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Facts For Life: Pre-Publication Text
INTRODUCTION

The following introduction will appear on the first double page spread of FACTS FOR LIFE

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

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

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

- It is information which can help to save the lives of many millions of children in the developing world.
- It is information which can drastically reduce malnutrition and help to protect the healthy growth of the next generation.
- It is information which almost all parents can put into practice, in some degree, at very low cost.

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

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

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

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

FACTS FOR LIFE is therefore intended for all those who influence or control the principal channels of communication in all societies. It is presented as a long-term communications challenge to:

* heads of state and political leaders
* all branches of national and local government
* religious leaders
* the world of education
FACTS FOR LIFE

INTRODUCTION

* the mass media
* employers
* trade union leaders
* community health workers and doctors
* nurses and midwives
* development workers and voluntary agencies
* youth movements and women’s groups
* community organizations and traditional leaders
* artists, entertainers, and sporting personalities

In short, FACTS FOR LIFE is for all those who can help to take on the greatest communications challenge of all – empowering families with the knowledge and the confidence to use today’s knowledge to improve the lives of today’s children.
PRIMARY HEALTH CARE

There will also be a 2,000 word preface to FACTS FOR LIFE setting it in the broader context of primary health care. The text is currently being discussed with WHO. The following is an outline plan of the preface.

- That FACTS FOR LIFE is a contribution towards the primary health care approach and embodies two of its most fundamental principles—the need to de-mystify health knowledge and the need for all elements of society, and not just the medical profession alone, to take responsibility for the promotion of human health and wellbeing.

- That health is more than just the absence of disease and is affected by a great breadth of physical, mental, social, and political factors. The promotion of health is therefore a social and political, as well as an individual, responsibility.

- That the relationship between knowledge and behaviour is often complex and that the power of promoting health knowledge is a power often circumscribed by poverty, dimmed by lack of education, frustrated by the unequal status of women, and limited by the availability of such basic physical prerequisites as adequate housing, clean water, and safe sanitation.

- That the spread of knowledge is, nonetheless, a necessary precondition for change in behaviour and can also help to create informed community demand for, and participation in, the provision of basic services. In consequence it can help people themselves to gain more confidence in their own ability and more control over their own lives.

- That the poor health and growth of children is a cause as well as a symptom of poverty and that therefore protecting the development of children is also a long-term contribution to development.

- That reducing child deaths is an important contribution to the eventual lowering of rates of population growth.

This introduction will also contain a panel to point out that, in many cases, FACTS FOR LIFE will need to be not just translated but adapted to reflect the different priorities, cultures, and communications opportunities of different nations.
WOMEN'S WORK

The following text, plus photograph, will appear on a double-page spread immediately before the first chapter of FACTS FOR LIFE.

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

But women already have work.

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

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

And they bear and care for its children.

The multiple burdens of womanhood are too much.

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

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

TIMING BIRTHS

What every family and community has a right to know about

TIMING BIRTHS

NOTE TO COMMUNICATORS

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

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

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

THE PRIME MESSAGES

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

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

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

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

SUPPORTING INFORMATION

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

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

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

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

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

TIMING BIRTHS

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

- For the health of both mothers and children, parents should wait until their youngest child is at least two years old before having another baby.
- Children born too close together do not usually develop as well, physically or mentally, as children born at least two years apart.
- One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly, and the mother has less time to prepare the special foods a young child needs. Also, she may not be able to give the older child the care and attention he or she needs, especially during illness. As a result, the child often fails to grow and develop properly.
- A mother’s body needs two years to recover fully from pregnancy and childbirth. The risk to the mother’s health is therefore greater if the next birth follows too closely upon the last. The mother needs to give herself time to get her strength and energy back before she becomes pregnant again.
- If a woman becomes pregnant before she is fully recovered from bearing a previous child, there is a higher chance that her new baby will be born too early and too light in weight. Low-birth-weight babies are less likely to grow well, more likely to fall ill, and four times more likely to die in the first year of life than babies of normal weight.

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

- After a woman has had four children, further pregnancies bring greater risks to the life and health of both mother and child.
- Especially if the previous births have not been spaced more than two years apart, a woman’s body can easily become exhausted by repeated pregnancy, childbirth, breastfeeding, and looking after small children. Further pregnancies usually mean that her own health begins to suffer.
- After four pregnancies, there is an increased risk of serious health problems such as anaemia (“thin blood”) and haemorrhage (heavy loss of blood). The risk of giving birth to babies with disabilities, or with low birth-weight, also increases after four pregnancies and after the mother reaches the age of 35.

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

- Most health services can provide several methods of safe, effective family planning. No one method of timing births is suitable for, or acceptable to, every individual. Couples should ask advice about the most suitable means of family planning from the nearest trained health worker or family planning clinic.
- Spacing births at least two years apart, and avoiding pregnancies before the age of 18 and after the age of 35, can help to ensure that each baby is born healthy and strong.
What every family and community has a right to know about

SAFE MOTHERHOOD

NOTE TO COMMUNICATORS

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

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

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

THE PRIME MESSAGES

1. The risks of childbirth can be drastically reduced by going to the nearest health worker for regular check-ups during pregnancy
2. A trained person should assist at every birth
3. To reduce the dangers of pregnancy and childbirth, all families should know the warning signs
4. Unless she is already overweight, a woman needs more food during pregnancy. All pregnant women need more rest
5. Spacing pregnancies at least two years apart, and avoiding pregnancies below the age of 18 or above the age of 35, drastically reduces the dangers of child-bearing
6. Girls who are healthy and well-fed during their own childhood and teenage years have fewer problems in pregnancy and childbirth

