

Children as Health Workers

CHAPTER 24

In villages and communities throughout the world, **young children are often cared for by their older brothers and sisters**. These young “child-minders” not only play with their smaller brothers and sisters, but carry them about and even bathe, change, and feed them. It is not unusual for a small child to spend more time under the care of an older sister or brother than with his mother or father.

In some areas, children—especially girls—do not attend school regularly because they are needed at home to watch the smaller children while their mothers work.

If children can learn more about how to protect the health of their younger brothers and sisters, they can make a big difference in the well-being and development of young children in their communities.



After their mother died, this young girl did her best to care for her baby brother. She knew little about his needs and how to care for him.

If health workers can help children to learn more about meeting the needs of their smaller brothers and sisters, this will do much to improve children's health.

CHILD-to-child

Some of the best ideas for teaching and involving children in health care have been developed through the CHILD-to-child Program.

CHILD-to-child is an international program designed to teach and encourage school-aged children to concern themselves with the health of their brothers and sisters. The children learn simple preventive and curative measures appropriate for their communities. They pass on what they learn to other children and to their families.



The CHILD-to-child Program first began in preparation for the International Year of the Child, 1979. David Morley (author of *Paediatric Priorities in the Developing World* and *See How They Grow*) brought together a group of health workers and educators from many countries. This international group designed an experimental series of activity sheets for children, to be tried out by teachers and health workers. The activity sheets are not intended as step-by-step instructions. Rather, they are suggestions for helping teach children about important health-related subjects.

CHILD-to-child activity sheets were written on many topics, including:

- Care of children with diarrhea
- Accidents
- Our neighborhood—making it better
- Looking after eyes
- Our teeth
- Playing with younger children
- A place to play
- Understanding children's feelings
- Caring for children who are sick



These and many other activity sheets are available free online: www.childtochild.org.uk/resources/mod/glossary/showentry.php?eid=9.

The activity sheets, written for use in many countries, must be adapted to local situations.

THE SOCIAL AND EDUCATIONAL VISION BEHIND CHILD-to-child

Some of us involved in CHILD-to-child see far more possible value in it than simply teaching children about the health needs of their younger brothers and sisters. The educational process that it encourages is equally important.



These are some of the social and educational principles behind CHILD-to-child:

- Children are not only a first priority for health work, but also an enormous resource as enthusiastic health care providers. With a little assistance, **children could soon do more to improve the well-being of their brothers and sisters than all doctors and health workers put together**—and at far lower cost.
- Through learning in an active, practical way about health care when young, children will become better parents. They will be more likely to meet the needs of their own children.
- CHILD-to-child can help introduce a liberating learning process into schools. It can help bring schooling closer to the needs of the children, their families, and their communities.
- It can also make children more aware of their own ability to change and improve their situation, through sharing and helping each other.

There are several ways that CHILD-to-child activities can help change or transform the schools:

- CHILD-to-child introduces into the classroom information and skills that children can use right away, in their homes, to benefit their younger brothers and sisters. Both children and teachers can discover the excitement of learning that has immediate value to families and the community. So a seed of change is sown. 
- In CHILD-to-child, children learn to work together and help each other. Older grades organize to help teach younger grades. Younger grades conduct activities (storytelling, puppet shows, seeing and hearing tests, etc.) with pre-school children. Everybody teaches and everybody learns from each other.
- There is no competition for grades, because in CHILD-to-child no grades are given (we hope!). **The children learn the importance of trying to help each other** rather than trying to end up on top of others. So another seed of change is sown. 
- CHILD-to-child emphasizes **learning through experience**. Rather than simply being told things, **the children conduct their own surveys, perform their own experiments, and discover answers for themselves**. They are encouraged to **think**, to **observe**, to explore, and to **invent**. This makes learning adventurous and fun. It helps the children develop ways of looking critically and openly at life. It encourages the independence of thought that helps form leaders in the process of change. And so another seed is sown. 

- Most important of all, CHILD-to-child is founded on the belief that **children are able to take on a responsible role in family health**. This means children are respected and trusted. They are valued not simply as future adults, but as useful, important persons in their own right. In this way, children gain a greater sense of personal worth and direction. They may grow up to be more loving human beings.

Through CHILD-to-child, at least part of the children's education will help them to help each other—so that everyone can move forward together. At least the seed will be sown.



THE ROLE OF HEALTH WORKERS IN CHILD-to-child

CHILD-to-child activities can be led by health workers, school teachers, parents, or anyone who likes working with children. But health workers can play an especially important role in promoting and developing CHILD-to-child and similar activities with children.

In Mexico, some *promotores de salud* (health promoters) have done this in several ways:

- They organize CHILD-to-child activities with children in the primary school (with the teacher's permission).
- They interest school teachers in conducting CHILD-to-child activities with their classes.
- They meet at the health post with children who do not attend school, so they, too, can take part in CHILD-to-child activities.



Health workers may also be able to work with children through local clubs and organizations (for example, Girl Guides or Boy Scouts).

In some countries, CHILD-to-child activities have been included in the official curriculum (study plan) for primary schools. Where this is the case, health workers can offer to work with the teachers. They can help both in developing the activities with the children and in adapting them to the needs of the community.

INVOLVING THE NON-SCHOOL CHILD

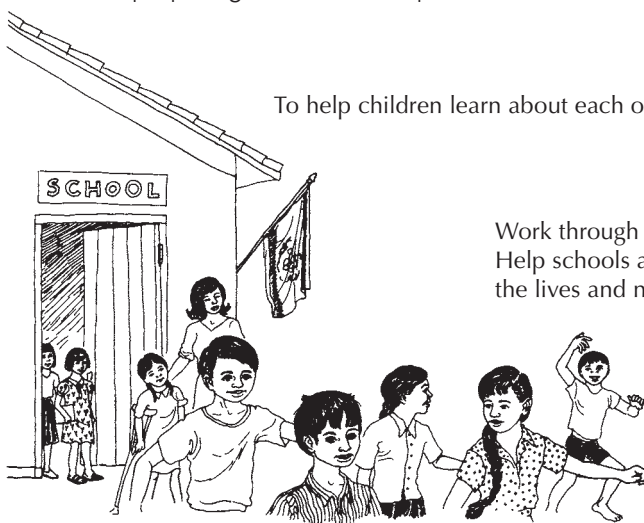
Some children often miss school because they are needed at home to care for younger brothers and sisters. Other children have to work to help their families earn a living. Health workers need to look for ways to reach these children who do not attend school. After all, they are the children who can benefit most from CHILD-to-child.

