimmunized child will almost certainly be infected with the polio virus. And for every 200 children who are infected, one will be crippled for life.

○ Tetanus germs grow in dirty cuts and kill most of the people who become infected – if they are not immunized.

○ Breastfeeding is a kind of natural immunization against several diseases. Some of the mother's resistance to disease is passed to the child in her breastmilk, and especially in the thick yellow milk (called colostrum) which is produced during the first few days after the birth.

2

Immunization is urgent. All immunizations should be completed in the first year of the child's life.

○ It is vital to immunize children early in life. Half of all deaths from whooping cough, one third of all cases of polio, and a quarter of all deaths from measles, occur before the age of one year.

○ It is vital for infants to complete the full course of immunizations,

otherwise the vaccines may not work. Some vaccines need to be given only once. Others have to be given three times, with a gap of at least four weeks between each dose.

○ The important thing for parents to know is that a child should be taken for immunization five times in the first year of the child's life:–

○ At birth, or as soon as possible afterwards, babies should be immunized against tuberculosis. The first dose of polio vaccine can also be given at this time.

○ At the age of six weeks, parents should bring their babies for a first immunization against diphtheria, whooping cough, and tetanus. These three vaccines are given together in a single injection called 'DPT'.

○ At the ages of 10 and 14 weeks, parents should return for their infants to have two more doses of DPT vaccine. A dose of polio vaccine should also be given on each of these visits.

○ As soon as possible after the age of nine months, parents should bring their babies for immunization against measles.

○ Measles is one of the most dangerous of all childhood diseases. For the first few months of life, the child has some natural protection against measles, inherited from the mother. This interferes with the measles vaccine. But after about nine months, natural protection comes to an end. The child is now at risk from measles and can and should be immunized. So it is vital to take a child for measles vaccination as soon as possible after the age of nine months.

○ If for any reason a child has not been fully immunized in the first year of life, it is vital to have the child immunized as soon as possible thereafter.

	Immunization schedule for infants*
AGE	**DISEASE TO BE IMMUNIZED AGAINST**
Birth	Tuberculosis (and polio in some countries)
6 weeks	Diphtheria, whooping cough, tetanus, polio
10 weeks	Diphtheria, whooping cough, tetanus, polio
14 weeks	Diphtheria, whooping cough, tetanus, polio
9 months	Measles (12–15 months in industrialized countries)
	* National immunization schedules may differ slightly from country to country.

3

It is safe to immunize a sick child.

○ One of the main reasons why parents do not bring their children for immunization is that the child has a fever, a cough, a cold, diarrhoea, or

some other mild illness on the day the child is to be immunized. Even if the child with a case of mild illness or malnutrition is brought for immunization, health workers may advise against giving the injections. This is wrong advice. It is now known that it is safe to immunize a child who is suffering from a minor illness or malnutrition, and, where diseases such as measles or whooping cough remain dangerous, every opportunity should be taken to do so.

○ After an injection the child may cry, develop a fever, a rash or a small sore. As with any illness, a child should be given plenty of food and liquids. Breastfeeding is especially helpful. If the problem seems serious or lasts more than three days, the child should be taken to a health centre.

4

Every woman between the ages of 15 and 44 should be fully immunized against tetanus.

○ In many parts of the world, mothers give birth in unhygienic conditions. This puts both mother and child at risk from tetanus, a major killer of the new-born. If the mother is not immunized against tetanus, then one baby in every hundred will die from the disease.

○ Tetanus germs grow in dirty cuts. This can happen, for example, if an unclean knife is used to cut the umbilical cord or if anything unclean is put on the stump of the cord. (Anything used to cut the cord should first be cleaned and then boiled or heated in a flame and allowed to cool.)

○ If the tetanus germs enter the mother's body, and if she is not immunized against tetanus, then her life will also be at risk.

○ Mothers can protect themselves – and their new-born babies – against tetanus by making sure that they are immunized before or during pregnancy. All women of child-bearing age should be immunized against tetanus, and every woman who becomes pregnant should make sure she is immunized.

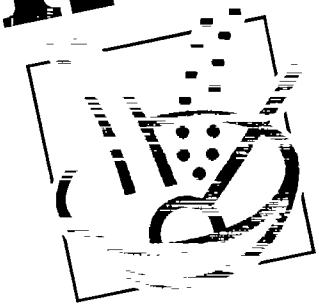
○ If a woman is not already immunized, a first dose of tetanus vaccine should be given as soon as pregnancy is known. The second dose can be given four weeks after the first, and should be given before the last two weeks of the pregnancy.

A third dose should be given 6 to 12 months after the second dose, or during the next pregnancy.

These three tetanus vaccinations protect the mother, and her new-born babies, for five years. All infants should be immunized against tetanus during the first year of life.

What every family and community has a right to know about

Diarrhoea



Note to communicators

Diarrhoea causes dehydration, which kills approximately 3.5 million children every year. Diarrhoea is also a major cause of child malnutrition.

The seven health messages in this chapter can help parents and communities to prevent almost all of these deaths and most of the malnutrition caused by diarrhoea.

The main causes of diarrhoea are poor hygiene and lack of clean drinking water. It is the responsibility of government to support the community in tackling these basic problems.

Diarrhoea Prime Messages

1 Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.

2 When a breastfed child has diarrhoea, it is important to continue breastfeeding.

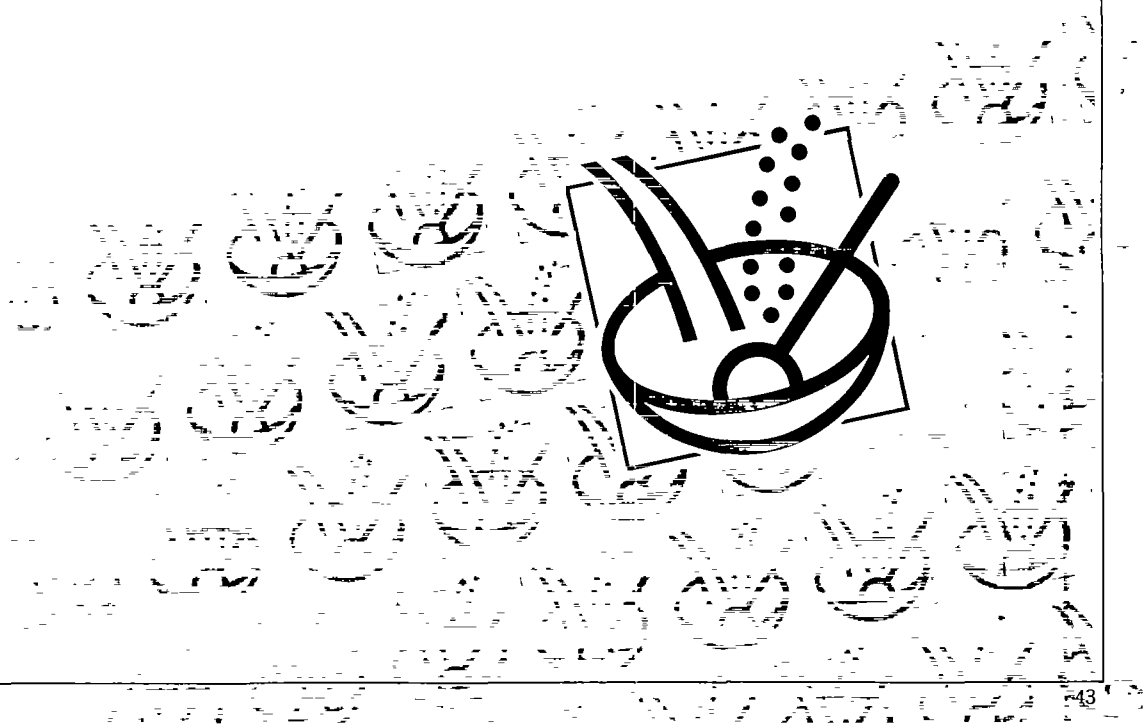
3 A child with diarrhoea needs food.