SUPPORTING INFORMATION

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

- Many of the dangers of pregnancy and childbirth can be avoided if the mother-to-be goes to a health centre as soon as she believes she is pregnant. A health worker will help the woman to have a safe birth and a healthy baby by:
  * Checking the progress of the pregnancy so that if problems are likely the woman can be moved to a hospital for the birth
  * Checking for high blood pressure, which is a danger to both mother and child
  * Giving tablets to prevent anaemia (‘thin blood’)
  * Giving the two injections which will protect the mother and her new-born baby against tetanus
  * Checking that the baby is growing properly
  * Giving malaria tablets where necessary
  * Preparing the mother for the experi-

(continued over)
FACTS FOR LIFE

ience of childbirth and giving advice on breastfeeding and care of the new-born

- Advising on ways of delaying the next pregnancy

2. A trained person should assist at every birth

- A trained birth attendant will know:
  - when labour has gone on for too long (more than 12 hours) and a move to hospital is necessary
  - how to keep the birth clean and reduce the risk of infection
  - how to cut the cord cleanly and safely
  - what to do if the baby is being born in the wrong position
  - what to do if too much blood is being lost
  - when to call on more expert medical help
  - what to do if the baby does not begin breathing straight away
  - how to help the mother to start breastfeeding immediately after the birth
  - how to dry and keep the baby warm after delivery
  - how to help the mother prevent or postpone another birth

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

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

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

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

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

- Four signs which mean get help immediately:
  - Bleeding from the vagina during pregnancy
  - Severe headaches (sign of high blood pressure)
  - Severe vomiting
  - High fever

4. Unless she is already overweight, a woman needs more food during pregnancy. All pregnant women need more rest

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

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

- If possible, a woman should be weighed as soon as she knows that she is pregnant. It is important to gain weight every month during pregnancy, and to try to gain a total of 6 - 12 kilos before the baby is born. Gaining more weight than this is not good for the mother or her child and can be dangerous.

- A pregnant woman can damage her unborn child by smoking tobacco, drink-
FACTS FOR LIFE

ing alcohol, and using narcotic drugs. It is particularly important not to take medicines during pregnancy unless they are absolutely necessary and prescribed by a trained health worker.

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

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

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

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

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

BREASTFEEDING

What every family and community has a right to know about

BREASTFEEDING

NOTE TO COMMUNICATORS

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

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

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

THE PRIME MESSAGES

1. Breastmilk ALONE is the best possible food and drink for a baby in the first four-to-six months of life.
2. Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.
3. Frequent sucking is needed to produce enough breastmilk for the baby’s needs.
4. Bottle-feeding can lead to serious illness and death.
5. Breastfeeding should continue well into the second year of a child’s life and for longer if possible.

SUPPORTING INFORMATION

1. Breastmilk ALONE is the best possible food and drink for a baby in the first four-to-six months of life.
   O From the moment of birth up to the age of four-to-six months, breastmilk is all the food and drink a baby needs. It is the best food a child will ever have. All substitutes, including cow’s milk, milk-powder solutions, and cereal gruels, are inferior.
   O Even in hot, dry climates, breastmilk contains sufficient water for a young baby’s needs. Additional water or sugary drinks are not needed to quench the baby’s thirst.
   O Breastmilk helps to protect the baby against diarrhoea, coughs and colds, and other common illnesses. The protection is greatest when breastmilk ALONE is given to the baby during the first four-to-six months.
   O Other foods and drinks are necessary when a baby reaches the age of four-to-six months. Until the age of nine or ten months, the baby should be breastfed before other foods are given. Breastfeeding should continue well into the second year of life - and for longer if possible.
   O Frequent breastfeeding, both day and night, helps to delay the return of menstruation and so helps to postpone the next pregnancy. But breastfeeding, on its own, is not a reliable method of family planning.
2. Babies should start to breastfeed as soon as possible after birth. Virtually every mother can breastfeed her baby.
   O Starting to breastfeed immediately

(continued over)
FACTS FOR LIFE

BREASTFEEDING

They need the encouragement and practical support of their families, the child's father, neighbours, friends, health workers and women's organizations.

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

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

O From birth, the baby should breastfeed whenever he or she wants to. Frequent sucking at the breast is necessary to stimulate the production of more breastmilk.

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

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

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

4 Bottle-feeding can lead to serious illness and death

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

O Bottle-feeding can cause illnesses such as diarrhoea unless the water is boiled and the bottle and teats are sterilized in boiling water before each feed. The more often a child is ill, the more likely it is that he or she will become malnourished. That is why, in a community without clean drinking water, a bottle-fed baby is 2.5 times more likely to die of diarrhoea than a baby fed exclusively on breastmilk for the first four-to-six months.

O The best food for a baby who, for whatever reason, cannot be breastfed, is milk squeezed from the mother's breast. It should be given in a cup that has been sterilized in boiling water. Cups are safer

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than bottles and teats because they are easier to keep clean.

- The best food for any baby whose own mother’s milk is not available is the breastmilk of another mother.
- If non-human milk has to be used, it should be given from a clean cup rather than a bottle. Milk-powder solutions should be prepared using water that has been brought to the boil and then cooled.
- Cow’s milk or milk-powder solution can cause poor growth if too much water is added in order to make it go further.
- Cow’s milk or milk-powder solutions go bad if left to stand at room temperature for a few hours. Breastmilk can be stored for at least 8 hours at room temperature without going bad.

