This chapter has information about the three body guards for keeping children healthy and safe: giving the right kind and the right amount of food, keeping them clean, and taking them for immunizations. It also provides information on preventing and treating illness.
1. Protecting children's health

Session objectives
By the end of the session, participants should be able to:

- List the 3 “body guards” that keep children healthy.
- Describe the best foods for children at different ages.

Session guide

1. **Ask**: What are signs that young children are healthy? (Possible answers: grow well, have a good appetite, are alert and responsive, etc.)

2. **Ask**: What are signs that our children are sick?

3. **Ask**: What causes our children to become sick? Be sure participants list: germs and not eating enough or not eating the right kinds of foods.

4. **Ask**: How can we help make sure our children are healthy and do not fall sick? After participants have given suggestions, which should include eating healthy food, staying clean, and going for immunizations, **explain**: There are three important “body guards” that keep children healthy. The three body guards are: eating the right kind and the right amount of food, staying clean, and going for immunizations.

**Explain** that in today’s session we are going to talk about feeding babies and young children. In later sessions we will talk about immunizations, staying clean, and preventing and treating illness.

5. **Ask**: In our community, what food is given to babies when they are first born? Allow participants to discuss. Then **ask**: What is the best food for babies when they are first born?

6. If there are differences between what participants list for what is given to children and what is best for children, **mention** them to the group and ask them to talk about why they are not the same.

**Explain** that mothers should begin breastfeeding their babies within the first hour of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods. This first milk has high levels of antibodies, vitamins, and other protective factors. The first milk is so healthy it is often called the baby’s first immunization. Starting breastfeeding soon after birth also reduces the chance the mothers will bleed to death.

7. **Ask**: What food do doctors and nurses recommend for babies? Explain that when health workers say breastmilk is the best for the baby, they mean giving only breastmilk for the first 6 months. This means the baby does not take any water, teas, uji, or food during this time – only breastmilk. Breastmilk is all babies need until 6 months of age. At 6 months, babies need to begin eating a variety of foods and continue breastfeeding.

8. **Ask**: Do you know anyone who has fed her child with only breastmilk for 6 months? Is this the common practice in our community? When do people start giving foods to children? Why do they start? Allow participants to discuss.
9. Share the following information:
   - Breastmilk is the best food for babies - it has all the nutrients and water a baby needs for the first 6 months.
   - Breastmilk protects against many diseases and illnesses.
   - Babies who are fed only breastmilk during the first 6 months of life are likely to have fewer infections and are more likely to survive.
   - Breastmilk is free, always available, and does not need any special preparation.
   - Giving only breastmilk is called exclusive breastfeeding. Exclusive breastfeeding for the first 6 months is not only the best food for babies, but it can also help reduce the chance of women become pregnant during that time.

10. Ask: Why don't women exclusively breastfeed for 6 months? What are things that we can do to help women to breastfeed exclusively for 6 months? Allow participants to discuss.

11. Ask: When should babies start eating food? What are the best first foods for babies? Allow participants to discuss.

12. After participants have discussed, explain: At 6 months all babies need to begin to eat soft foods. At this time breastmilk alone can no longer give the baby all of the energy, protein, and vitamins he or she needs. Additional food is needed for good nutrition, but babies still need breastmilk or other forms of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding. Parents can start by giving 1-2 teaspoons of semisolid food, for example porridge (uji) or mashed potato, and to add other foods to make good meals. By the age of eight months, babies also like foods they can hold themselves, such as a chapati or banana. By the age of 1 year, most children can eat the same foods as other family members.

13. Ask: What are examples of good foods for children at 6 months? How much should young children eat? How can we help children to eat? During the participants' discussion, be sure the following information comes out: Children need a variety of foods (including fat-rich foods; fresh fruits and vegetables of different colours; and eggs, milk foods, and meat, chicken, or fish every day or as often as possible).

Main messages

- Breastmilk ALONE is the only food and drink an infant needs for the first 6 months of its life.
- Women who are infected with HIV or suspect that they may be infected with HIV should consult a trained health worker for testing, counselling and advice on how to reduce the risk of infecting the child.
- Complementary foods should be introduced to babies from the age of 6 months, but breastfeeding should continue through the child's second year and beyond.
Activity: Infant feeding quiz

Read the following statements, one at a time, and ask the participants to answer true or false. After each statement, ask participants to discuss why the statement is true or false.