Encourage these children to come to the health post with their baby brothers and sisters, especially on days of baby weighing, under-fives clinic, or child nutrition programs. Or try to set up special meetings to involve them in CHILD-to-child activities. Invite parents and school children to help.

Some health programs have helped start day care centers for babies of working mothers. Such centers free more of the older children to attend school. Some of those who still cannot go to school may be able to help care for their younger brothers and sisters at the day care center. There they can be involved in CHILD-to-child activities.

Sometimes, **school children themselves can become the “teachers” of those who do not attend school.** If a health worker can help this to happen, he will not only be acting to solve immediate health problems. He will also be preparing children to help build a healthier community as they grow up.

To help children learn about each other's health . . .



Work through the schools when possible.
Help schools and teachers relate more to
the lives and needs of the children.

But do not forget about children who
cannot go to school because they have to
take care of the younger ones at home.



TIPS FOR TRYING OUT CHILD-to-child ACTIVITIES:

- Choose a place that is not too noisy or distracting.
- Start small, if possible with no more than 20 children.
- Allow enough time, so you do not have to rush.
- Have all materials ready ahead of time. Try to have enough so that all children can take part actively, instead of just watching.
- Use words familiar to the children. Avoid big scientific terms.
- Do not try to do too much at once. One activity sheet may have enough ideas to help you plan several meetings with the children.
- Before doing activities in a school, speak with the headmaster or teachers. Try to get their interest, understanding, and cooperation.
- Also discuss the activities with parents, so they will be more accepting of the children's new ideas. Perhaps some parents will want to help.

POSSIBILITIES FOR FOLLOWING UP CHILD-to-child ACTIVITIES:

- Older school children can lead activities with younger grades.
- School children can lead activities with pre-school and non-school children.
- Children can report back to the group about ways they have used their new knowledge at home and with younger children.
- Children's surveys can be repeated to check for improvements.
- Children can put on public skits, puppet shows, or demonstrations.
- Children from one school or village can introduce CHILD-to-child to children in another nearby school or village.
- Teachers can discuss how they might apply CHILD-to-child principles to the rest of their teaching, to make schooling relate more to children's lives.

EXAMPLES OF CHILD-to-child ACTIVITIES



In this chapter we give 4 examples of CHILD-to-child activities:

Accidents	p. 24-7
Care of children with diarrhea	p. 24-11

These activities are expanded or revised versions of those originally created by the CHILD-to-child program. We also have included photographs and observations on how the activities worked in Ajoya, Mexico, where the village health team and local school teachers conducted some of the original trials.

References to 4 other CHILD-to-child activities are made in this book:

An activity to see and remove plaque on teeth	p. 11-6
Measuring the thickness of the upper arm	p. 25-14
A game to help children look at the causes of malnutrition	p. 25-17
Puppet show example: How to care for teeth	p. 27-37

We hope that, as you review these CHILD-to-child activities, you will get a clearer idea of how they can be translated into exciting and rewarding action.

THE IDEA

In some villages or neighborhoods, several children die each year because of accidents, and many more are injured. Many of these accidents could be prevented.

This activity is to help children prevent as many accidents as possible. Different sorts of accidents happen in towns and in rural areas. This activity sheet gives advice about only the most common accidents.

In order to do something about accidents, children need to know...

- what the most common dangers are
- how those dangers can be avoided
- what to do if an accident does happen

THE ACTIVITY

What accidents happen to children?

To get children interested, have them tell about accidents that have happened in their homes or their village. Have them list these on the blackboard.

BAD ACCIDENTS IN OUR FAMILIES

	BABIES	OLDER CHILDREN	GROWN-UPS
BURNS			
CUTS AND FALLS			
ROAD ACCIDENTS			
SWALLOWING BAD THINGS			

Ask why the accidents happened. If children can find out why, they will be better able to prevent them.

Preventing accidents

Together, children can decide what they might do to help prevent accidents. For example:

To prevent accidents in the road, they can . . .

- teach young children to stop, listen, and look both ways before crossing
- build bumps across the road at the edge of town and in front of the school so that fast drivers slow down
- write letters to newspapers and authorities about the worst accident spots

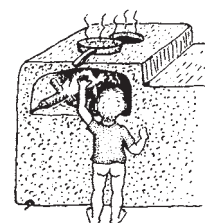
To prevent burns, they can . . .

- take care to see that their younger brothers and sisters do not go too close to the cooking fire



- keep matches out of the reach of small children (they can even make a small basket or shelf for matches to be stored high on the wall)

- be sure that handles of pans are turned so that they do not get knocked over



To make play safer, they can . . .

- warn others about the dangers of climbing dead trees, throwing stones, swimming in swift-flowing rivers, running when chewing sticks, etc.
- pick up broken glass, sharp stones, and garbage from streets and play areas



Children in Mexico cleaning up broken glass and garbage from the street.

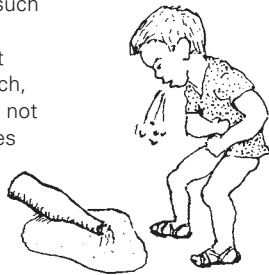
To prevent bites and stings, they can . . .

- warn younger children about where snakes, scorpions, and bees live
- clear grass and weeds away from paths



To prevent choking and other problems, they can . . .

- be sure babies do not play with small round objects such as beans or marbles (babies could easily choke on these, or put them in their noses or ears)
- mash foods like groundnuts and beans before feeding them to babies
- give teething babies large, clean objects to chew
- make sure poisons such as medicines and insecticides are kept out of childrens' reach, and that kerosene is not stored in drink bottles
- warn younger children not to eat strange fruits and plants, or drink out of strange bottles



If an accident happens . . .

There are many basic treatments children can learn. Here are a few suggestions:

Accidents

If someone has a bad fall from a tree or gets badly hurt in a car accident, do not move him. If possible, cover him with a blanket to keep him warm.