4 Trained help is needed if diarrhoea is more serious than usual.

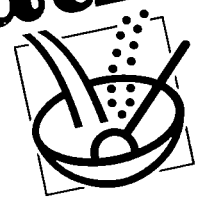
5 A child who is recovering from diarrhoea needs an extra meal every day for at least a week.

6 Medicines should not be used for diarrhoea, except on medical advice.

7 Diarrhoea can be prevented by breastfeeding, by immunizing all children against measles, by using latrines, by keeping food and water clean, and by washing hands before touching food.



Diarrhoea Supporting Information



1

Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.

○ Diarrhoea is dangerous. Roughly one in every two hundred children who get diarrhoea will die from it.

○ Most often, diarrhoea kills by dehydration, which means that too much liquid has been drained out of the child's body. So as soon as diarrhoea starts, it is essential to give the child extra drinks to replace the liquid being lost.

○ Suitable drinks to prevent a child from losing too much liquid during diarrhoea are:–

- Breastmilk
- Gruels (diluted mixtures of cooked cereals and water)
- Soups
- Rice water

○ In almost all countries, special drinks for children with diarrhoea are available in pharmacies, shops, or health centres. Usually, these come in the form of packets of oral rehydration salts (ORS) to be mixed with the recommended amount of clean water (see box). Although these 'salts' are specially made for the treatment of dehydration, they can also be used to prevent dehydration.

Do not add ORS to liquids such as milk, soup, fruit juice or soft drinks.

○ An effective drink for diarrhoea can also be made by using eight level teaspoons of sugar and one of salt dissolved in one litre of clean water.

○ If none of these drinks is available, other alternatives are:–

- Fresh fruit juice
- Weak tea
- Green coconut water

○ If nothing else is available, give water from the cleanest possible source (if possible brought to the boil and then cooled).

○ To prevent too much liquid being lost from the child's body, one of these drinks should be given to the child every time a watery stool is passed:–

- Between a quarter and a half of a large cup for a child under the age of two
- Between a half and a whole large cup for older children

○ The drink should be given from a cup (feeding bottles are difficult to clean properly). If the child vomits, wait for ten minutes and then begin again, giving the drink to the child slowly, small sips at a time.

○ Extra liquids should be given until the diarrhoea has stopped. This will usually take between three and five days.

ORS – a special drink

A special drink for diarrhoea can be made by using a packet of oral rehydration salts (ORS). This drink is used by doctors and health workers to treat dehydrated children. But it can also be used in the home to prevent dehydration. To make the drink:

- Dissolve the contents of the packet in the amount of water indicated on the packet. If you use too little water, the drink could make the diarrhoea worse. If you use too much water, the drink will be less effective.
- Stir well, and give to the child to drink in a cup.

2

When a breastfed child has diarrhoea, it is important to continue breastfeeding.

○ When a breastfed child has diarrhoea, breastfeeding should continue, and if possible increase. If the child cannot suck, it is best to squeeze out the breastmilk and feed it to the child with a clean cup.

○ If the child is being fed on milk powder solutions or cow's milk, more liquid should be given by adding twice the usual amount of clean water to the child's normal feed.

3

A child with diarrhoea needs food.

○ It is often said that a child with diarrhoea should not be given any food or drink while the diarrhoea lasts. This advice is wrong. Food can help to stop the diarrhoea. Also, diarrhoea can lead to serious malnutrition unless parents make a special effort to keep feeding the child during and after the illness.

○ A child with diarrhoea usually has less appetite, so feeding may be difficult at first. But the child should be tempted to eat frequently, by offering small amounts of his or her favourite foods.

○ Children who eat solids should be given soft, well-mashed mixes of cereal and beans, or cereal and well-cooked meat or fish. Add one or two teaspoonfuls of oil to cereal and vegetable mixes if possible. Also good for the child are yoghurt and fruits (especially brightly coloured fruits such as bananas, mangoes and pineapples). Foods should be freshly prepared and given to the child five or six times a day.

4

Trained help is needed if diarrhoea is more serious than usual.

○ Parents should seek help from a health worker without delay if the child: –

- Becomes dehydrated. Some signs of dehydration are: –
  Sunken eyes
  Extreme thirst
  No tears when the child cries
- Has a fever
- Will not eat or drink normally and vomits frequently
- Passes several watery stools in one or two hours
- Passes blood in the stool (a sign of dysentery)

○ If a child has any of these signs, qualified medical help is needed quickly. The doctor or health worker will give the child a drink made with special oral rehydration salts (see box). In the meantime, keep trying to make the child drink liquids.

5

A child who is recovering from diarrhoea needs an extra meal every day for at least a week.

○ Extra feeding after the diarrhoea stops is vital for a full recovery. At

this time, the child has more appetite and can eat an extra meal a day for at least a week. This will help the child to catch up on the food 'lost' while the child was ill and the appetite was low. A child is not fully recovered from diarrhoea until he or she is at least the same weight as when the illness began.

○ Breastfeeding more frequently than usual also helps to speed up recovery.

6

Medicines should not be used for diarrhoea, except on medical advice.

○ Most medicines for diarrhoea are either useless or harmful. The diarrhoea will usually cure itself in a few days. The real danger is usually not the diarrhoea but the loss of liquids from the child's body.

○ Do not give a child tablets or other medicines for diarrhoea unless these have been prescribed by a trained health worker.