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

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

- Breastmilk is an important source of energy and protein, and helps to protect against disease during the child’s second year of life.
- Babies get ill frequently as they learn to crawl, walk and play. A child who is ill needs breastmilk. It provides a nutritious, easily digestible food when the child loses appetite for other foods.
What every family and community has a right to know about

**CHIL** **D** **GROWTH**

**NOTE TO COMMUNICATORS**

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

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

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

**THE PRIME MESSAGES**

1. Children between the ages of six months and three years should be weighed every month. If there is no weight gain for two months, something is wrong.
2. Breastmilk alone is the best possible food for the first four-to-six months of a child's life.
3. By the age of four-to-six months, the child needs other foods in addition to breastmilk.
4. A child under three years of age needs food five or six times a day.
5. A child under three years of age needs a small amount of extra fat or oil added to the family's ordinary food.
6. All children need foods rich in Vitamin A.
7. After an illness, a child needs extra meals to catch up on the growth lost during the illness.
8. Talking, playing, and showing love, are essential for a child's physical, mental and emotional growth.

**SUPPORTING INFORMATION**

1. **Children between the ages of six months and three years should be weighed every month. If there is no weight gain for two months, something is wrong.**
2. Regular monthly weight gain is the most important sign of a child's overall health and development. It is the child's own weight gain which is important, not how the child compares in weight to other children.
   It is therefore important to weigh children every month. If a child does not
gain weight over a two-month period, then parents and health workers should act. The child is being held back either by illness, or poor food, or lack of attention. The following paragraphs cover the most likely causes of poor growth, and the most important actions parents can take to keep a child growing well.

Ten questions to ask if a child is not growing

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

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

* Is the child eating frequently enough? (child should eat 5 or 6 times a day)
* Do the child's meals have too little energy in them? (small amounts of oil or fats should be added)
* Is the child frequently ill? (needs medical attention)
* Has the child been refusing to eat when ill? (needs tempting to eat when ill and extra meals to catch up afterwards)
* Is the child getting enough Vitamin A? (needs dark green vegetables every day)
* Is the child being bottle-fed? (bottle and wafer may not be clean, sugary drinks may be being used instead of milk)
* Are food and water being kept clean? (if not, child will often be ill)
* Are faeces being put into a latrine or buried? (if not, child will often be ill)
* Does the child have worms? (needs deworming medicine from health centre)
* Is the child alone too much? (needs more stimulation and attention)

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

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

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

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

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

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

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

○ Adding a little flour made from a sprouted cereal can make a thick cereal gruel runnier and sweeter. Thinning the gruel in this way is better for the child than adding water.

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

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

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

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

* Feed the child frequently - five or six times a day
* Enrich the child's gruel or porridge with mashed vegetables and a little oil or fat.

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

5 A child under three years of age
needs a small amount of extra fat or oil
added to the family's ordinary food.
- The family's normal food needs to be
enriched to meet the special energy
needs of the growing child. This means
adding mashed vegetables and small
amounts of fats or oils - butter, ghee,
vegetable oil, soya oil, coconut oil, corn
oil, ground-nut oil, or crushed nuts.
- Breastmilk also enriches a child's diet
and should continue, if possible, until
well into the second year of a child's life.

6 All children need foods rich in Vita­
malin A
- Over 200,000 children go blind each
year because they do not have enough
Vitamin A in their bodies. Vitamin A
may also protect children against other
illnesses such as diarrhoea. It should
therefore be a part of every child's daily
diet.
- Vitamin A comes from breastmilk,
dark green leafy vegetables, and from
orange or yellow fruits and vegetables
such as carrots, papayas and mangoes.
- If a child has had diarrhoea or
measles, Vitamin A will be lost from the
child's body. It can be replaced by breast-
feeding more often, and by feeding the
child more fruit and vegetables.

7 After an illness, a child needs extra
meals to catch up on the growth lost
during the illness
- One of the most important skills of a
parent is the skill of stopping illnesses
from holding back a child's growth. In
time of illness, and especially if the
illness is diarrhoea or measles, the appe-
tite falls and less of the food that is eaten
is absorbed into the body. If this happens
several times a year, the child's growth
will be held back.
- So it is essential to keep on encourag-
ing a child who is ill to take food and
drink. This can be very difficult if the
child does not want to eat, so it is
important to keep offering the child the
food he or she likes, usually soft, sweet
foods, a little at a time and as often as
possible. Breastfeeding is especially im-
portant.

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

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

O It is also important to protect a
child's growth by preventing illness:
- Give a child breastmilk alone for the
first four-to-six months of life, then
introduce other foods, and continue to
breastfeed
- Get your child fully immunized before
the age of one year
- Always use latrines and keep hands,
food and kitchens clean

8 Talking, playing, and showing love,
are essential for a child's physical, men-
tal and emotional growth
- In addition to physical needs, the
child also has two other needs which are
vital to his or her mental and emotional
development:

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

O From the very first day of life, an
infant is capable of giving and receiving
affection and building a relationship.
This relationship, and the feeling of
being loved and wanted, is vital to the
inner development of the child. It is the
basis for the development of the child's
sense of security, confidence, and the
ability to cope well with other people and
the world at large.

O From the consistent words and ac-
tions of parents, a child gains a feeling of
security, learns what is expected in hu-
man relationships, and develops a clear
sense of what is right and wrong.

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

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

The need for stimulation
- The mind of a child, as well as the
body, needs help to grow. The three most
(continued over)
important "foods" for the growth of the mind are language, play, and love.