1. Women with small breasts have a hard time producing enough milk to satisfy their babies. False
2. Colostrum, or the yellow liquid that comes from the breast immediately after birth, is not really milk and shouldn’t be given to the newborn baby. False
3. By the time babies are three months old, milk will no longer satisfy them and they should be given porridge. False
4. Formula contains more vitamins and minerals and is more nutritious than breastmilk. False
5. Breastfeeding babies should be fed on a strict schedule — feeding them whenever they want spoils them. False
6. Breastfeeding babies immediately after birth causes pain to the mother, and should be avoided. False
7. Breastfeeding is more work than bottle feeding babies. False
8. If a mother has malaria, she should stop breastfeeding her baby. False
2. Immunization

Session objectives

By the end of the session, participants should be able to:

- List the benefits of immunization.
- Describe how immunizations work.
- Identify diseases that are preventable by immunization.
- Explain the immunization schedule.

Session guide

1. **Explain**: We have talked about how feeding children healthy foods can help keep their immune system strong and healthy. Ask: What is another way to prevent children from becoming ill? (Participants should mention immunizations. If they do not, introduce the topic.)

2. **Ask**: How do immunizations protect against diseases? [Answer: Children are immunized by vaccines, which are injected or given by mouth. The vaccines work by building up the body's defenses against disease. Immunization only works if given before the disease strikes.]

3. **Ask**: What immunizations should children get? When should they get them? [Refer people to the nearest health facility.]

4. **Ask**: What are reasons why people would not take their children to be immunized? What would you say to someone to encourage them to take their children for immunizations?

5. **Ask**: Are there any common beliefs or myths about immunizations in our community? What are they? What would you say to someone who told you they were not taking their child to be immunized because of their fears and beliefs around immunization?

6. **Explain** that it is safe to immunize a child even if he or she has an illness or disability or is malnourished. After an injection, the child may cry or develop a fever, a minor rash or a small sore. This is normal. Breastfeed frequently or give the child plenty of liquids and foods. If the child has a high fever, the child should be taken to a health center.

7. **Review** the following information about immunizations available in Kenya:

   **B.C.G.** protects against tuberculosis. This vaccine should be given when a baby is born or before he or she is two weeks old. Tuberculosis is an infection that is spread by coughing. It usually affects the lungs and can cause a high fever, sweats, and a deep cough. It can also affect the brain, bones, and other parts of the body.

   **Polio** protects against the disease, Polio. Unlike other immunizations, the polio vaccine is swallowed. The doctor or nurse drops it into the mouth. It should be given four times for the full immunization, when the child is born, then when it is six weeks old, then ten weeks old, and then when the baby is fourteen weeks old. Polio is spread through the faeces of infected people. It causes fever and may progress to meningitis and/or lifelong paralysis — where you cannot move.

   **DPT** is a vaccine that protects against Diphtheria, Pertussis (commonly called whooping cough), and Tetanus. DPT should be given when a baby is six weeks old, 10 weeks old, and 14 weeks old.
Diphtheria is an infection spread by coughing and sneezing that attacks the throat, mouth, and nose, making it hard to breathe and swallow. Pertussis, or whooping cough, is spread through coughing or sneezing. It causes very long spells of coughing that make it hard for a child to eat, drink, or even breathe. Tetanus is an infection caused by bacteria found in dirt or rusty metal. It enters the body through wounds or cuts. It can cause the muscles to move suddenly and if it attacks the jaw it causes lockjaw, so you cannot open and close your mouth.

Measles is one of the most dangerous of all childhood diseases. The measles vaccine only needs to be given once when the baby is 9 months old. Measles is caused by an infectious virus. It can cause a high fever, rash, and cold-like symptoms. It can lead to hearing loss, pneumonia, brain damage and even death. Measles spreads very easily. In fact, the measles virus can remain in the air (and be infectious) for up to two hours after a person with the disease has left the room.

HIB (Haemophilus Influenzae Type B) protects against HIB disease, which can cause meningitis and pneumonia. Meningitis is an inflammation of the brain. Pneumonia is an infection of the lungs and can cause a lot of swelling. HIB vaccine should be given when a baby is six weeks old, ten weeks old and fourteen weeks old.

Hep B vaccine protects against the Hepatitis B infection. Hep B vaccine should be given when a baby is six weeks old, ten weeks old, and fourteen weeks old. Hepatitis B is an infection of the liver. It can be passed from an infected mother to her newborn during childbirth and from one person to another through blood or body fluids. It causes extreme tiredness and jaundice (all the white parts on your body, like your eyes, teeth and nails, turn yellow). It can cause the liver to stop working.

8. Ask: Where can you take your children for immunizations? Has everyone had their children immunized? Why or why not? Allow participants to discuss.

Main messages

- All children should be immunized during the first year of life to protect against dangerous and deadly diseases.
- Immunizations should be given to a child by a health care provider.
  - Insist that a new or sterile needle and syringe be used for every person being immunized.
  - Immunizations are not harmful to babies.
- All children should be given vitamins, especially Vitamin A supplementation.
- Mothers and caregivers of children should get a child health card from the health.