7

Diarrhoea can be prevented by breastfeeding, by immunizing all children against measles, by using latrines, by keeping food and water clean, and by washing hands before touching food.

○ Diarrhoea is caused by germs from faeces entering the mouth. These germs can be spread in water, in food, on hands, on eating and drinking utensils, by flies, and by dirt under fingernails. To prevent diarrhoea, the germs must be stopped from entering the child's mouth.

○ Poverty and lack of basic services such as clean drinking water mean that many families find it difficult to prevent diarrhoea. But the most effective ways are: –

○ Give breastmilk alone for the first four-to-six months of a baby's life (breastmilk helps to protect babies against diarrhoea and other illnesses).

○ At the age of four-to-six months, introduce clean, nutritious, well-mashed, semi-solid foods and continue to breastfeed.

○ If milk-powder solution or cow's milk has to be used, give it to the child from a cup rather than a bottle.

○ Use the cleanest water available for drinking (water from wells, springs or rivers should be brought to the boil and cooled before use).

○ Always use latrines to dispose of faeces, and be sure to put children's faeces in a latrine, or bury them, immediately (children's faeces are even more dangerous than those of adults).

○ Wash hands with soap and water immediately after using the latrine and before preparing or eating food.

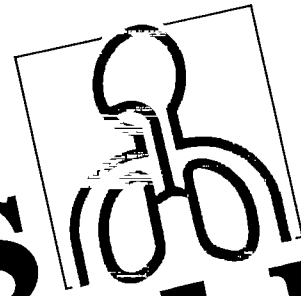
○ Cover food and drinking water to protect it from germs.

○ If possible, food should be thoroughly cooked, and prepared just before eating. It should not be left standing, or it will collect germs.

○ Bury or burn all refuse to stop flies spreading disease.

○ Measles frequently results in serious diarrhoea. Immunization against measles therefore also protects a child against this cause of diarrhoea. There is no vaccine to prevent ordinary diarrhoea.

What every family and community has a right to know about



Coughs and Colds

Note to communicators

Coughs and colds can become pneumonia, which kills approximately 2 to 3 million children each year (not counting the 1 million pneumonia deaths which are a result of measles and diphtheria and which can be prevented by immunization).

The four prime health messages in this chapter could help parents to save most of those lives, at very low cost.

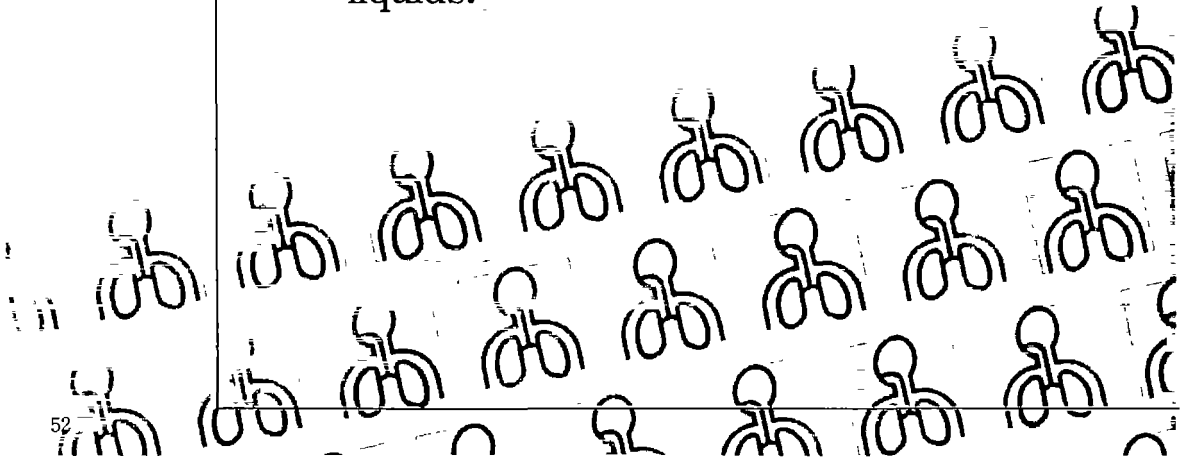
All parents should now know what to do about coughs and colds – and when it is essential to get trained medical help. All health workers should now have access to the low cost drugs which can prevent pneumonia deaths.

Coughs and Colds
Prime Messages

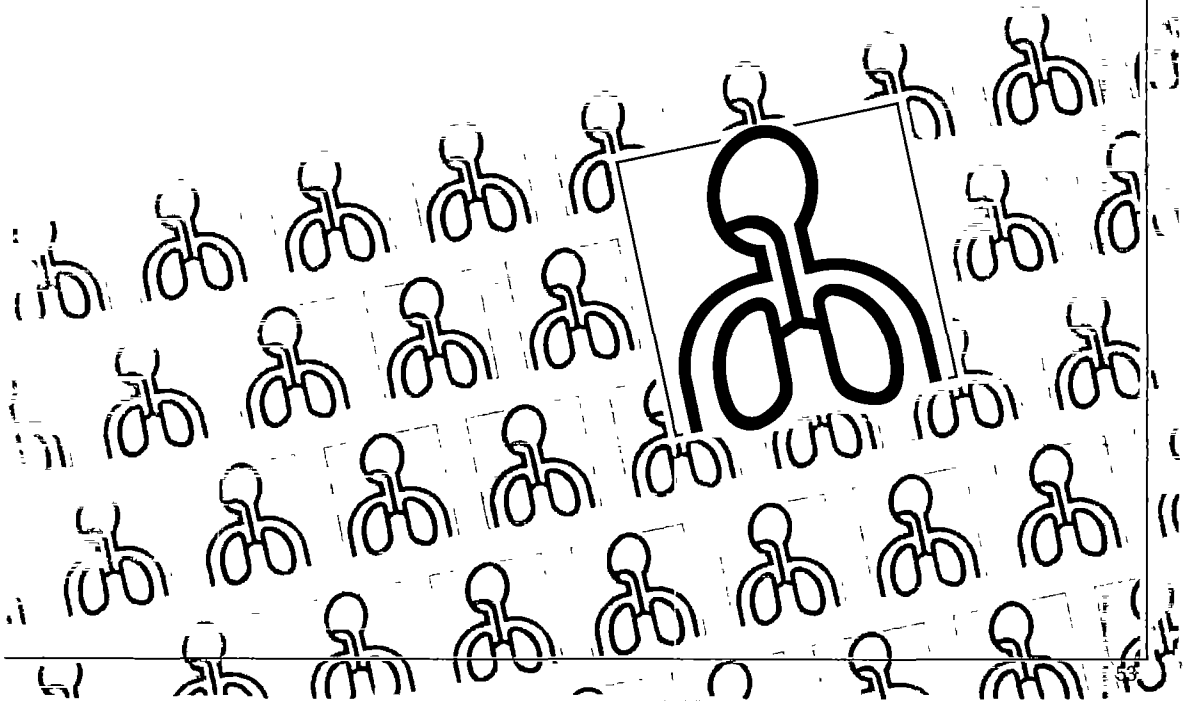
1 If a child with a cough is breathing much more rapidly than normal, then the child is at risk. It is essential to get the child to a clinic quickly.