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

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

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

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

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

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

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

- For healthy growth, all children need praise and recognition for their efforts.
What every family and community has a right to know about

IMMUNIZATION

NOTE TO COMMUNICATORS

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

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

Children can be protected against six of the most serious diseases by a course of immunizations which is usually available free of charge through the health services (the cost to governments is approximately $10 per child). But even when the service is available, many of the infants who need it are not brought for the full course of immunizations.

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

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

THE PRIME MESSAGES

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

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

3. It is safe to immunize a sick child.

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

SUPPORTING INFORMATION

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

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

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

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

(continued over)
FACTS FOR LIFE

IMMUNIZATION

O Tetanus germs grow in dirty cuts and kill most of the people who become infected - if they are not immunized.
O Breastfeeding is a kind of natural immunization against several diseases. Some of the mother's resistance to disease is passed to the child in her breast milk, and especially in the thick yellow milk (called colostrum) which is produced during the first few days after the birth.

2 Immunization is urgent. All immunizations should be completed in the first year of the child's life.
O It is vital to immunize children early in life. Half of all deaths from whooping cough, one third of all cases of polio, and a quarter of all deaths from measles, occur before the age of one year.
O It is vital for infants to complete the full course of immunizations, otherwise the vaccines may not work. Some vaccines need to be given only once. Others have to be given three times, with a gap of at least four weeks between each dose.
O The important thing for parents to know is that a child should be taken for immunization five times in the first year of the child's life.
  * At birth, or as soon as possible afterwards, babies should be immunized against tuberculosis. The first dose of polio vaccine can also be given at this time.
  * At the age of six weeks, parents should bring their babies for a first immunization against diphtheria, whooping cough, and tetanus. These three vaccines are given together in a single injection called 'DPT'.
  * At the ages of 10 and 14 weeks, parents should return for their infants to have two more doses of DPT vaccine. A dose of polio vaccine should also be given on each of these visits.
  * As soon as possible after the age of nine months, parents should bring their babies for immunization against measles.

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

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

Immunization schedule for infants*

<table>
<thead>
<tr>
<th>AGE</th>
<th>DISEASE TO BE IMMUNIZED AGAINST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Tuberculosis (and polio in some countries)</td>
</tr>
<tr>
<td>6 weeks</td>
<td>Diphtheria, whooping cough, tetanus, polio</td>
</tr>
<tr>
<td>10 weeks</td>
<td>Diphtheria, whooping cough, tetanus, polio</td>
</tr>
<tr>
<td>14 weeks</td>
<td>Diphtheria, whooping cough, tetanus, polio</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles (12-15 months in industrialized countries)</td>
</tr>
</tbody>
</table>

* National immunization schedules may differ slightly from country to country.

3 It is safe to immunize a sick child
O One of the main reasons why parents do not bring their children for immunization is that the child has a fever, a cough, a cold, diarrhoea, or some other mild illness on the day the child is to be immunized. Even if the child with a case of mild illness or malnutrition is brought for immunization, health workers may advise against giving the injections. This is wrong advice. It is now known that it is safe to immunize a child who is suffering from a minor illness or malnutrition, and, where diseases such as measles or whooping cough remain dangerous, every opportunity should be taken to do so.
O After an injection the child may cry, develop a fever, a rash or a small sore. As with any illness, a child should be given plenty of food and liquids. Breastfeeding is especially helpful. If the problem seems serious or lasts more than three days, the child should be taken to a health centre.

4 Every woman between the ages of 15 and 44 should be fully immunized against tetanus
O In many parts of the world, mothers give birth in unhygienic conditions. This puts both mother and child at risk from tetanus, a major killer of the new-born. If the mother is not immunized against tetanus, then one baby in every hundred will die from the disease.

Tetanus germs grow in dirty cuts. This can happen, for example, if an unclean knife is used to cut the umbilical cord or if anything unclean is put on the stump.

(continued over)
of the cord. (Anything used to cut the cord should first be cleaned and then boiled or heated in a flame and allowed to cool.)

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

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

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

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

These three tetanus vaccinations protect the mother, and her new-born babies, for five years. All infants should be immunized against tetanus during the first year of life.
What every family and community has a right to know about

**DIARRHOEA**

**NOTE TO COMMUNICATORS**

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

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

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

**THE PRIME MESSAGES**

1. Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.
2. When a breastfed child has diarrhoea, it is important to continue breastfeeding.
3. A child with diarrhoea needs food.
4. Trained help is needed if diarrhoea is more serious than usual.
5. A child who is recovering from diarrhoea needs an extra meal every day for at least a week.
6. Medicines should not be used for diarrhoea, except on medical advice.
7. Diarrhoea can be prevented by breastfeeding, by immunizing all children against measles, by using latrines, by keeping food and water clean, and by washing hands before touching food.

**SUPPORTING INFORMATION**

1. Diarrhoea can kill children by draining too much liquid from the body. So it is essential to give a child with diarrhoea plenty of liquids to drink.
   - Diarrhoea is dangerous. Roughly one in every two hundred children who get diarrhoea will die from it.
   - Most often, diarrhoea kills by dehydration, which means that too much liquid has been drained out of the child's body. So as soon as diarrhoea starts, it is essential to give the child extra drinks to replace the liquid being lost.

   - Suitable drinks to prevent a child from losing too much liquid during diarrhoea are:
     - breastmilk
     - gruels (dilute mixtures of cooked cereals and water)
     - soups
     - rice water

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

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

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

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

* fresh fruit juice
* weak tea
* green coconut water

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

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

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

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

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

ORS – a special drink

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

1. Dissolve the contents of the packet in the amount of water indicated on the packet. If you use too little water, the drink could make diarrhoea worse.
2. Stir well, and give to the child to drink in a cup.