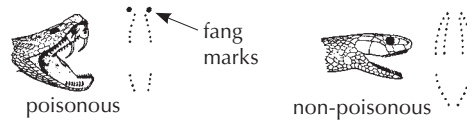
Get help quickly. If he must be moved, make a stretcher and put him on it gently, without bending his back, neck, or bones that may be broken.



Snakebite

Learn to tell the bite of a poisonous snake from that of a non-poisonous one. If someone gets a poisonous bite, move him as little as possible. Moving will spread the poison around the body.

Get help fast.



Burns

Put in cold water *at once*. If the burn is bad, cover loosely with a clean cloth. Give Rehydration Drink.

Get help quickly. *Never* use grease or butter on burns. Keep burns clean. Small burns are best left uncovered.

Cuts and wounds

When possible, wash cuts with soap and water that has been boiled and cooled. Wounds left dirty get infected. Do not put mud, iodine, or merthiolate on open cuts. Only use bandages if they are very clean.

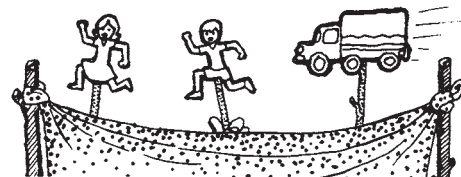


FINDING OUT HOW WELL THE ACTIVITY WORKED

- Children can compare the number of accidents before and after they take specific actions.
- They can talk about accidents they have prevented and others that still happen.

OTHER ACTIVITIES FOR CHILDREN

- Children at school can organize their own first-aid clinic for treating simple cuts and wounds
- Each older child can "adopt" a younger child to see that he crosses the road safely on the way to and from school.



- Children can make plays and puppets to teach about accident prevention. They can show these to others at school, waiting at clinics, and at village meetings.

How teachers and health workers presented the Accidents Activity

Many of the CHILD-to-child activity sheets were first tried out in the small Mexican village of Ajoya. In order to learn if they were useful, both the village health team and the primary school teachers were given the sheets, with very little additional information or assistance.

It is interesting to compare the teaching methods used by the school teachers with those used by the health workers.

The health workers in Ajoya have found it important to bring learning as close to real life as possible. For teaching aids, they try to **use real objects rather than just drawings**. People learn best from what they can touch and handle.

Whereas the teachers made excellent posters to help the children learn about accidents, the health workers figured out ways to use real objects and lifelike situations to teach the same ideas.

For example: **Injures from falls**

APPROPRIATE

The teacher made this poster to get the children thinking and talking about accidents from falls.



MORE APPROPRIATE

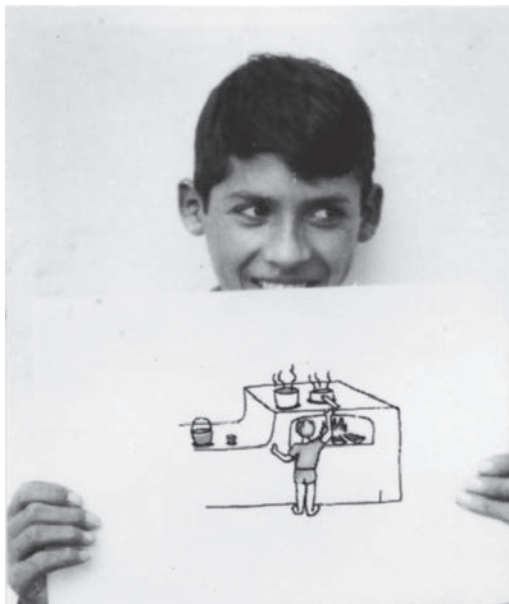


The health workers, however, had the children pretend one of them had fallen. The children then figured out how to build a stretcher using brooms and their shirts.

Another example: **Burns from hot food**

APPROPRIATE

To help children understand that it is important to turn handles of pots so small children cannot reach them, the teacher copied this drawing from the activity sheet.



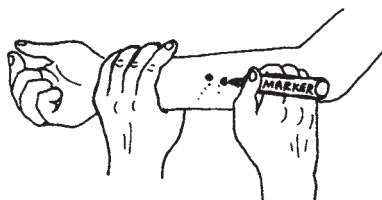
MORE APPROPRIATE



To teach the same idea, the health worker brought a big pan to school. He filled it with water and had a child (who did not know it had water in it) demonstrate how a baby might reach up and spill hot food on her head.

Result: the surprised child got soaked, everyone got a laugh, and no one forgot the lesson!

In a similar way, instead of drawing the tooth marks of poisonous and non-poisonous snakes on a poster, the health worker drew them right on the children's arms. (For photos and discussion of this example, see p. 11-6.)



BACKGROUND INFORMATION

Diarrhea means frequent, watery stools (shit). Often children with diarrhea also have vomiting and a swollen belly with cramps. The stools may smell worse than usual.

In many areas, diarrhea is the most common cause of death in small children. It is most frequent in babies between 6 months and 2 years. It is more common and more dangerous in children who are malnourished. **Bottle-fed babies have diarrhea 5 to 6 times more often than breastfed babies.** Diarrhea is less common where there is piped water in the houses.

A lot of diarrhea can be prevented if we . . .

- breastfeed babies for as long as possible
- see that children get enough good food
- take care with cleanliness and use piped water wherever possible

Children who die from diarrhea usually die because their bodies lose too much water. This loss of water is called dehydration. Therefore, the most important part of treatment is to replace the water lost through diarrhea and vomiting. For most types of diarrhea, medicines are not very effective. What do help are drinks that put liquid back into the child: water, breast milk, soups, herbal teas, etc. Also, children with diarrhea should be given food as soon as they can take it. Food gives their bodies strength to fight the sickness.

Even better than plain water or herbal teas is Rehydration Drink. This is water with some sugar and salt dissolved in it. Children can easily learn how to make the drink and give it to their baby brothers and sisters when they have diarrhea.

To sum up, children with diarrhea . . .

- must be given lots to drink, and
- must be encouraged to eat as soon as they are able.

In treating diarrhea, liquids and food are more important than medicines.

Who can introduce this activity?

Teachers, health workers, or anyone who is interested.