2 Families can help prevent pneumonia by making sure that babies are breastfed for at least the first six months of life and that all children are well-nourished and fully immunized.

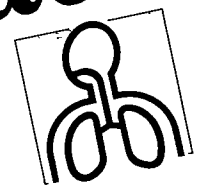
3 A child with a cough or cold should be helped to eat and to drink plenty of liquids.



4 A child with a cough or cold should be kept warm but not hot, and should breathe clean, non-smoky air.



Coughs and Colds Supporting Information



1

If a child with a cough is breathing much more rapidly than normal, then the child is at risk. It is essential to get the child to a clinic quickly.

○ Most coughs and colds, sore throats and runny noses will get better by themselves. But sometimes pneumonia develops and threatens the child's life. Millions of child deaths from pneumonia could be avoided if: –

○ Parents know when a cough or cold is becoming a serious infection which needs medical attention.

○ Medical help and low-cost drugs are available.

○ Parents of a child with a cough should know that it is essential to get the child to a clinic or a trained health worker quickly if: –

○ The child is breathing much more rapidly than normal (over 50 times a minute).

○ The lower part of the child's chest (the area between the two halves of the child's rib cage) goes in as the child breathes in instead of expanding outwards as normal.

○ The child is unable to drink anything.

○ If a child is breathing normally, coughs and colds and runny noses can be treated at home without drugs. Most medicines sold for coughs and colds are useless or harmful.

2

Families can help prevent pneumonia by making sure that babies are breastfed for at least the first six months of life and that all children are well-nourished and fully immunized.

○ **Breastfeeding**

Breastmilk helps to protect against infections. On average, babies who are

bottlefed have twice as many bouts of pneumonia as babies who are breastfed. It is particularly important to give breastmilk alone for the first four-to-six months of a baby's life.

○ **Feeding**

At any age, a child who is well-fed is less likely to become seriously ill or to die because of pneumonia.

○ **Vitamin A**

Vitamin A, from orange or yellow fruits and dark green leafy vegetables, also helps to protect against pneumonia.

○ **Immunization**

Immunization should be completed before the child is one year old. The child will then be protected against some of the most common causes of serious respiratory infections, including whooping cough, tuberculosis and measles.

○ **Crowding**

Overcrowding helps the spread of coughs and colds. At night, infants who are breastfed can sleep with the mother. But older children should be encouraged to sleep on their own.

3

A child with a cough or cold should be helped to eat and to drink plenty of liquids.

○ The important things to remember when treating a child at home are:–

○ **Continue feeding**

A breastfed child with a cough or cold may be difficult to feed. But feeding helps both to fight the infection and to protect the child's growth. So it is important to persist in frequent attempts to give breastmilk. Often, clearing the child's blocked nose will help the child to suck. If a child cannot suck, it is best to squeeze out the breastmilk and feed the child from a clean cup.

Children who are not being breastfed should be coaxed into eating frequent small amounts. Periods of 'starvation' caused by illness and lost appetite are a major reason for poor growth. When the illness is over, a child should be fed an extra meal each day for a week. Recovery is not complete until the child is at least the same weight as when the illness began.

○ **Give plenty of fluids**

All children with coughs and colds need to drink plenty of liquids.

4

A child with a cough or cold should be kept warm but not hot, and should breathe clean, non-smoky air.

○ Keep warm not hot

Babies and very young children lose their heat easily, so it is important to keep them covered and warm, but not too hot or too tightly wrapped.

Fever is not always a sign of severe illness. But if a child has a fever, paracetamol (or other temperature-reducing medicine) can be given.

○ Help in breathing

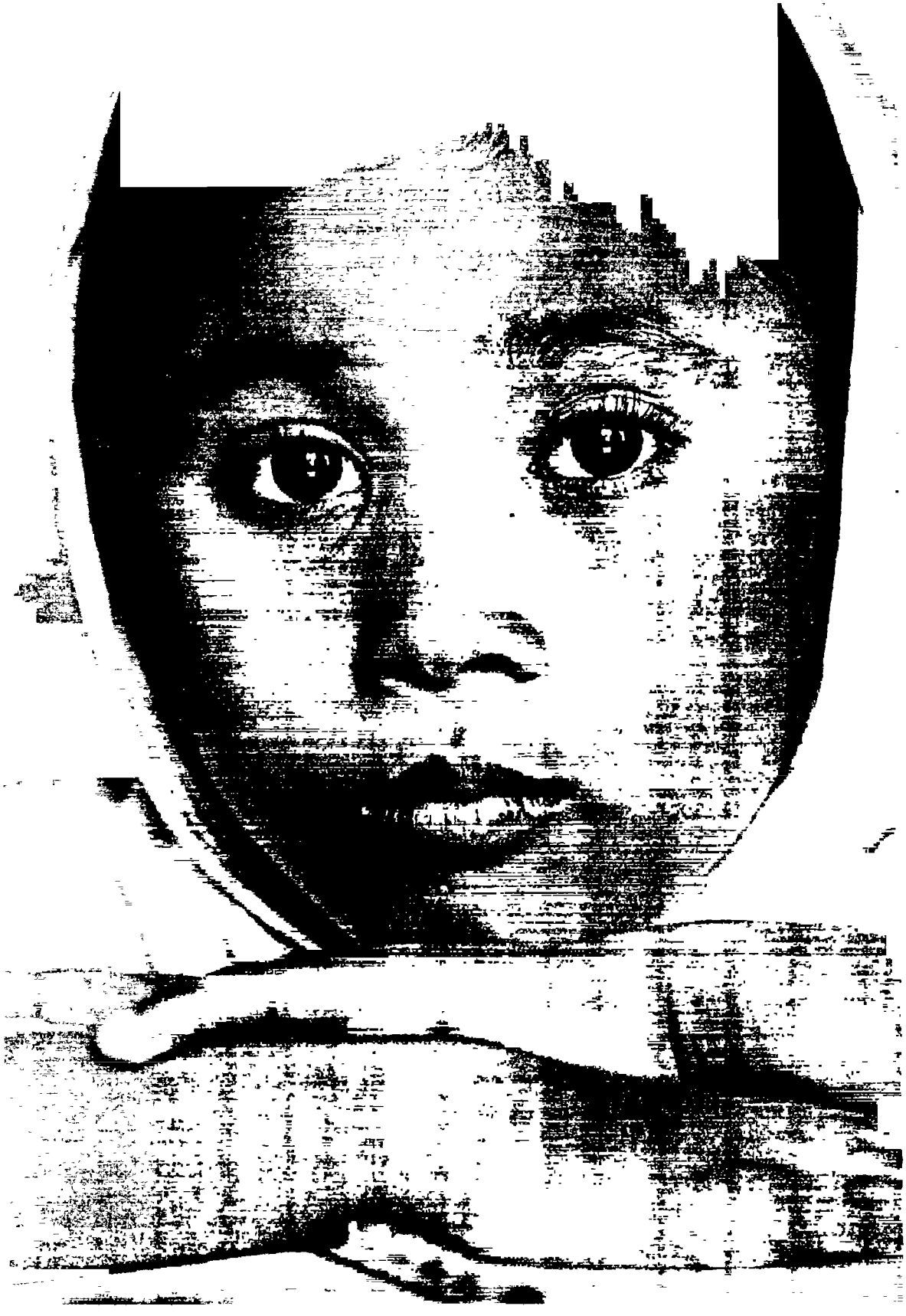
A child's nose should be frequently cleared, especially before breastfeeding or when being put to sleep. Young babies should be allowed to sleep lying on the stomach. A moist atmosphere can help to ease breathing. It can also help if the child inhales water vapour from a bowl of hot but not boiling water.