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

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

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

3. A child with diarrhoea needs food

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

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

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

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

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

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

(continued next page)
FACTS FOR LIFE

DIARRHOEA

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

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

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

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

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

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

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

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

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

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

- give breastmilk alone for the first four-to-six months of a baby’s life (breastmilk helps to protect babies against diarrhoea and other illnesses)
- at the age of four-to-six months, introduce clean, nutritious, well-mashed, semi-solid foods and continue to breastfeed
- if milk-powder solutions or cow’s milk have to be used, give it to the child from a cup rather than a bottle
- use the cleanest water available for drinking (water from wells, springs or rivers should be brought to the boil and cooled before use)
- always use latrines to dispose of faeces, and be sure to put children’s faeces in a latrine, or bury them, immediately (children’s faeces are even more dangerous than those of adults)
- wash hands with soap and water immediately after using the latrine and before preparing or eating food
- cover food and drinking water to protect it from germs
- if possible, food should be thoroughly cooked, and prepared just before eating. It should not be left standing, or it will collect germs
- bury or burn all refuse to stop flies spreading disease.

Measles frequently results in serious diarrhoea. Immunization against measles therefore also protects a child against this cause of diarrhoea. There is no vaccine to prevent ordinary diarrhoea.
FACTS FOR LIFE  COUGHS AND COLDs

What every family and community has a right to know about

COUGHS AND COLDs

NOTE TO COMMUNICATORS

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

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

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

THE PRIME MESSAGES

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

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

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

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

SUPPORTING INFORMATION

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

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

* parents know when a cough or cold is becoming a serious infection which needs medical attention
* medical help and low-cost drugs are available

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

* the child is breathing much more rapidly than normal (over 50 times a minute)
* the lower part of the child's chest (the area between the two halves of the child's rib cage) goes in as the child breathes in instead of expanding outwards as normal
* the child is unable to drink anything

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

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

- **Breastfeeding**
  Breastmilk helps to protect against infections. On average, babies who are bottle-fed have twice as many bouts of pneumonia as babies who are breastfed. It is particularly important to give breastmilk alone for the first four-to-six months of a baby's life.

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

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

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

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

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

- **The important things to remember when treating a child at home are:**

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

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

- **Give plenty of fluids**
  All children with coughs and colds need to drink plenty of liquids.

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

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

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

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

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

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

  Spitting and sneezing by other people close to children also increases the risk. People with coughs and colds should be kept away from young babies.
What every family and community has a right to know about

HYGIENE

NOTE TO COMMUNICATORS

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

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

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

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

THE PRIME MESSAGES

1. Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food
2. Illnesses can be prevented by using latrines
3. Illnesses can be prevented by using clean water
4. Illnesses can be prevented by boiling drinking water if it is not from a piped supply
5. Illnesses can be prevented by keeping food clean
6. Illnesses can be prevented by burning or burying household refuse

SUPPORTING INFORMATION

1. Illnesses can be prevented by washing hands with soap and water after contact with faeces and before handling food
   - Washing hands with soap and water removes germs from the hands. This helps to stop germs from getting onto food or into the mouth. Soap and water should be easily available for all members of the family to wash their hands.
   - It is especially important to wash hands after defecating, before handling food, and after cleaning the bottom of a baby or child who has just defecated.
   - Children often put their hands into their mouths. So it is important to wash a child's hands often, especially before giving food.
   - A child's face should be washed at least once every day. This helps to keep flies away from the face and prevent eye infections. Soap is helpful for washing, but not absolutely essential.

2. Illnesses can be prevented by using latrines
   - The single most important action which families can take to prevent the (continued over)
spread of germs is to dispose of faeces safely. Many illnesses, especially diarrhoea, come from the germs found in human faeces. People can swallow these germs if the germs get into water, onto food, onto the hands, or onto utensils and surfaces used for preparing food.

To prevent this happening:

- Use latrines.
- If it is not possible to use a latrine, adults and children should defecate well away from houses, paths, water supplies, and anywhere that children play. After defecating, the faeces should be buried. Contrary to common belief, the faeces of babies and young children are even more dangerous than those of adults. So even small children should be taken to use the latrine. If children defecate without using a latrine, then their faeces should be cleared up immediately and either put down the latrine or buried.
- Latrines should be cleaned regularly and kept covered.
- Keep the faeces of animals away from homes and water sources.

3 Illnesses can be prevented by using clean water

- Families who have a plentiful supply of piped water, and know how to use it, have fewer illnesses.
- Families without a piped water supply can reduce illnesses if they protect their water supply from germs by:
  - keeping wells covered
  - keeping faeces and waste water (especially from latrines) well away from any water used for cooking, drinking, bathing or washing
  - keeping buckets, ropes and jars used to collect and store water as clean as possible (for example by hanging up buckets rather than putting them on the ground)
  - keeping animals away from drinking water.
- Families can keep water clean in the home by:
  - storing drinking water in a clean, covered container
  - taking water out of the container with a clean ladle or cup
  - not allowing anyone to put their hands into the container or to drink directly from it
  - keeping animals out of the house.

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

- Even if water is clear, it may not be free from germs. The safest drinking water is from a piped supply. Water from other sources is more likely to contain germs.
- Boiling water kills germs. So, if possible, water drawn from sources such as ponds, streams, springs, wells, tanks or public standpipes should be brought to the boil and cooled before drinking. It is especially important to boil and cool the water which is given to babies and young children, because they have less resistance to germs than adults.
- If boiling is not possible, store drinking water in a container of clear plastic or glass, and leave it standing in sunlight for two days before using it.