Activities

Activity: Immunization true or false

Divide the group into four teams and ask each team to stand in a line. Read the following instructions for the game:

- A statement will be read out to a team. The team must decide if the statement is true or false and one team member gives the team’s answer.
• If they answer correctly, the team takes one step forward.
• If they can explain why the answer is true or false, they can take an extra step forward.
• If they answer incorrectly, they take one step backwards.
• The team that has taken the most steps wins.

If the team cannot explain their answer, another team can try for the extra point. When all statements have been answered, announce first, second, third and fourth places. This activity can be used to make sure that participants have an accurate understanding of the facts. Allow them to debate different points of view, but make sure that in the end they have the right information.

1. Immunization saves many lives each year.
   **True**  Immunizations save three million lives in the world each year.
2. It is best to immunize people when they are fully grown adults.
   **False**  The best time to immunize people is when they are babies. However, if you are an adult and you have not been immunized, you should still go to the health clinic.
3. Now, nobody dies from diseases that they could have been vaccinated against.
   **False**  About three million people die each year from diseases they could have been vaccinated against.
4. For each vaccination there should be a clean needle and syringe.
   **True**  It is very important that there is always a clean needle and syringe, otherwise germs spread and make you sick.
5. You cannot be immunised against polio.
   **False**  You can be immunized against polio and it is very important. The polio vaccine is given four times in the first fourteen weeks of a baby’s life. The polio vaccine is given by drops in the mouth.
6. A baby should not be vaccinated if they have a mild illness.
   **False**  It is safe for a baby to be vaccinated if they have a mild illness.
7. There are six major vaccines that babies should have.
   **true**  The vaccines are BCG, polio, DPT, Hep B, HIB, and measles.
8. It is best to give all immunizations in the first year of a child’s life.
   **True**  By nine months or soon after, a child should be fully immunized.
9. You just need one vaccination for each disease.
   **False**  Some immunizations need several doses before the child is fully protected from the disease. The Measles immunization is just one vaccination.
10. Immunizations are safe.
    **True**  Immunizations are safe and are getting more effective all the time.
11. To be fully immunized against some diseases you must have several vaccinations.
    **True**  For some immunizations you must have several vaccinations to be fully immunized.
12. You should be immunized against diseases when you are a baby.
    **True**  It is best to immunize people when they are babies before they come in contact with germs that can make them sick.
Activity: Immune system game

This activity demonstrates how the immune system tries to fight germs, and the importance of having enough antibodies and a strong immune system.

Ask for a volunteer. Explain to the group that this volunteer represents a person. Next ask for five other volunteers. Ask them to form a circle around the first volunteer. Once they are in the circle, ask them to link hands. Explain that they are antibodies and linked together, they are part of the human’s immune system.

Now ask for three volunteers to be the germs. Ask them to stand outside the circle of antibodies. Explain that the germs must now try to break through the antibodies and touch the human to infect them. The antibodies must try their hardest not to let the germ in - but they must stay with their hands linked.

Once the germs have broken through, ask for fourteen new volunteers. One of them should be the person, ten of them are now the antibodies, linked together making up the immune system, and the other three are the germs.

Repeat the game with the germs trying to break through the antibodies and the antibodies trying not to let the germ through to the human. It should be much harder and take longer for the germ to get through when there are more antibodies.

Once this has been done, get the group to sit down again.

To end the activity, ask: Was it easier for the germs to break the ring of antibodies the first or second time? Why?

Explain that we have seen that the body has ways of fighting the germs that cause diseases. Sometimes the immune system does not have the antibodies it needs and it is easier for the germs to get in and infect the person. So, we need lots of antibodies to fight disease.

This is how an immunization works. Immunizations help the immune system produce antibodies so that, if a germ tries to infect you, the immune system is strong enough to fight it. You may not even know that the battle is happening, since the antibodies should defeat the germ before infection. There are immunizations for some very dangerous diseases. If you are immunized against a disease, you are protected, so that the germs will not make you sick.

Activity: Danger signs quiz

Have participants conduct a timeline with parents of a young child who are thinking about whether or not to take their child for immunization.

The main participant in a Timeline session is called a key player. In this Timeline session the key players are the parents of the child. The crisis is deciding whether or not to take their child for immunization. Timeline will be used to examine both options. A crisis leads people to make behaviour choices that can change their lives permanently for the better or the worse. Timeline helps us to explore these options.

There are nine steps in a Timeline session

1. Prepare the setting. You will need a chair for the key players. Rearrange participants to clear space for a corridor equal to the length of the meeting space or room. This is called the Time Corridor. One end of the Time Corridor represents the moment the parents learned they were pregnant. The other end represents the key players’ future and their child’s future.
Somewhere between these two is the present moment, in which the decision about immunization has to be made.