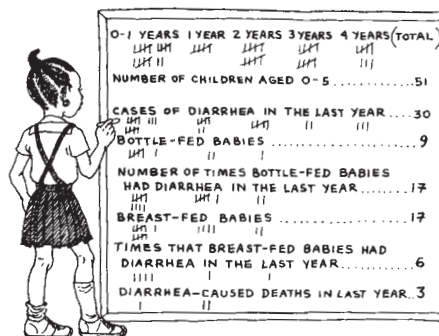
HELPING CHILDREN UNDERSTAND THE PROBLEM

How common and how dangerous is diarrhea?

To discover this, the children can make a simple survey. They can ask their mothers how many times during the last year their younger brothers and sisters had diarrhea. For each pre-school child they can find out:

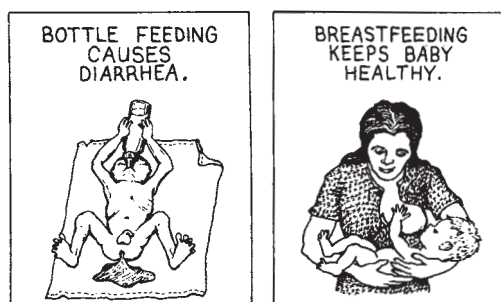
- his **age**
- how he is fed (**breast** or **bottle**)
- **how many times he had diarrhea in the last year** (or during the last rainy season, or since some big fiesta, if people do not think in terms of years)
- **how many children died because of diarrhea** in the last year

When the children return to school, they write their findings on the blackboard.



In this way, the children can see at what ages diarrhea is most common. Probably they will also discover that the breastfed babies do not get diarrhea as often as the babies who are bottle fed.

The children may want to make posters like these to help everyone know the importance of breastfeeding:



The information the children gather not only helps them to learn about the situation in their village. They can also use it later to find out if their health activities have made a difference.

What is dehydration?



It is the loss of too much water!

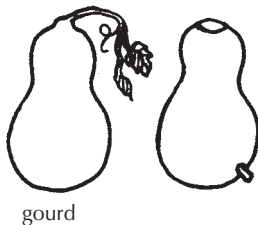


To look at the problem of dehydration, **start by talking about something familiar to the children.**

For example, in Latin America and parts of Africa, people associate diarrhea with sinking in of the soft spot (fontanel) on the top of a baby's head. People believe the brains have slipped down and this has caused the baby's diarrhea. Help the children see for themselves that the sinking of the soft spot results from the loss of water in the baby's body (dehydration).

To learn about dehydration, the children can conduct their own experiment by making a "gourd baby" like this one:

1. Cut off the top, like this.



2. Fill the gourd to the brim with water.



Make a small hole with a plug.

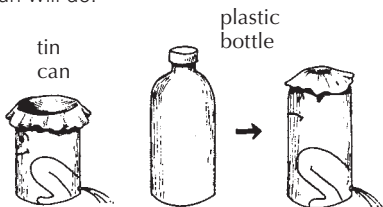
3. And cover it with a thin wet cloth.



4. Then have the children pull the plug and watch the cloth (soft spot) sink in!



If you do not have gourds, a plastic bottle or tin can will do.



Ask the children: "Why did the cloth sink in? What does the baby need to make the soft spot rise again?" In this way **the children find out for themselves that a sunken soft spot in a baby is a sign of dehydration.**

The children may want to make drawings or posters like this one so that other persons can learn, too.



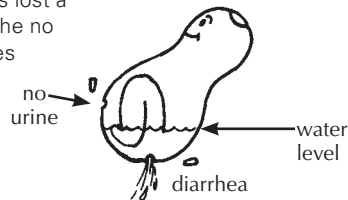
Learning the different signs of dehydration

The children have already discovered that a sunken soft spot is a sign of dehydration. By putting additional holes in the "gourd baby," they can experiment to learn other signs of dehydration.

When a baby has enough water, he pees well.



When he has lost a lot of liquid, he no longer passes urine (although the diarrhea continues).



In this way, the children discover that **a child who passes little or no urine is probably dehydrated.**

By putting a small hole at the corner of each eye, the children can notice that tears no longer form when a baby is dehydrated.

When the gourd is full of water, it forms tears.

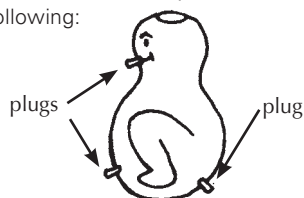


When water is lost, tears no longer form.



So the children learn that **if a baby does not form tears when he cries, he is probably dehydrated.**

To find out what happens when a child has vomiting as well as diarrhea, the children can do the following:



Pull out the plugs to show that diarrhea with vomiting causes a more rapid loss of water.



In this way, the children find that **dehydration comes more quickly and is more dangerous when a child with diarrhea also has vomiting.**

What happens when a child loses too much water?

The children can experiment to see how dangerous dehydration is to a baby.

For example: They can pick 2 flowers, put one in water, and keep the other without water. They will see that one lives while the other wilts and dies. Ask them why this happens.

with water



without water

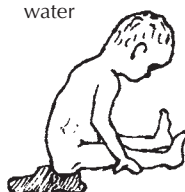


Let the children compare this to a child with diarrhea.

with water



without water



Ask the children, "What does a baby with diarrhea need so it will not wilt and die?"

Or the children can put a fruit like a plum or guava in the hot sun to see what happens to it.

Fresh fruit full of water.



Fruit after it dries in the sun.



It shrinks and wrinkles.

Ask the children what they think happens to a baby when he dries out. Right! He loses weight and can even become wrinkled.

Often you will not see the wrinkles of a dehydrated child at once. But children can learn to do the following "belly wrinkle test":

Lift the skin of the belly between two fingers, like this.