5 Illnesses can be prevented by keeping food clean

- Germs on food can enter the body and cause illness. But food can be kept safe by:
  - Making sure that food is thoroughly cooked, especially meat and poultry
  - Eating food soon after it has been cooked, so that it does not have time to go bad
  - If food has to be kept for more than five hours, it should either be kept heated or kept cooled.
  - If already cooked food is saved, it should be thoroughly re-heated before being used again.
  - Raw meat, especially poultry, usually contains germs. So it should not be allowed to come into contact with cooked meat. Chopping blocks or food-preparing surfaces should be cleaned after preparing raw meats.
  - Keeping food-preparing surfaces clean
  - Keeping food clean and covered and away from flies, rats, mice and other animals

6 Illnesses can be prevented by burning or burying household refuse

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

NOTE TO COMMUNICATORS

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

The six prime health messages in this chapter could help to prevent the tragedy of 100 million malaria cases each year, causing hundreds of thousands of child deaths and many more cases of child malnutrition. Communicators should also be aware that the effective prevention of malaria depends upon community action and government support.

THE PRIME MESSAGES

1. Young children should be protected from mosquito bites, especially at night.
2. Communities should destroy mosquito larvae and prevent mosquitoes from breeding.
3. Wherever malaria is common, pregnant women should take anti-malaria tablets throughout pregnancy.
4. Wherever malaria is common, a child who has a fever should be taken to a health worker. If malaria appears to be the cause, the child should be given a full course of an anti-malarial drug.
5. A child with a fever should be kept cool but not cold.
6. A child recovering from malaria needs plenty of liquids and food.

SUPPORTING INFORMATION

1. Young children should be protected from mosquito bites, especially at night.
   - Malaria is spread by the bite of a mosquito. Care should be taken to keep mosquitoes away from young children. There are several ways of doing this:
     * by using bed nets (preferably impregnated with a mosquito repellent)
     * by using fumigants such as mosquito coils
     * by putting screens on house windows and doors.
     * by killing mosquitoes in the house.
   - All members of the community should be protected against mosquito bites. A mosquito can take malaria from an infected person and pass it on to someone who is uninfected.

2. Communities should destroy mosquito larvae and prevent mosquitoes from breeding.
   - Mosquitoes breed wherever stagnant water can collect: in ponds, swamps, pools, pits, drains, sometimes even tin cans and hoof-prints. They may also breed along the edges of streams. Filling in or draining places where water collects, or spreading oil on ponds and swamps, can kill the mosquito larvae.
   - Regular clean-ups of the neighbourhood help to reduce mosquito breeding.

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FACTS FOR LIFE

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

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

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

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

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

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

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

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

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

- Children with fever should be kept cool by:
  * giving a temperature-reducing medicine (such as paracetamol).
  * sponging or bathing with cool (not cold) water.
  * not putting too many clothes or blankets on the child.

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

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

AIDS

NOTE TO COMMUNICATORS

Acquired Immune Deficiency Syndrome, or AIDS, is a new global problem. Every nation is threatened by it, and as many as 5 to 10 million people may already be infected with the AIDS virus world-wide. It kills by damaging the body's defences against other diseases. As of 1988, there is no known cure.

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

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

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

THE PRIME MESSAGES

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

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

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

4. Women with the AIDS virus should avoid becoming pregnant

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

SUPPORTING INFORMATION

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

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

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

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

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

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

  - By the blood or semen or vaginal fluid of an infected person passing into the body of another person. The AIDS virus can therefore spread by sexual inter-

(continued over)
course. It can be passed from man to man, man to woman, and woman to man.

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

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

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

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

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

* A mother with the AIDS virus should continue to breastfeed her baby. There is a very small risk that the AIDS virus could be passed on to the baby by breastfeeding. The risks of bottle-feeding a baby are known to be very much greater, especially in a poor community.

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

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

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

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

* A guide to safer sex

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

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

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

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

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

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

3 Any injection with an unsterilized needle or syringe is dangerous

* Drug abuse, involving the sharing of unsterilized needles or syringes by two or more persons, is one of the main ways in which the AIDS virus is spread in the industrialized countries.

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

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

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

4 Women with the AIDS virus should avoid becoming pregnant

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

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

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

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

- Apart from protecting yourself and your partner, you can also help to protect your children against AIDS by making sure they know the facts about how to avoid getting and spreading the disease.
- In this way, everyone can help in the world-wide effort to stop the AIDS virus from spreading to the new generation.
The text of FACTS FOR LIFE has been prepared in co-operation with UNICEF's advisors and the Directors of the relevant technical divisions of the World Health Organization. In addition, the 41 medical experts and child health workers listed below have kindly acted as consultants on the draft text.

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The following organisations have agreed or are seriously considering, joining in the partnership to publish FACTS FOR LIFE.

The list is added to daily as more organisations join in partnership.