2. Set up the present moment. Ask questions to help participants imagine and describe the key players’ current situation. Sample questions:
   - What are the people’s names? Where do they live?
   - How old are they?
   - What do they do for a living?
   - What is the child’s name?

   Place the chairs in the time corridor, with space to the front and the back. Explain to participants that this position represents the present moment. Ask the key players to sit in the chair.

3. Define the crisis. The parents are not sure whether or not to take their child for immunization. They have heard many myths about immunizations and think that it puts their child in danger.
   - What are the myths they have heard?
   - Who can they talk with about them?
   - How do they feel about making this decision?
   - What sort of life lies ahead for the parents? The child?

4. Explore the choices the key players have now.
   - What can they do now?
   - What is the best choice for them to make?
   - Why is it the best choice?
   - What choice would they actually make?

5. Explore the key players’ past. Move the chair back a few feet towards the past. Explore the key players’ lives and experiences at that time. Sample questions:
   - How did the parents feel when they found out they were pregnant?
   - What did they do to make sure they had a healthy pregnancy?
   - Where did the mother deliver the baby?

6. Discuss the causes of the current behaviour. Ask participants how the key players’ experiences and attitudes seem to have led to decisions they face. Sample question:
   - Why are the parents unsure about immunization?

7. Explore the future Timeline: Move the chair well beyond the present moment, and explain that this is the key players later in life if they decide not to immunize their child. Explore what life is like now for the key player. Sample questions:
   - How is the child?
   - Is he healthy?
   - Was he always healthy?
   - What happened when the child was unhealthy? Did the family have any problems?
   - Is the child still alive?

8. Explore the future Timeline: Now ask participants to talk about the future health of the child if they had decided to immunize the child.

9. Discuss consequences. Discuss how decisions about immunization can affect a child’s health and the entire family. Encourage participants to talk about the importance of immunization and common myths in the community.
3. Keeping children clean and healthy

Session objectives
By the end of the session, participants should be able to:
- Describe basic elements of cleanliness to avoid illness in children.
- Explain how to prepare ORS.
- List symptoms of malaria and malnutrition in children.

Session guide
1. Ask: How do we know when our children are sick? After participants discuss, explain: A healthy child gains weight steadily. When children eat enough nutritious food, and do not have a serious illness, they will gain weight every month. A child who gains weight more slowly than other children, stops gaining weight, or is losing weight is not healthy. He or she may not be getting enough of the right kinds of food, or he may have a serious illness, or both.

2. Ask: What are the three important “body guards” that parents should know about to keep their children healthy? [Answer: eating the right kind and amount of food, going for immunizations, and staying clean.] Remind participants that we have already talked about the first two, so today we are going to talk about keeping our children healthy by recognizing and treating illness and keeping clean.

3. Explain that in addition to eating healthy foods and getting immunizations to prevent disease, children need to keep clean so they can avoid illness and grow and develop properly. More than half of all childhood illnesses and deaths are caused by germs that get into children’s mouths through food or water or dirty hands. Many of these germs come from human and animal faeces.

4. Ask: How can we help our children to be clean and free of germs? Participants should mention:
   - Dispose of faeces in a safe way. It is best to use a latrine or toilet.
   - Everyone, even children, should wash their hands completely with soap and water after contact with faeces, before touching food, and before feeding children.
   - Only use water that is boiled or is from a safe source. Water containers need to be covered to keep the water clean.
   - Cook food until it is completely done.
   - Keep food, dishes, and utensils clean.
   - Throw away household waste in a garbage pit where trash is buried or burned every day.
   - Keep animals and birds outside the house day and night.
   - Children should wear shoes or sandals.
   - Wash children’s faces every day with soap and water to prevent eye infections.
   - Cut children’s fingernails very short.
   - Treat children quickly for scabies, ringworm, intestinal worms, and other infections that spread easily from child to child; and do not let them share clothing or bedding with others.
   - Do not let children put dirty things in their mouths or let animals lick their faces.
5. Ask: What are changes we can make in our own homes to make them cleaner and safer for ourselves and our families? Write down the changes participants list and check with them during the next session to see if they have done them.

6. Explain that when children have loose or watery stools, they have diarrhoea. If mucus and blood can be seen in the stools, they have dysentery. Ask: What causes diarrhoea?

7. Explain that diarrhoea is caused by swallowing germs from faeces or unclean water. The germs cause diarrhoea or vomiting that make the body lose important fluids and water that are needed to live. Children with dysentery (diarrhoea), should be taken to a health centre immediately. The greatest danger to children with diarrhoea is losing too much liquid from the body (called dehydration). Infants who are breastfed rarely get diarrhoea.