The air in the child's room should be kept fresh by opening a door or window two or three times a day, but a child with a cough or cold should be kept away from draughts.

○ Clean air

Children who live and sleep in smoky surroundings, either because of cooking fires or tobacco smoking, are more likely to get pneumonia.

Spitting and sneezing by other people close to children also increases the risk. People with coughs and colds should be kept away from young babies.



What every family and community has a right to know about

Hygiene

Note to communicators

More than half of all illness and death among young children is caused by germs which get into the child's mouth via food and water. The six prime messages of this chapter can help families and communities to prevent the spread of germs and so reduce illness and deaths.

It is important to stress that these messages, to be fully effective, must be acted upon by everyone in the community.

In communities without latrines, without safe drinking water, and without safe refuse disposal, it is very difficult for families to prevent the spread of germs. It is therefore also vital for the government to support communities by providing – as a minimum – the materials and technical advice needed to construct latrines and improve drinking water supplies.

To demand such services, communities need to know the facts about how illness is spread.

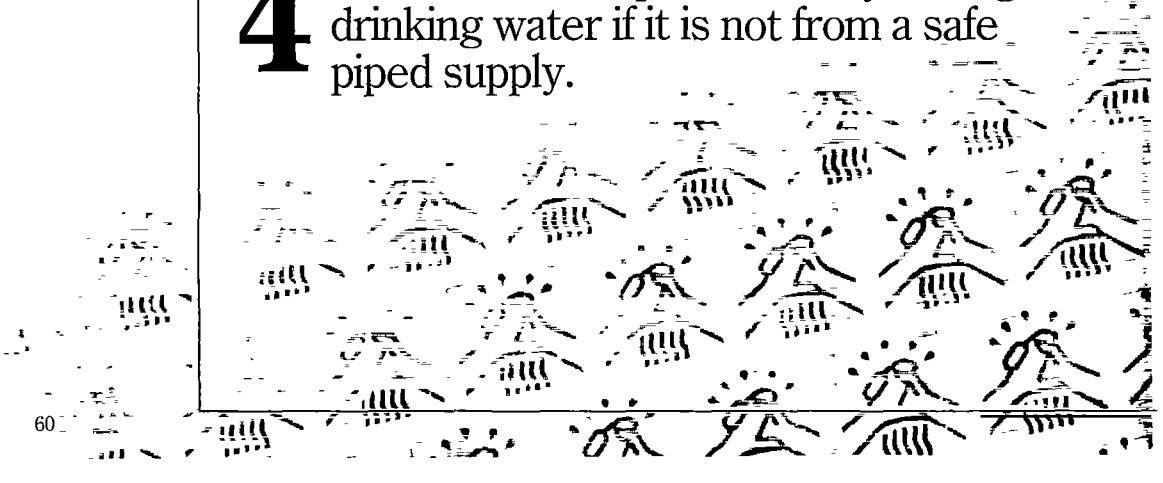
Hygiene Prime Messages

1 Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food.

2 Illnesses can be prevented by using latrines.

3 Illnesses can be prevented by using clean water.

4 Illnesses can be prevented by boiling drinking water if it is not from a safe piped supply.



5 Illnesses can be prevented by keeping food clean.

6 Illnesses can be prevented by burning or burying household refuse.

Hygiene Supporting Information

1

Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food.

○ Washing hands with soap and water removes germs from the hands. This helps to stop germs from getting onto food or into the mouth. Soap and water should be easily available for all members of the family to wash their hands.

○ It is especially important to wash hands after defecating, before handling food, and after cleaning the bottom of a baby or child who has just defecated.

○ Children often put their hands into their mouths. So it is important to wash a child's hands often, especially before giving food.

○ A child's face should be washed at least once every day. This helps to keep flies away from the face and prevent eye infections. Soap is helpful for washing, but not absolutely essential.

2

Illnesses can be prevented by using latrines.

○ The single most important action which families can take to prevent the spread of germs is to dispose of faeces safely. Many illnesses, especially diarrhoea, come from the germs found in human faeces. People can swallow these germs if the germs get into water, onto food, onto the hands, or onto utensils and surfaces used for preparing food.

○ To prevent this happening: –

○ Use latrines.

○ If it is not possible to use a latrine, adults and children should defecate well away from houses, paths, water supplies, and anywhere that children play. After defecating, the faeces should be buried. Contrary to common belief, the faeces of babies and young children are even more dangerous than those of adults. So even small children should be taken to use the

latrine. If children defecate without using a latrine, then their faeces should be cleared up immediately and either put down the latrine or buried.

- Latrines should be cleaned regularly and kept covered.
- Keep the faeces of animals away from homes and water sources.

3

Illnesses can be prevented by using clean water.

○ Families who have a plentiful supply of safe piped water, and know how to use it, have fewer illnesses.