Medical organisations
African Medical and Research Foundation
The Asian Health Institute Foundation
Christian Medical Commission
Commonwealth Nurses Federation
European Healthcare Management Association
Family Health International
Institute of Child Health
International Centre for Diarrhoeal Disease Research, Bangladesh
International Council of Midwives
International Council of Nurses
International Federation for Family Health
International Hospital Federation
International Pediatric Association
International Physicians for the Prevention of Nuclear War, Inc.
International Society of Tropical Pediatrics
International Union for Health Education
International Union of Nutritional Sciences
Latinamerican Paediatric Association
Medical Women’s International Association
Medicus Mundi International
Pan American Federation of Associations of Medical Schools
Pan American Health and Education Foundation
Rehabilitation International
World Federation for Medical Education
The World Medical Association
World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

International and regional child-related organisations
Arab Council for Childhood and Development
Associated Country Women of the World
Association Fraternelle Internationale
d’Affaires des Juristes Democrates
Bahá’í International Community
Baptist World Alliance
CARE
Child to Child
Childhope
Centre d’informacio i Documentacio Internacionals a Barcelona
Clearinghouse on Development Communication
Conference of European Churches
Foster Parents Plan International
Helen Keller International
The Institute of Cultural Affairs International
International Agricultural Center
International Alliance of Women
International Association for Community Development
International Association for Religious Freedom
International Association of Lions Clubs
International Association of Schools of Social Work
International Children’s Centre
International Commission on Human Development with Special Reference to Mother & Child
FACTS FOR LIFE

International Council on Management of Population Programmes
International Council on Social Welfare
International Federation for Home Economics
International Federation for Parent Education
International Federation of Educatice Communities
International Federation of Pharmaceutical Manufacturers Associations
International Federation of Settlements and Neighbourhood Centres
International League Against Rheumatism
International Organization of Consumers Unions
International Planned Parenthood Federation
International Schools Association
International Social Service
International Union of Family Organizations
International Union of Food and Allied Workers
International Women's Networking Business Conference
Inter-Parliamentary Union
Jaycees International
La Leche League, International
League of Red Cross and Red Crescent, Community Health Department
Mother and Child International
Organisation for Rehabilitation through Training
Pan African Institute for Development
Program for Appropriate Technology in Health
Results
Rissho Kosei-Kai
The Salvation Army
Save the Children Alliance
Scouts and Girl Guides
Soroptimist International
Susila Dharma International
Task Force "Sight and Life"
Teaching Aids at Low Cost
United Nations of Yoga
The United Nations University
United Towns Organization
Women's International Democratic Federation
World Alliance of Young Men's Christian Associations
World Assembly of Youth (WAY)
World Association for Christian Communication
World Blind Union
World Confederation of Labour
World Confederation of Organizations of the Teaching Profession
World Council of Churches
World Education Inc.
World Federation of Trade Unions
World Movement of Mothers
World Veterans Federation
World Vision International
World's Woman's Christian Temperance Union
Young Women's Christian Association
This book is about — and for — everyone who can help to communicate today's child health knowledge to parents and communities in the developing world.
ALL FOR HEALTH
PRE PUBLICATION TEXT

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Mobilizing All for Child Health

"Not only physicians but all people everywhere - including political and spiritual leaders from north and south, east and west - must join hands with those active in education, agriculture, industry, information and many other walks of life in an all-out effort to make the goal of health for all come true."

(Halfdan Mahler
Director General Emeritus
World Health Organization)

Every year, in the developing world, more than 13 million children die before the age of five. Many millions more live on with ill health, disablement or poor growth.

The wastage of these young lives is a tragedy condemning any pretence which human society may have to civilized values. For it is a tragedy which is largely preventable. All the knowledge needed to save the great majority of these children - and to protect their healthy development - already exists. The essential part of that knowledge is not highly technical. It is knowledge which, to a large extent, most parents and most communities could put into practice. It is therefore knowledge to which all parents and all communities have a right.

That knowledge has now been brought together as FACTS FOR LIFE, a 60-page handbook published by UNICEF, in cooperation with the World Health Organization, UNESCO and many other leading international organizations concerned with the health and development of children.

But the publication of FACTS FOR LIFE is only a first step. The challenge now is to communicate this information so that it becomes part of the basic stock of child care knowledge of every family and every community.

ALL FOR HEALTH is about that challenge, and how it can be met by an alliance of communicators from a broad cross-section of society: not only by health professionals but by community health workers, volunteers and traditional health practitioners; by journalists, broadcasters, editors and other media professionals; by teachers, educators and school pupils; by trade union leaders and employers; by religious and community leaders; by artists, entertainers and sporting personalities; by publishers and advertising experts; by leaders of women's and youth organizations; by development and social workers; by officials of all branches of national and local government; and by heads of state, prime ministers and other political leaders.

During the 1980s, this alliance has begun to take shape on a global scale. It is an alliance which knows no boundaries - professional or political, religious or national. It is an alliance which seeks to mobilize 'all for health' in the cause of 'health for all'. It is through this alliance that the vital child health knowledge brought together in FACTS
ALL FOR HEALTH

Mobilizing All for Child Health

For life can be made available to parents and communities throughout the developing world.

An Alliance of Communicators

"We have the scientific knowledge and the tools to bring the major threats to child survival under control. ... Demystifying this knowledge, getting it to parents everywhere and supporting them in using it is therefore now a top priority. And it can be done through continuing commitment to a Grand Alliance of all possible social resources. We are saying to influential leaders in the community, 'The missing element is YOU! You may be the most important health worker of all!'

(James P. Grant
Executive Director of UNICEF)

Communicating today's child health knowledge to all families and communities in the developing world is one of the greatest challenges of the late twentieth century. Yet it is a challenge which can be faced with some confidence. For in the past two decades the world's developing countries have transformed their capacity to communicate with their own citizens.

The invention of the battery-powered transistor has brought radio broadcasts into the great majority of homes in most developing countries. There are now over 600 million radio sets in the developing world, including 240 million in China alone. Television - the most powerful of all the mass media - now reaches the great majority of villages and urban neighbourhoods in Asia, Latin America and the Arab world. Video parlours and cinemas attract large audiences even in remote rural areas. And with 60% of the developing world's adults now literate, the audience for newspapers, books, magazines and other print media is already huge and growing rapidly. Nearly half the world's newspaper titles, for example, are published in developing countries.