8. Ask: What is ORS? Has anyone used it? How do you prepare it? Has anyone ever prepared it? Allow participants to discuss and then share the information below.

![Rehydration Drink - To Prevent and Treat Dehydration]

9. Ask: What are other illnesses and diseases that are common among children in our community? [Participants will probably mention malaria, if not introduce it.]

10. Ask: What are signs that a child has malaria? [Answer: Fever, refusing to eat, vomiting, drowsiness, or fits.]

11. Ask: What do we do when we think a child has malaria? Allow participants to discuss and share examples. Explain: A child with a fever believed to be caused by malaria needs to get medicine from a health worker immediately. If children with a malarial fever are not treated within a day, they might die. It is important to finish all the medicine a health worker gives. Ask: Why might going to the kiosk or a chemist and buying a few tablets cause a child to become more sick? [Answer: If people take medicines for malaria and they do not have malaria, it can make the medicine not work when they take the medicines at a time when they actually do have malaria and it will not treat whatever they have now.]

12. Ask: What does malnourished mean? Allow participants to discuss, and then explain:

Not eating enough or not eating the right kinds of foods can cause people to be malnourished. When people are malnourished, their bodies are less able to fight off disease and infection. Children are especially affected when they do not eat properly. If a woman is malnourished during pregnancy, or
if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be fixed when the child is older; it will affect the child for the rest of his or her life.

13. Ask: How can we know if a child is malnourished? What are the signs? What should parents do if they think their child is malnourished? Allow participants to discuss. [Participants should mention sad, lack of desire to laugh and play; underweight; dark spots, peeling skin, or open sores; swollen feet (and sometimes the face); thin hair or loss of hair, not developing like other children, dry eyes, or blindness. Refer to information in background notes.]

14. Ask: What else can parents do to make sure their children are healthy and safe? Allow participants to discuss. They should mention watching young children carefully, keeping their environment safe, and keeping poisons, medicines, bleach, acid, and liquid fuels (such as paraffin) out of their reach and not storing them in drinking bottles.

Main messages

- Growth monitoring should be carried out monthly from birth to age two, and thereafter if a child has a health problem.
- Parents and caregivers should look out for the warning signs that show the child’s growth and development are poor, such as not gaining weight, always tired, or not wanting to play.
- Children must get good food, stimulation, and affection in order to develop socially, physically, and mentally.
- As soon as diarrhoea starts, it is essential that the child be given extra fluids as well as regular feeds.
- While recovering from diarrhoea, the child needs at least an extra meal every day for two weeks.
- Everyone’s hands should be thoroughly washed with soap or ash and water after touching faeces, and before touching food or feeding children.
- A child with a cough or cold should be kept warm and encouraged to eat and drink as much as possible.
- Sleeping under a treated mosquito net is the best way to prevent malaria. It is most important for children under five years of age and pregnant women to use insecticide treated mosquito nets.
- A child with a fever should be examined immediately by a trained health worker and receive treatment as soon as possible.
- Many serious injuries can be prevented if parents and caretakers watch young children carefully and keep their environment safe.
- Poisons, medicines, bleach, acid, and liquid fuels (such as paraffin) should not be stored in drinking bottles. All such liquids and poisons should be kept in clearly marked containers out of children’s sight and reach.
Background notes

There are three important “body guards” that parents should know about to keep their children healthy and avoid sickness. These include eating healthy food, staying clean, and going for immunization.

Not eating enough or not eating the right kinds of foods can cause people to be malnourished. Children are especially affected when they do not eat properly. When children are malnourished, their bodies are less able to fight off disease and infection. Not eating well, falling ill often, and not being cared after well can lead to young children being malnourished. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older – it will affect the child for the rest of his or her life. Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.

Healthy food for children

It is important that children eat the best foods they can get, so that they grow well and do not get sick. The best foods for children are different depending on the age of the child:

- In the first 6 months, giving only breastmilk is the best food for children. This means the child should not eat any other foods or drinks; not even water.
- From 6 months to 1 year: breastmilk and also other healthy foods – such as mashed up beans, eggs, meat, cooked fruits and vegetables, and grains.
- From 1 year on: each meal should include body-building and protective foods – especially milk and foods made from milk, eggs, chicken, fish, meat, beans, nuts, fruits, and vegetables. These should be balanced with plenty of energy foods like rice, maize, wheat, potatoes, or cassava.

Breastfeeding

Health experts agree that for the best possible health, every child should be breastfed, and should receive only breastmilk for the first 6 months of life. Infants who are not breastfed are twice as likely to die as those who are. Nature works to make sure this perfect food is available for newborns, and makes sure the breast produces enough milk to meet the needs of the growing infant. This session explains why breastfeeding is so important, and what mothers can do to help ensure breastfeeding is a positive experience for both herself and the baby.