○ Families without a safe piped water supply can reduce illnesses if they protect their water supply from germs by: –

- Keeping wells covered
- Keeping faeces and waste water (especially from latrines) well away from any water used for cooking, drinking, bathing or washing
- Keeping buckets, ropes and jars used to collect and store water as clean as possible (for example by hanging up buckets rather than putting them on the ground)
- Keeping animals away from drinking water

○ Families can keep water clean in the home by: –

- Storing drinking water in a clean, covered container
- Taking water out of the container with a clean ladle or cup
- Not allowing anyone to put their hands into the container or to drink directly from it
- Keeping animals out of the house

4

Illnesses can be prevented by boiling drinking water if it is not from a safe piped supply.

○ Even if water is clear, it may not be free from germs. The safest drinking water is from a piped supply. Water from other sources is more likely to contain germs.

○ Boiling water kills germs. So, if possible, water drawn from sources such as ponds, streams, springs, wells, tanks or public standpipes should be brought to the boil and cooled before drinking. It is especially important to boil and cool the water which is given to babies and young children, because they have less resistance to germs than adults.

○ If boiling is not possible, store drinking water in a closed or covered

container of clear plastic or glass, and leave it standing in sunlight for two days before using it.

5

Illnesses can be prevented by keeping food clean.

○ Germs on food can enter the body and cause illness. But food can be kept safe by: –

○ Making sure that food is thoroughly cooked, especially meat and poultry.

○ Eating food soon after it has been cooked, so that it does not have time to go bad.

○ If food has to be kept for more than five hours, it should either be kept heated or kept cooled.

○ If already-cooked food is saved, it should be thoroughly re-heated before being used again.

○ Raw meat, especially poultry, usually contains germs. So it should not be allowed to come into contact with cooked meat. Utensils and food-preparing surfaces should be cleaned after preparing raw meats.

○ Keeping food-preparing surfaces clean.

○ Keeping food clean and covered and away from flies, rats, mice and other animals.

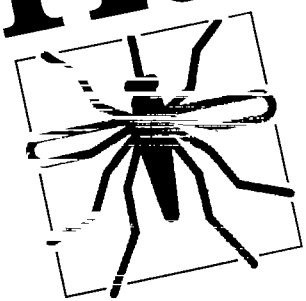
6

Illnesses can be prevented by burning or burying household refuse.

○ Germs can be spread by flies, which like to breed in refuse such as food scraps and peelings from fruit and vegetables. Every family should have a special pit where household refuse is buried or burned every day.

What every family and community has a right to know about

Malaria



Note to communicators

In areas where malaria is common, all families and communities should have access to today's information on preventing and treating the disease.

The six prime health messages in this chapter could help to prevent the tragedy of 100 million malaria cases each year, causing hundreds of thousands of child deaths and many more cases of child malnutrition.

Communicators should also be aware that the effective prevention of malaria depends upon community action and government support.

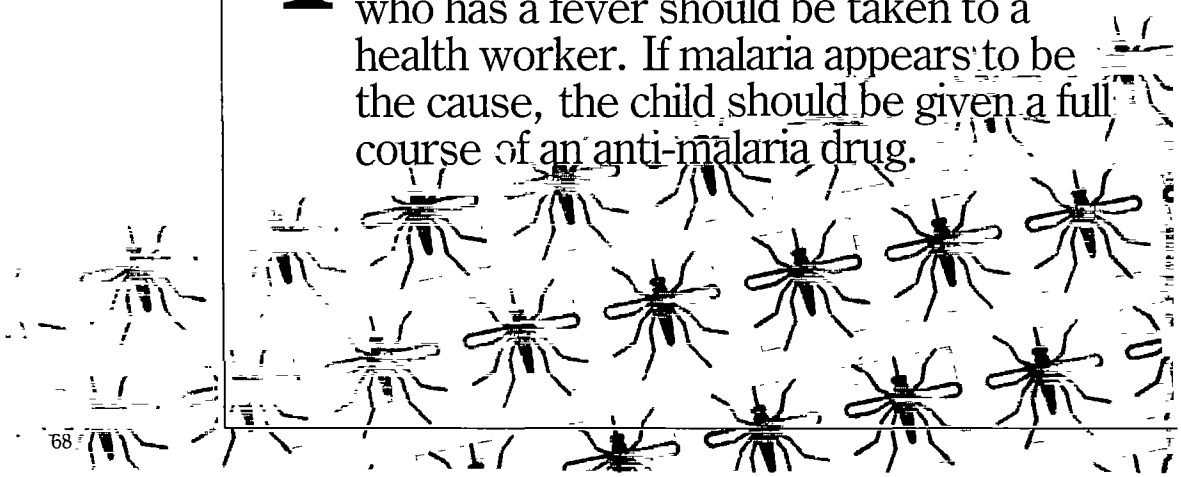
Malaria Prime Messages

1 Young children should be protected from mosquito bites, especially at night.

2 Communities should destroy mosquito larvae and prevent mosquitoes from breeding.

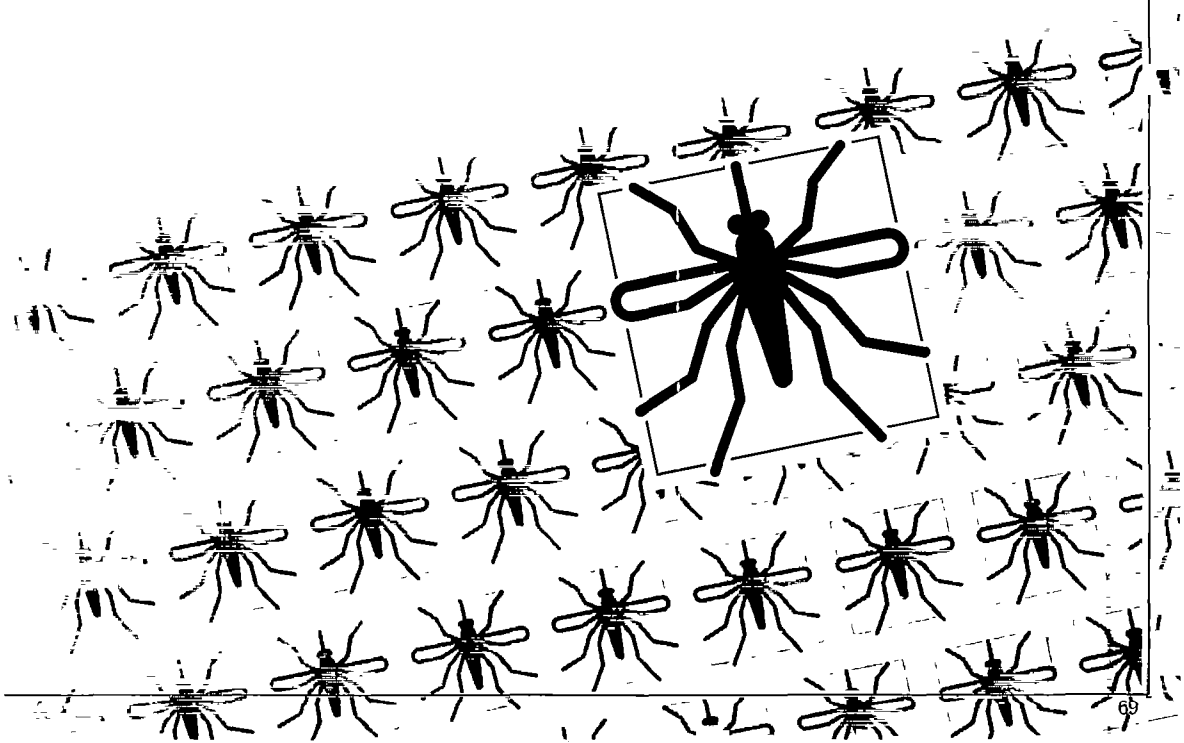
3 Wherever malaria is common, pregnant women should take anti-malaria tablets throughout pregnancy.