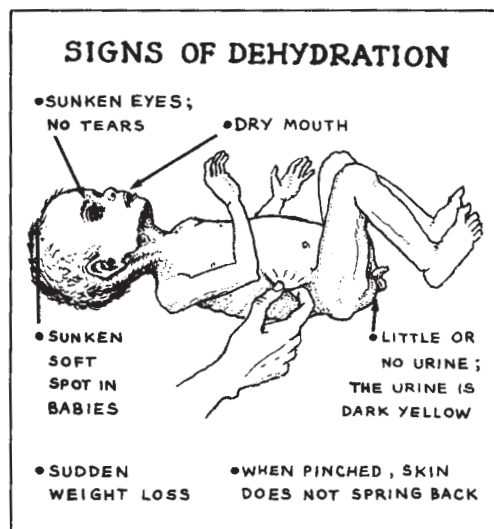
Then let go. If the skin does not spring right back to normal, the child is dehydrated.



Children can practice this test by pinching the skin on the back of an adult's hand. To make it seem more real, the children can make a simple doll baby like this from an old sock.

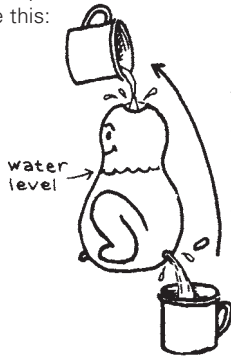


After the children find out the different signs of dehydration from their experiments, they can write the list of signs on the blackboard or on a poster.



How can dehydration from diarrhea be prevented?

The children can find the answer by playing a game with the gourd baby. They pull the plug, then try to put back as much water as the baby is losing, like this:



They learn that, as long as all the lost water is replaced, the water level will never go down and the baby will not become dehydrated.

A child with diarrhea needs to drink **at least 1 glass of liquid each time he has a watery stool.**

Giving lots of liquid to a baby with diarrhea may at first increase the amount of diarrhea. But this is all right. Usually the diarrhea will soon get better. The important thing is to **be sure that the child drinks as much liquid as he loses.**

The children have now found out that:

A child with diarrhea needs a lot of liquid.

Rehydration Drink to help prevent dehydration

Many of the **herbal teas and soups** that mothers give to children with diarrhea do a lot of good, because they help to get water back into the child.

Breastfeeding provides both water and food, and should always be continued when a baby has diarrhea.

Rehydration Drink can be made from **SUGAR**, **SALT**, and **WATER** and is especially good for persons with diarrhea.

The children can learn to prepare Rehydration Drink in any of several ways.



CAUTION: Making Rehydration Drink with too much salt can be harmful. So before adding the sugar, **TASTE IT TO BE SURE IT IS NO SALTIER THAN TEARS.**

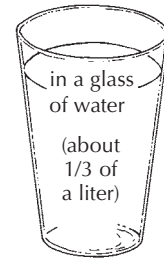
Ways to prepare Rehydration Drink

First method: ordinary spoons

Mix 1 teaspoon
of **SUGAR**



+ the tip of
a teaspoon
of **SALT**

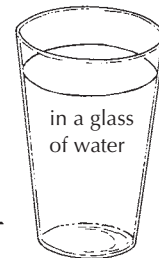


Second method: by hand

Mix about this
much **SUGAR**

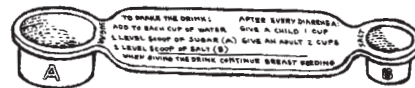


+ a pinch
of **SALT**



Third method: plastic measuring spoons

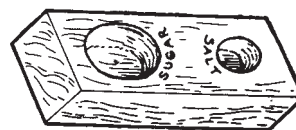
In some places, special plastic spoons are available to measure the exact amounts of sugar and salt for one glass of water.



Fourth method: homemade spoons

Rather than depend on plastic spoons that can get lost or broken, the children can learn to make their own measuring spoons.

Here is one example.

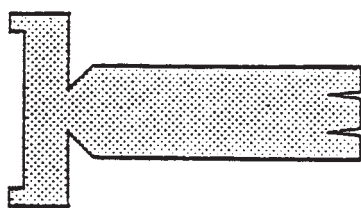


For another example, see the next page.

A WAY TO MAKE MEASURING SPOONS FOR PREPARING REHYDRATION DRINK

Children can make measuring spoons from many things. But it is important that they measure roughly the right amounts of sugar and salt.

Here is one way to make spoons, using things that have been thrown away.



1. Cut a juice or beer can to this shape. (It is easy with scissors.)



Make this part as wide as a pencil is thick.

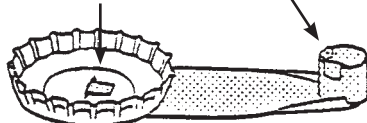


2. Wrap this part tightly around a pencil.

3. In the middle of a bottle cap make a small cut.



4. Join the pieces and bend over the tabs.

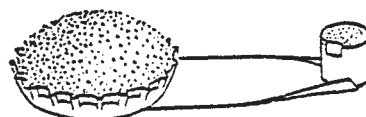


Give the child 1 glass of REHYDRATION DRINK for each time he makes diarrhea.

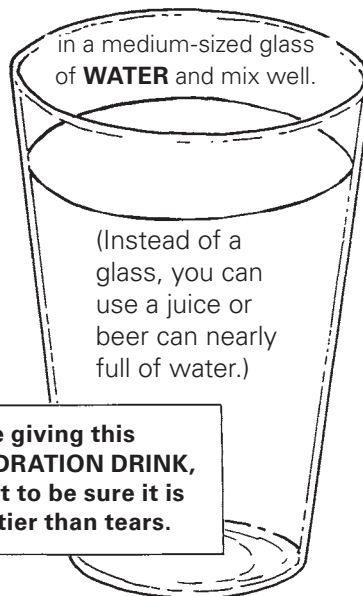
HOW TO MAKE REHYDRATION DRINK

Put 1 heaping
bottle cap of
SUGAR

and 1 little
spoon of
SALT



in a medium-sized glass
of **WATER** and mix well.



(Instead of a
glass, you can
use a juice or
beer can nearly
full of water.)

**Before giving this
REHYDRATION DRINK,
taste it to be sure it is
no saltier than tears.**

How to give Rehydration Drink

Start giving the drink as soon as diarrhea begins.

An adult should drink at least 2 glasses of Rehydration Drink after each watery stool.



A child should drink at least 1 glass of Rehydration Drink after each watery stool.



If the child vomits the drink, give him more. A little will stay in him. Give sips every 2 or 3 minutes. If the child does not want to drink, gently insist that he do so.