Advantages of breastfeeding

There are many reasons why breastfeeding is better than bottle feeding. They include:

- Breastmilk is the most natural food for a baby, and is the easiest food to digest. Cow’s milk, on the other hand, does not have the right combination of vitamins, nutrients, and fats, and sometimes a human baby cannot even digest it. If infant formulas are not mixed correctly, they can be too weak and will not nourish the baby properly. Also, the breastmilk changes as the baby matures to meet the baby’s complete nutritional needs at that time.
- As long as the mother’s nipples are clean, breastmilk is always clean and free from germs that cause infection, and is always at the right temperature. Even if a mother is sick, her breastmilk is safe for the baby. But if formula is mixed with contaminated water or in a dirty bottle, it can give the baby diarrhoea.
- Breastmilk has antibodies which protect the baby from many types of infections and other illnesses, especially during the first 6 months. Formulas and the milk of animals do not contain these antibodies. That is why babies who get only breastmilk are healthier and have fewer attacks of diarrhoea than babies who are fed with artificial milk.
- Touching and looking at the baby during breastfeeding makes both mother and baby feel close and secure.
- Having the baby suck the breast immediately after birth helps the womb contract and push out the placenta. During the first few days after a baby is born, the baby’s sucking helps the womb return to its normal size.
• If a woman gives only breastmilk to her baby and breastfeeds whenever the baby wants to eat, ovulation and menstruation are delayed for about 6 months. The mother is therefore protected from getting pregnant again.

• Breastmilk is free and always available. Artificial milk is expensive and is not always available. It takes time to prepare artificial milk to bottle feed the baby, and few homes can afford the equipment and fuel to sterilize the bottle properly.

**When to start breastfeeding**

Breastfeeding should start as soon as the baby is born. Immediately after delivery, the mother should be given her baby to hold and put to her breast. The baby’s sucking has two advantages. First, it stimulates the womb to contract and therefore helps stop the bleeding. Second, it stimulates the milk to begin to flow from the breast.

For the first couple of days, the breasts will produce only the thick yellowish fluid called colostrum. Colostrum is very good for the babies; it is rich in antibodies, protein, minerals and important vitamins. Women often say they have no milk during this period, but they should not worry. The baby does not need much food or other liquids during the first two or three days. Early sucking also helps prepare the nipples for when the baby gets hungry and begins to suck hard. Usually, by the end of the second or third day, milk begins to flow from the breasts. The more often and the harder the baby sucks, the more the milk flows.

During the first few days, breastfeeding may cause some painful cramping of the womb and short flows of blood from the vagina. Although this is uncomfortable, this actually helps the womb return to its normal size and reduces overall blood loss. This discomfort soon stops.

**How often to breastfeed**

How often the baby is fed will depend on both the mother and the baby. There are no firm rules. It is more natural to feed the baby when he or she is hungry, rather than according to a certain time schedule. In the beginning, the baby may want to feed as often as 10-12 times a day, including at least three or four times during the night. This can seem demanding, but small frequent feedings are better for the baby. Also, the more often the baby breastfeeds, the more milk the mother produces.

**How long to breastfeed**

Breastfeeding can continue for as long as the mother feels comfortable doing it. In many countries, babies breastfeed for a year or more. For the first 6 months, the baby only needs breastmilk. There is no need for any other food or liquid, not even water; breastmilk contains everything the baby needs. After that time, the baby will need other foods in addition to breastmilk. Breastfeeding should continue for another 12-18 months while the child gets more and more solid foods. New foods should be introduced gradually.

**Reasons given for not breastfeeding and how to respond**

Mothers give many reasons why they do not think they can breastfeed. Some of them include:

• “My breasts are too small and cannot produce enough milk to satisfy the baby.” The amount of milk produced by the breasts does not depend on their size. Rather, it depends on how often and for how long the baby breastfeeds, and how soon after birth breastfeeding begins.

• “Breastfeeding tires me down too much.” Certainly, for working mothers, breastfeeding creates some challenges. But even if the mother breastfeeds only a few times a day after starting back to work, the baby continues to receive the benefits of breastfeeding and is usually healthier. Expressing milk from the breasts can help ensure that they continue to produce enough milk. If facilities are available, breastmilk can be refrigerated or frozen and given to the infant later.

• “Breastfeeding can be tiring.” That’s true, and breastfeeding may seem like a burden, especially when a woman is already tired after a day’s work. But, preparing artificial formula properly before giving it to the baby can be just as tiring (if not more tiring). Also, many women find breastfeeding relaxing; it gives them time to be close to the baby.
• "I'm sick and have to stop." If a woman gets sick, breastfeeding should continue for as long as possible. The baby probably will not catch the mother's illness. In fact, the baby receives protection from the mother because of the antibodies passed on through the breastmilk. A sick baby may eat less, but breastmilk is still the best food and the one the baby can digest most easily.