4 Wherever malaria is common, a child who has a fever should be taken to a health worker. If malaria appears to be the cause, the child should be given a full course of an anti-malaria drug.

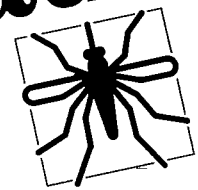


5 A child with a fever should be kept cool but not cold.

6 A child recovering from malaria needs plenty of liquids and food.



Malaria Supporting Information



1

Young children should be protected from mosquito bites, especially at night.

○ Malaria is spread by the bite of a mosquito. Care should be taken to keep mosquitoes away from young children. There are several ways of doing this: –

- By using bed nets (preferably impregnated with a mosquito repellent)
- By using fumigants such as mosquito coils
- By putting screens on house windows and doors
- By killing mosquitoes in the house

○ All members of the community should be protected against mosquito bites. A mosquito can take malaria from an infected person and pass it on to someone who is uninfected.

2

Communities should destroy mosquito larvae and prevent mosquitoes from breeding.

○ Mosquitoes breed wherever stagnant water can collect: in ponds, swamps, pools, pits, drains, sometimes even tin cans and hoof-prints. They may also breed along the edges of streams. Filling in or draining places where water collects, or spreading oil on ponds and swamps, can kill the mosquito larvae.

○ Regular clean-ups of the neighbourhood help reduce mosquito breeding.

3

Wherever malaria is common, pregnant women should take anti-malaria tablets throughout pregnancy.

○ Pregnant women are more than twice as likely to suffer from malaria.

The disease is also more dangerous during pregnancy. It can lead to severe anaemia ('thin blood'), and may cause a miscarriage, premature birth, or still–birth. Babies born to women with malaria are also very likely to be small, weak, and vulnerable to infections.

○ Pregnant women can be effectively protected against malaria by taking anti-malaria tablets regularly throughout pregnancy.

○ Anti-malaria tablets should be obtained from a clinic or health worker as not all anti-malarials are safe to take during pregnancy.

4

Wherever malaria is common, a child who has a fever should be taken to a health worker. If malaria appears to be the cause, the child should be given a full course of an anti-malaria drug.

○ A child with a fever, believed to be caused by malaria, should be given a course of anti-malaria tablets. This course may last between one and ten days (young babies may be given an anti-malaria syrup).

○ A child should be given the full course of treatment, even if the fever disappears rapidly.

○ Even if malaria is common, unaffected children should not take anti-malaria tablets every day, as this may prevent the child from building up a natural resistance to malaria.

5

A child with a fever should be kept cool but not cold.

○ Children with fever should be kept cool by: –

- Giving a temperature-reducing medicine (such as paracetamol)
- Sponging or bathing with cool (not cold) water
- Not putting too many clothes or blankets on the child

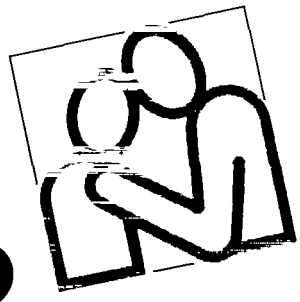
6

A child recovering from malaria needs plenty of liquids and food.

○ Malaria burns up energy and the child loses a lot of liquid through sweating. As soon as the child can take food and drink again, these losses should be replaced. Plenty of food and liquid, when the child is recovering from malaria, will help to prevent malnutrition and dehydration.

What every family and community has a right to know about

Aids



Note to communicators

Acquired Immune Deficiency Syndrome, or AIDS, is a new global problem. Every nation is threatened by it, and as many as 5 to 10 million people may already be infected with the AIDS virus world-wide. It kills by damaging the body's defences against other diseases. As of 1989, there is no known cure.

Increasing numbers of babies are being born with the AIDS virus and many millions of children will be orphaned by it.

The five prime health messages in this chapter, if known about and acted on by all, could drastically reduce the future scale of this tragedy.

At the moment, the only effective weapon against the spread of AIDS is public education. That is why every person in every country should know how to avoid getting and spreading the AIDS virus.

AIDS Prime Messages

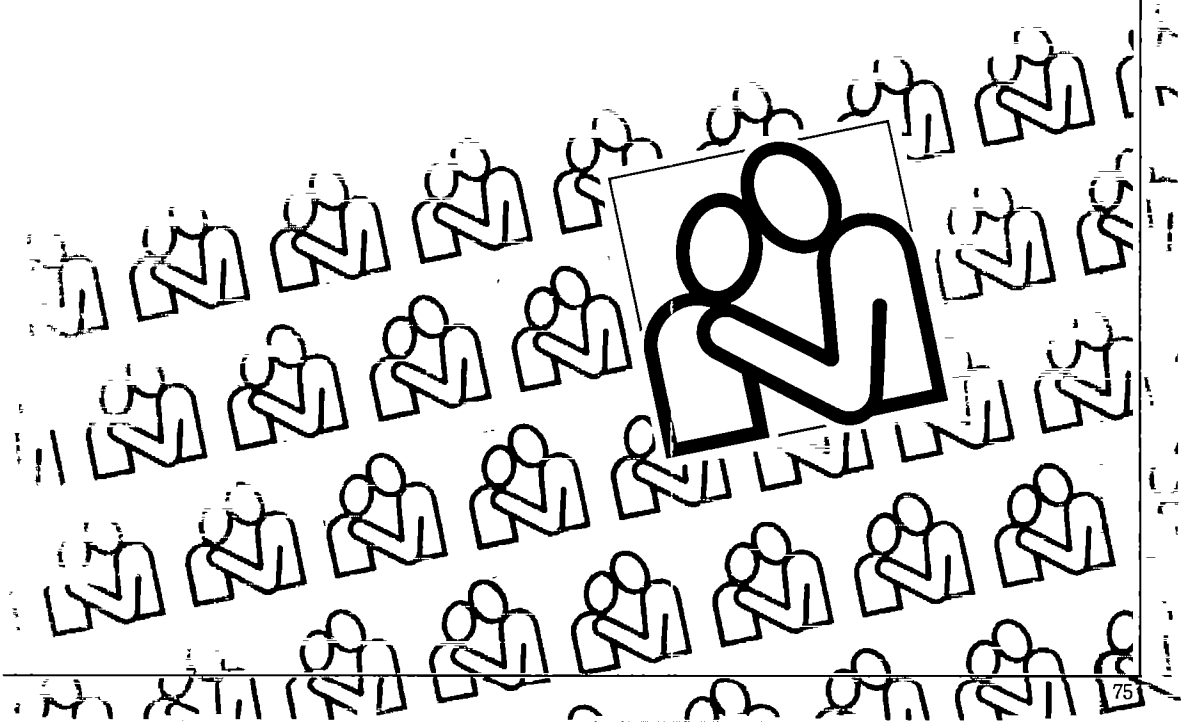
1 AIDS is an incurable disease which can be passed on by sexual intercourse, by infected blood, and by infected mothers to their unborn and newborn children.