Keep giving the drink every 2 or 3 minutes, day and night, until the child pees normally (every 2 or 3 hours). Older children and their parents can take turns giving the drink all through the night.

A child with diarrhea should eat as soon as he can.

Many people still believe that persons with diarrhea should not eat. This is a big mistake. A sick person must eat well in order to overcome the sickness. A child with diarrhea should eat as soon as he is able.

To help children understand why this is important, ask if any of the children has ever missed a meal or spent a day without food. How did they feel? Weak? This way, the children can realize that a child with diarrhea needs food in order to be strong enough to fight off the illness.



When a breastfeeding baby gets diarrhea, KEEP GIVING BREAST MILK. BUT GIVE REHYDRATION DRINK, TOO.

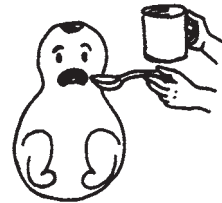
Helping to make learning more real

A game: Give the children the plastic spoon, salt, sugar, and water. Do not tell them how much to use. See if they can mix the drink correctly by following the instructions on the spoon. **It is important that they learn to make the drink correctly.**

Another game: Ask children to invent ways to make their own measuring spoons out of old bottle caps, juice cans, or whatever. Make sure the finished spoons hold about the correct amounts. You can give prizes for the most accurate spoon, the simplest spoon, etc.

Skits, puppets, role playing:

Children can use puppets or role playing to act out what to do when a younger child has diarrhea. They can cut a large mouth in a "gourd baby," and actually give it Rehydration Drink and food.



TEACHING OTHERS

After the children have learned about diarrhea and dehydration, they can help teach others. Here are a few possibilities:

- Children can put on demonstrations, plays, or puppet shows to convince people that giving liquids and Rehydration Drink can save children's lives.
- They can discuss what they learn with their parents, and help prepare Rehydration Drink when the baby has diarrhea.
- School children who took part in this activity can teach children who do not go to school because they have to care for younger brothers and sisters.
- Children from older grades can help teach these ideas to children in the younger grades.

FINDING OUT HOW WELL THE ACTIVITY WORKED

The group can make counts each month (or after 6 months or a year) to find out:

- How many children (or their mothers) have made the Rehydration Drink for persons with diarrhea?
- How many children have had diarrhea?
- How many (if any) died?

Ask any child who has prepared Rehydration Drink for a brother or sister with diarrhea to tell his story at school. He can explain how he (or his mother) made the drink and used it, any problems he had, and if it seemed to help.

MORE IDEAS FOR HELPING CHILDREN LEARN AND TEACH

Avoiding parent-child conflict over new ideas

One big doubt often raised about the CHILD-to-child Program is this:

People, including parents, often have very fixed ideas about managing common illnesses. **Is it fair to ask children to take home new ideas that may conflict with the beliefs and customs of their parents?** Could this weaken children's respect for their parents or for local traditions? Or will it make parents angry with the children and, perhaps, with the school?

These are valid questions. In many areas, for example, parents believe it is harmful to give a child with diarrhea anything to eat or drink. They argue from experience that giving food or drink to the child may make him have another watery stool more quickly. How, then, can a child convince parents that, even though the sick baby continues to have diarrhea or to vomit, it is very important to give lots of liquid and also food?



Will the new ideas children learn from CHILD-to-child get them in trouble at home?

There are no easy answers to these questions, but one thing is clear. In a program such as CHILD-to-child, **it is not enough to work only with the children.** Health workers and teachers need to work with the parents and the community as well. There are ways they can help families become more open to the new ideas children bring home from school. These include discussion groups, handing out flyers or pamphlets (where enough people know how to read), and evenings of entertainment with role plays and skits.

It is best when both children and adults take part. A good way to win community acceptance is to involve parents and opinion leaders from the beginning. Ask the help of parents or the local health committee in planning CHILD-to-child activities and explaining them to other parents.

It is important that teachers and health workers show respect for the ideas and traditions of the children's parents. At the same time, **try to prepare the children for some of the difficulties that may arise** when they introduce their new ideas at home. Role playing and storytelling are good ways to do this.

The following is an example of a story that can be used to help children learn and teach about diarrhea, dehydration, and Rehydration Drink.

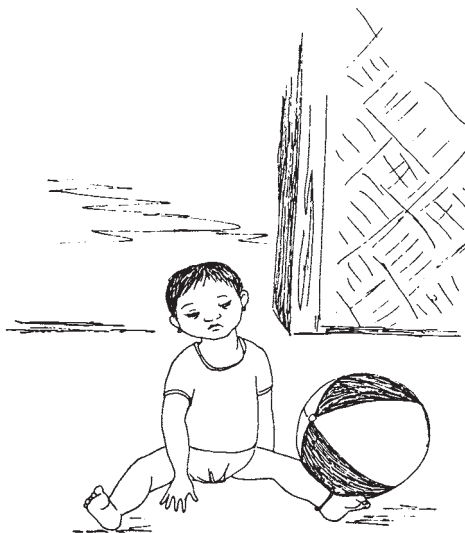
ABDUL AND SERI

A CHILDREN'S STORY FROM INDONESIA*



Abdul ran home from school almost as fast as on the day his sister Seri had been born. As soon as he saw her in the courtyard, his eyes lit up, for although Abdul was already 8 years old, he loved to play with his little sister.

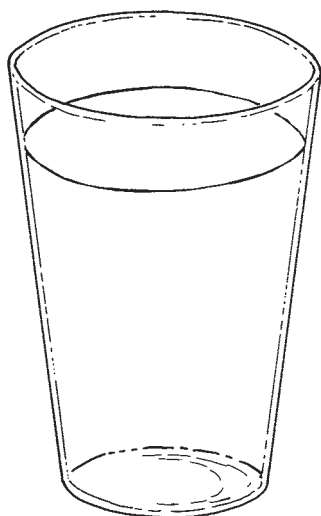
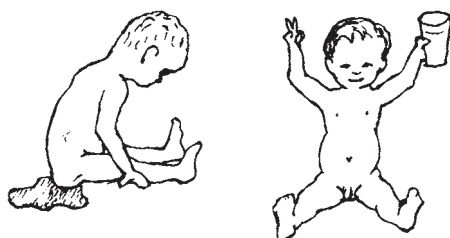
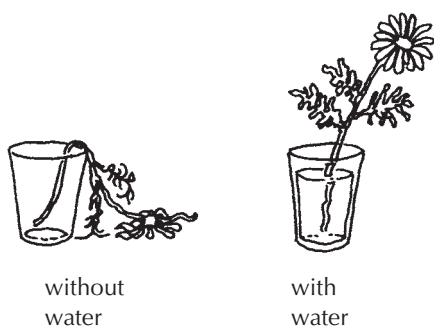
Seri was only one and a half years old. She would clap her hands in delight when he made funny faces at her, or giggle when he counted her toes. He had helped her with her first steps, picking her up gently when she tumbled.