• "My baby must be weaned because I'm pregnant again." If the mother is eating a lot of healthy foods and she gets plenty of rest, she can continue to breastfeed for as long as she produces milk and feels able to do so.

**Complementary feeding**
At 6 months children should start to eat foods in addition to breastfeeding. Foods that are good for children at 6 months are:

• Rich in energy, protein and vitamins, especially iron, and are not watery (i.e., thick not thin porridges).

• Some fat-rich foods.

• Fresh fruits and vegetables of different colours.

• Eggs, milk foods, and meat, chicken, or fish every day or as often as possible.

• Easy to eat and digest (do not have bones or hard pieces).

• Prepared in a clean way.

• Are not too spicy or salty. Too much salt is bad for children.

Children who are breastfed need:

• 2-3 meals a day at ages 6-8 months.

• 3-4 meals a day at ages 9-24 months.

• 1-2 good snacks a day after the age of 6 months.

Examples of good snacks for young children are:

• Fruits like mango, paw paw, banana, and avocado.

• Boiled egg.

• Boiled, pasteurized or soured animal milk.

• Chapati or bread with peanut butter or margarine or dipped in milk.

• Small pieces of boiled or fried cassava, matooke, or sweet potatoes.

Young children are often slow and messy eaters. They are easily distracted, causing them to eat less. They eat more when their parents watch them and encourage them to eat. This is very important from 6 months to 3 years of age. From about 3 years of age, most children can feed themselves. Families should continue to encourage children at mealtimes, especially if they are sick. If families eat from the same pot, give young children their own plate or bowl to watch how much they eat.

**Children over 3 years of age**
By the age of 3 years, most children can feed themselves. But families should continue to watch and encourage children at mealtimes, especially if they are sick. Give the family meals that contain a variety of different foods and are not too spicy, sugary, or salty. Give 3 meals and 1-2 snacks a day. Where families eat from the same pot, it is a good idea to give young children their own plate or bowl so they receive their share of the food.

**Immunization**

**Infection**
Infectious diseases are caused by very small organisms commonly called germs. Germs are so small they are invisible, except through a powerful microscope. There are different types of germs, such as bacteria and viruses, and they infect humans in different ways.
Germs go through a journey before they infect someone. The first step is the place the germ begins. Germs can be found in many places, such as soil, water, rusty metal, humans, dogs, rats, and insects.

Malaria is a common disease spread by a mosquito. The germ that makes us sick from malaria spends part of its life in mosquitoes, and then enters a person through a mosquito bite. The mosquito is the starting place, or host, for the germ that causes malaria in people.

Next, the germ has to travel from its starting place to the next place. The malaria germ travels from the mosquito to the human through the mosquito bite. Germs often travel from one human to another through the nose or mouth. For example, when someone has a cold and sneezes without covering his or her mouth, particle droplets containing the cold virus are shot out from the nose and mouth at 160 kilometres per hour. This sneeze, which can then travel into someone else’s breathing space, is the way the germ travels from its first place to the next place.

The next stage is where it enters the body of the human. This can be a break in our protective “armour” such as a cut in the skin, or through openings like the nose or mouth. This is the place the germ enters to reach the new person. Once the germ enters a human body, it begins trying to infect that person. Luckily, humans have an immune system, which is the body’s way of fighting off germs. To fight germs, the body produces something called antibodies. These antibodies are programmed to recognize specific germs and fight them. They usually remain in the body, even after the germ has been defeated or the disease is gone, and protect that person from getting the disease again.

**Vaccines**

Some major diseases, such as measles, polio and tetanus can be prevented by taking a special medicine called a vaccine, before you get the disease. When a doctor gives a vaccine, the doctor is vaccinating the baby. Or we say that the doctor is immunizing the baby. Vaccines are usually given to people when they are small babies – before they come across the germs that can make them sick. It is important to have them when they are babies because their bodies are weaker then and they can get very sick from diseases.

All immunizations should be given in the first year of a child’s life. But you can have immunizations at any time. It is never too late, people can be immunized at any time and should go to the nearest clinic or health centre. Immunizations are free. The medicine, called a vaccine is either given by an injection using a needle and syringe (often called shots or jabs) or some vaccines are given as drops that go into the mouth. Vaccines make the body think that a certain disease is invading it, so the body reacts by producing antibodies. Then, if the disease is around the child later, he or she is protected because they already have the antibodies.

Some vaccines like the measles vaccine must need one injection and you are protected. But, for others you must have a series of doses of the injection or drops. For example, polio must be taken in four doses and you must get the full course or you will not be fully immunized. It is very important that the whole course is finished otherwise the vaccines might not work.