2 Safe sex means being sure that neither partner is infected, remaining mutually faithful, and using a condom if in doubt.

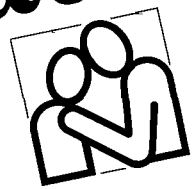
3 Any injection with an unsterilized needle or syringe is dangerous.

4 Women with the AIDS virus should avoid becoming pregnant.

5 All parents should tell their children how to avoid getting AIDS.



AIDS Supporting Information



1

AIDS is an incurable disease which can be passed on by sexual intercourse, by infected blood, and by infected mothers to their unborn and newborn children.

○ AIDS is caused by a virus which damages the body's defence systems. People who have AIDS die because the body can no longer fight off other serious illnesses.

○ Not everybody with the AIDS virus has developed AIDS. But anybody with the AIDS virus can infect others.

○ There are no obvious signs that a person has the AIDS virus. They may look perfectly normal and healthy.

○ Anyone who suspects that he or she may have the AIDS virus should seek out an AIDS testing centre. It is vital for those who have the virus to receive advice and to learn how to avoid passing it to others.

○ The AIDS virus can only be passed from one person to another in a limited number of ways:–

○ By the blood or semen or vaginal fluid of an infected person passing into the body of another person. The AIDS virus can therefore spread by sexual intercourse. It can be passed from man to man, man to woman, and woman to man.

○ By the self-injection of drugs. The sharing of unsterilized needles or syringes for the purpose of injecting drugs is another common way in which the AIDS virus is spread, particularly in the industrialized countries.

○ By blood transfusions, if the blood used has not been tested.

○ By an infected woman to her unborn or new-born child.

○ There is a remote risk from sharing tooth brushes and razors, though there are no known cases of the AIDS virus being passed on in this way.

○ It is not safe to use unsterilized equipment for ear-piercing, tattooing, facial marking, or acupuncture.

○ A mother with the AIDS virus should continue to breastfeed her baby.

There is a very small risk that the AIDS virus could be passed on to the baby by breastfeeding. But the risks of bottlefeeding a baby are known to be very much greater, especially in a poor community.

○ It is not possible to get the AIDS virus from being near to or touching those who have the AIDS virus. Hugging, kissing, shaking hands, coughing and sneezing will not spread the disease. The AIDS virus cannot be transmitted by toilet seats, telephones, plates, glasses, spoons, towels, bed linen, swimming pools or public baths.

○ National child immunization programmes use needles which are sterilized between each use and are therefore safe. All infants should be taken for a full course of immunizations in the first year of life.

○ Other injections are often unnecessary as many useful medicines can be taken by mouth. Where injections are necessary, they should be given only by a trained person using a sterilized needle and syringe.

2

Safe sex means being sure that neither partner is infected, remaining mutually faithful, and using a condom if in doubt.

A guide to safer sex

○ The best way to avoid AIDS is to stay in a mutually faithful relationship with an uninfected partner.

○ The more sex partners you have, the greater the risk of having sex with someone who is infected.

○ The more partners your partner has, the greater the risk that you will be infected.

○ Unless you and your partner have sex only with each other, and are sure you are both uninfected, you should protect yourselves by using a condom (a sheath or rubber).

○ The following kinds of sex are much more risky than others: –

- Anal intercourse (in which the penis enters the rectum or back passage)
- Any sexual practice which causes even slight bleeding
- Sex with male or female prostitutes
- Sex with any persons who inject themselves with drugs

3

Any injection with an unsterilized needle or syringe is dangerous.

○ Drug abuse, involving the sharing of unsterilized needles or syringes by

two or more persons, is one of the main ways in which the AIDS virus is spread in the industrialized countries.

○ A needle or syringe can pick up small amounts of blood from the person being injected. If that person's blood contains the AIDS virus, and if the same needle or syringe is used for injecting another person without being sterilized first, then the AIDS virus can be injected.

○ Self-injection with drugs is in itself dangerous. But because of the additional risk of AIDS, those who do inject drugs should never use another person's needle or syringe or allow their own needle or syringe to be used by anyone else.

○ Those who inject drugs are therefore particularly at risk from AIDS. So are those who have sex with those who inject drugs.

4

Women with the AIDS virus should avoid becoming pregnant.

○ Women with the AIDS virus have about a 50% chance of giving birth to a baby who will also have the AIDS virus. Most babies with the virus will die before they are three years old.

○ Women who know or suspect that they have the AIDS virus should therefore avoid becoming pregnant.

○ In some countries, tests are available to people who are concerned that they might have the AIDS virus. A woman who wants to have a baby, but suspects that she may have the AIDS virus, should try to have the test first. This is especially important if she lives in an area where many people have AIDS.

5

All parents should tell their children how to avoid getting AIDS.

○ Apart from protecting yourself and your partner, you can also help to protect your children against AIDS by making sure they know the facts about how to avoid getting and spreading the disease.

○ In this way, everyone can help in the world-wide effort to stop the AIDS virus from spreading to the new generation.

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- FACTS FOR LIFE brings together today's vital information on child health. But it can only be put at the disposal of the majority if literally thousands of organizations and institutions take on the communication challenge.
- All relevant international organizations are therefore invited to become partners in FACTS FOR LIFE. The names of new partners will be added to the list on pages v and vi in future printings.
- Any organization ordering copies of FACTS FOR LIFE may purchase them at the print cost of $1.00 per copy.
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