But what was wrong today? Usually Seri toddled straight for her favorite Abdul with her arms outstretched. But now she just sat on the porch and gazed at him with dull eyes. Quickly he lifted her up to his hip. He noticed that she must not have had her usual bath before he came home, because she had an unpleasant smell about her.

Their grandma greeted him with a tired voice. Worried, Abdul asked her, "Is Seri sick? Why does she act like this?" "She's had several watery bowel movements today," answered Grandma, "and she's been very fussy, Abdul. You must not let her have any food or drink so that the diarrhea will stop and she will get better."

***Note:** This story and its pictures are reproduced with permission from John Rohde, M.D. This or similar stories should be adapted to fit the situation and language of children in your area.



In one glass
of WATER

mix one
level teaspoon of
SUGAR



and one pinch
of SALT



Abdul thought for a moment, and then he took a deep breath. "But Grandma," he cried out, "my teacher told me that a watery stool can be very dangerous. If the body loses water, it's like a plant that isn't watered. First it gets weak, and then it dies! We have to give Seri enough to drink so she won't be weak like this."

Grandma could feel how much Abdul believed in what he was saying, and she was very proud that her grandchild had a chance to go to school and learn new things. But still, no one had ever given any food or drink to a child with watery stools as long as she could remember. Then, while Abdul looked at her with pleading eyes and waited for her response, she thought of one of her own dear children she had lost after only 2 days of watery stools. And what about little Tini next door, who had died the same way? Grandma sighed and said gently to Abdul, "Perhaps your teacher is right. Maybe we should try a new way. What does she say we ought to do?"

Abdul looked at his grandmother with new respect, put Seri into her arms, and urged her to follow him. Quickly, he put some water on to boil* and afterwards (while they waited for it to cool) he told Grandma the simple recipe that would help Seri. Grandma could hardly believe that one level teaspoon of sugar and a pinch of salt in a glass of boiled water would be the right thing to give Seri, but she was determined to let Abdul try.

*See the discussion on p. 15-3 on whether to boil water for Rehydration Drink



As soon as the water was cool enough for Seri to drink, Abdul added a level teaspoon of sugar and a pinch of salt. He stirred the drink and offered it to Seri. She was so thirsty that she gulped the whole glass! Abdul made her another glass, adding the right amount of sugar and salt again. Grandma watched with surprise as Seri drank the whole second glass as well.

Suddenly, Seri vomited and Grandma looked as if she were about to scold Abdul. "My teacher says not to worry if the child vomits in the beginning. Just try again," he said. He mixed a third glass for Seri, but this time he urged her to drink it more slowly.



When the glass was finished, Seri clapped her hands and began to squirm, trying to get off Grandma's lap. Burbling at Abdul, her eyes darted after him as he got out a biscuit. Finally wriggling off Grandma's lap, Seri walked toward Abdul with arms out to take the biscuit. Suddenly, much to Grandma's dismay, Seri made another watery bowel movement.

"Don't worry. Grandma, she's already so much better," said Abdul. "Look how eager she is to have the biscuit. And she's still thirsty! She's trying to reach the glass."



Abdul had just helped Seri finish another glass of Rehydration Drink, when his mother arrived home from her trip to the market. "How is Seri?" she asked Grandma anxiously. Seri moved toward her mother's voice, her eyes bright with recognition. "Why, she's much better, I see. I'm so relieved. Not giving her anything to eat or drink must have helped her."

"Oh, no," said Grandma, smiling at Abdul. "We've tried a new way, and look how Seri has changed since this morning. Abdul, tell your mother what you've given Seri." "I'll wait till you nurse her, Mother. She'll be even happier then," answered Abdul.



The next day, Abdul got to school early. He shyly told his teacher that he had tried the recipe she had taught the class to use in case anybody in their families had watery stools. His teacher was very happy that Abdul had remembered to use 1 level teaspoon of sugar and a pinch of salt in the glass of boiled water. She was even happier to know that, although Seri had had a watery stool two more times that day, today the diarrhea had stopped completely.

"Make sure she keeps drinking and eats some extra meals so she'll be just as strong as she was before," the teacher cautioned Abdul. "You've really learned well."

Abdul glowed inside. When school was over that day, he ran home with a happy heart to find Seri wanting to play, her arms outstretched and her eyes shining, waiting for a new game.

A puppet show about Rehydration Drink (oral rehydration)

Although the story of Abdul and Seri was written in Indonesia, it has been used with school children in Mexico and with health workers in Central America and Africa. Everyone enjoys the story and learns a lot from it. It shows how a school child—through love, concern, and good will—overcomes resistance at home in order to put into practice a “new way” learned in school.

The school children in Ajoya, Mexico read the story of Abdul and Seri after doing the CHILD-to-child activity on diarrhea. They thought the story was so important that everyone in the village should hear it. So with the help of a village health worker, they decided to put on a puppet show and invite the whole village.

They changed the names of Abdul and Seri to “Pepito” and “Juanita.” They even changed the story somewhat, to seem more like things in their village.

They made simple stick puppets like this one.