**Keeping children healthy**

**Cleanliness**

Children are more likely to be healthy if their village, their homes, and they themselves are kept clean. When a child has loose or watery stools, he has diarrhoea. If mucus and blood can be seen in the stools, he has dysentery. Diarrhoea has many causes but the most common are infection, poor nutrition and lack of cleanliness.

The greatest danger to children with diarrhoea – especially if they are also vomiting – is dehydration, or losing too much liquid from the body. When this happens, give a rehydration drink. If the child is breastfeeding, continue giving breastmilk, but give rehydration drink also. Give the child sips of the drink every 5 minutes, day and night, until he begins to urinate normally. A small child needs at least 1 litre a day, or 1 glass for each watery stool. If the child does not improve after one week with ORS, take him or her immediately to a health centre for more treatment.
Malaria

Symptoms that a child has malaria include fever, refusing to eat, vomiting, drowsiness or fits. A child with a fever believed to be caused by malaria needs to be given immediate antimalarial treatment as recommended by a health worker. If children with a malarial fever are not treated within a day, they might die. A health worker can advise on what type of treatment is best and how long it should continue. A child with malaria needs to take the full course of treatment, even if the fever disappears rapidly. If the treatment is not completed, the malaria could become more severe and difficult to cure.

If the malaria symptoms continue after treatment, the child should be taken to a health centre or hospital for help. The problem may be:
- The child is not receiving enough medicine.
- The child has an illness other than malaria.
- The malaria is resistant to the medicine, and another medicine is needed.

Children with a fever should be kept cool for as long as the fever continues by:
- sponging or bathing with cool (not cold) water
- covering the child with only a few clothes or one blanket.

A child suffering or recovering from malaria needs plenty of liquids and food. Malaria uses a lot of energy, and the child loses a lot of body fluids through sweating. The child should be offered food and drink frequently to help prevent malnutrition and dehydration. Frequent breastfeeding prevents dehydration and helps the child fight infections, including malaria. Children with malaria should be breastfed as often as possible. Frequent malarial infection can slow children's growth and brain development and is likely to cause anaemia. A child who has had several bouts of malaria should be checked for anaemia (for more information, see the malaria chapter in this manual).

Malnutrition

Many children are malnourished because they do not get enough to eat. But some are malnourished because they eat a lot of starchy foods like maize, rice, and cassava and not enough body-building and protective foods like milk, eggs, meat, beans, fruits, and vegetables. Children younger than 1 year should eat at least 5 times a day and should also eat snacks in between meals.

A healthy child gains weight steadily. If he or she eats enough nutritious food, and if he has no serious illness, a child gains weight every month. A child who gains weight more slowly than other children, stops gaining weight, or is losing weight is not healthy. He or she may not be eating enough of the right kinds of food, or he may have a serious illness, or both. Regular weight gain is the most important sign that a child is growing and developing well. The child should be weighed during every visit to a health centre. It is important for parents to pay attention to their child's weight and growth. During the first year, children should be weighed each month. Parents should keep their child's health card and take it with them every time they go to a health centre. If parents or caregivers think their child is malnourished, they should take them to a health centre.

<table>
<thead>
<tr>
<th>Signs of malnutrition</th>
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<tbody>
<tr>
<td>Small, thin body</td>
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<tr>
<td>Big belly</td>
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<tr>
<td>Thin arms and legs</td>
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<tr>
<td>Loss of appetite</td>
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<tr>
<td>Loss of energy</td>
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<tr>
<td>Pale skin</td>
</tr>
<tr>
<td>Desire to eat dirt</td>
</tr>
<tr>
<td>Sores in the corners of the mouth</td>
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<tr>
<td>Sad, does not laugh or play</td>
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<tr>
<td>Sick often</td>
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<tr>
<td>Dark spots, peeling skin, or open sores</td>
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<tr>
<td>Swollen feet (and sometimes the face)</td>
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<tr>
<td>Thinness or loss of hair</td>
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<tr>
<td>Failure to develop normal intelligence</td>
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<tr>
<td>Dry eyes</td>
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<td>Blindness or night blindness</td>
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Gender and child health

Gender plays a role in child health in a number of ways. Women are typically given the responsibility for taking care of their children’s health. Women may therefore be in a better position to judge the state of their children’s health, and any possible changes. However, it is usually men who control the resources and make any final decisions regarding their children’s health, including any medical treatment needed. Women and men, husbands and wives need to discuss their children’s health and steps they will take to keep their children healthy. Gender may also play a role in determining whether parents place greater value on girls’ or boys’ health. Gender norms may lead parents to pay greater attention to their sons, ensure they are fed first or given more or better quality food. Parents should be encouraged to protect the health of both sons and daughters.

References