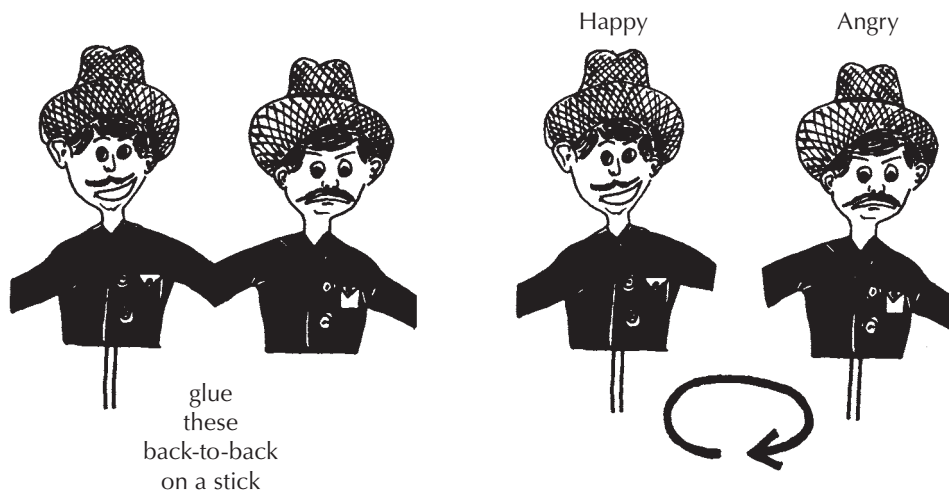
Perhaps the health workers you train can help children in their villages to do the same.



Draw a picture on cardboard or posterboard.
Cut it out and glue or nail it to a stick.

PEPITO

If the puppet needs 2 expressions, put 2 cardboard drawings back to back. During the show, turn the puppet to show the face you want. (To make a puppet with 4 different expressions, see p. 27-36.)



PEPITO'S FATHER

The children's puppet show in Ajoja was a huge success. Here are some photos from their performance.

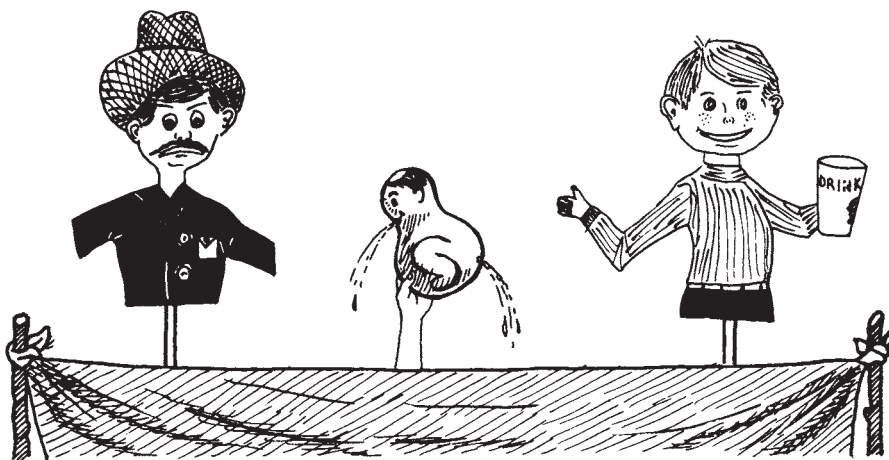


Here the children greet the audience before the puppet show begins. The sign in Spanish says, THE SCHOOL CHILDREN PRESENT: "PEPITO TEACHES HIS FAMILY."

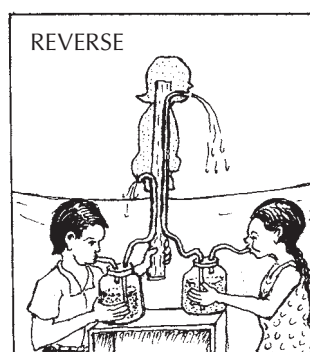
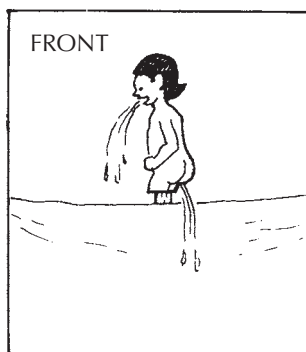


Here is Pepito, explaining to his parents how to make Rehydration Drink for his baby sister who has diarrhea.

Children can make the puppet show even more exciting by using a "gourd baby" with water in it—so the baby can actually have diarrhea and vomit.



Or they can make a puppet with some rubber or plastic tubes attached to jars of muddy water. When a child blows into the jar, the puppet "vomits" or "has diarrhea."



PARENTS' RESPONSE TO CHILD-to-child

In the village of Ajoya, most of the parents were enthusiastic about the CHILD-to-child Program, even though some of the new ways of doing things seemed strange to them. Among the reasons for the community's acceptance were the evening theater and puppet shows (including "Pepito"*).

The children also gave demonstrations of dehydration and rehydration using the "gourd babies," which everyone loved! It was the first time that most people understood that the sunken soft spot is caused by water loss from diarrhea.

In Ajoya, the boys and girls found that most of their parents accepted the idea of giving Rehydration Drink to children with diarrhea. The local health workers had been explaining this to families for years. So many families were already giving Rehydration Drink to their children when they had diarrhea.



What really shocked people, however, was the result of the children's survey conducted as a part of the Diarrhea Activity. This study showed that **70% of mothers were bottle feeding their babies**, and that **the bottle-fed babies in Ajoya suffered from diarrhea 5 times as often as the breastfed babies!**

Some of the mothers were so concerned by the children's findings that they staged a short play, or "skit," entitled "The Importance of Breastfeeding." (See p. 27-31.) In this skit, the mothers used cardboard "babies" to show various stages of good and poor nutrition. It was a great success—at least in terms of entertainment.

It is hard to say how much influence the children's study and the skit had on the way village mothers feed their babies. Throughout Latin America, many mothers changed from breastfeeding to bottle feeding, in part because of advertising by the producers of artificial milk. However, we talked to several mothers who decided to breastfeed their babies as a result of the children's study and the women's skit.

Apart from measurable results, however, the cooperation, concern, and fun that came out of this CHILD-to-child activity made it enormously worthwhile. What final effect it had on the children themselves, when they grew up to become parents and perhaps leaders in their communities, we will never know.

*Besides the puppet show on using Rehydration Drink, the children later presented a puppet show about "Care of the Teeth" (see p. 27-37). These children's shows were performed on the same nights that villagers and health workers-in-training presented Village Theater productions.