The mass media - especially radio and television - are extremely powerful. They have the capacity to reach out and publicize new health programmes, to create mass awareness of health issues, and to promote new health knowledge and behaviour. They can support fieldworkers with practical information and the knowledge that their work is part of a wider national effort. They can also play an important advocacy role, helping to place child survival and development high on a nation's political agenda.

During the 1980s the mass media have played a key role in spreading information about low-cost, practical child survival actions. In scores of developing countries, radio and television have brought messages about two of the most powerful child survival measures - immunization and oral rehydration therapy - into many millions of homes. Press, radio and television coverage of UNICEF's annual The State of the World's
Children report has also helped to raise public and official awareness of child survival and development in both the industrialized and the developing countries.

The mass media carry a special authority, but to change individual beliefs and behaviour, interpersonal communication is often necessary. A mother may hear on the radio that she should give solid food to a child with diarrhoea, but if this message conflicts with the traditions of her community and the advice she is receiving from relatives and community leaders, she is unlikely to carry it out. Before doing so, she is likely to need the encouragement of someone whose advice on health issues she respects - a nurse from the nearest health centre, for example, or the village midwife, a school teacher, or a religious leader. And she will continue to need this support in order to sustain her break with the traditional behaviour.

Unlike the mass media, interpersonal communication cannot reach mass audiences simultaneously. But it does have certain advantages: it allows for more interaction, more sharing of information and more learning by both the 'sender' of the health message and the 'audience'. It is especially effective when supported by 'small media' such as leaflets, posters, flipcharts, video, role play, songs and drama - even more so when the people themselves are involved in producing these materials.

Beyond the health services
Health information carries special weight when it is communicated by the doctors, nurses, midwives and other health professionals who are responsible for actually providing health services. And with the spread of primary health care during the past decade, hundreds of millions of families previously outside the health system now have access to information, advice and care from a trained health worker. The number of doctors and nurses in developing countries has almost doubled in the past decade. At the same time, several million community health workers, traditional birth attendants and volunteers have been trained to make basic health knowledge and skills available to people within their own communities.

Every health professional and volunteer should also be a health educator. It is no coincidence that the International Conference on Primary Health Care at Alma-Ata in 1978 made health education the number one priority of primary health care. But in no nation can the health system, on its own, possibly handle the task of communicating today's child health knowledge to all parents and communities. Many other institutions, organizations and individuals must share this responsibility:

* The education system is the developing world's broadest channel for disseminating health knowledge and developing healthy attitudes and practices. Eighty percent of children in the developing world now enroll in primary school. No child should leave school without acquiring basic child health knowledge and skills.

* Government services such as Agriculture, Community Development and Social
ALL FOR HEALTH

MOBILIZING ALL FOR CHILD HEALTH

Services have the capacity to reach hundreds of millions of families with basic information about child health and development. The Post Office and Public Transport services can also bring child health messages to the attention of a wider public.

* Through organizations such as village councils, people's health committees, development associations, consumer organizations, women's groups and youth movements, hundreds of millions of people - mainly from low-income groups - are now linked by information networks which can effectively communicate health knowledge and skills.

* The growth of professional organizations, trade unions and cooperatives has also opened up new channels for reaching hundreds of millions of parents with health information.

* Practitioners of traditional and 'alternative' medicine, if approached with tact and respect, can become the allies of the health services in promoting vital child health knowledge.

* The voice of religion, reaching into the furthest corners of the earth, is a uniquely authoritative channel for communicating health messages.

* Businesses, banks and employers are in regular contact with literally hundreds of millions of people, many of whom are parents. They are also a potentially important channel for child health messages.

* Artists and entertainers reach a wider cross-section of the population than any other communicators. They are also a potentially powerful channel for communicating health messages and helping to raise public and official awareness of the issue of child survival and development.

* Tens of thousands of voluntary organizations have already demonstrated their capacity to educate and mobilize communities to take greater responsibility for their own health and development.

* New political institutions have joined forces with traditional leaders in many countries to inform communities about the prevailing health problems of mothers and children, and to organize activities aimed at solving these.

The particular strength of these channels of communication is their capacity to reach out directly to ordinary people wherever they happen to be: not only in hospitals and health centres, but at places of worship and the workplace, in the home and schools, in community centres and village halls, in marketplaces and shops, in banks and government offices, and at festivals, fairs and places of entertainment.

Bridging the 'knowledge gap'

With this recent surge in mass media and interpersonal communication capacity, it is now possible to reach the great majority of parents in the developing world with FACTS
FOR LIFE messages. But there is nothing automatic about the communication and application of new health knowledge. Whether it concerns the dangers of bottle-feeding infants, the importance of a full course of vaccinations, or the correct preparation of an oral rehydration solution, there is invariably a gap between the discovery of new health knowledge and its application by the majority - particularly by low-income groups. If FACTS FOR LIFE messages are to reach all parents and communities and become part of their basic stock of health knowledge, a conscious effort must be made to bridge the 'knowledge gap' between the information 'haves' and 'have nots'.

This is not to argue that knowledge is the only factor in determining whether children survive and develop to their full potential. The limits to what new health knowledge, on its own, can achieve are defined by factors such as poverty and unemployment, illiteracy and poor housing, the lack of basic services such as sanitation and clean water, and social factors such as the low social and economic status of women in many countries.

But there is no denying that educating people in how to prevent or deal with their health problems is the most cost-effective means of improving a nation's health. Far from being a drain on a nation's resources, it is a highly productive investment in a nation's human capital. It promotes greater self-reliance and a sense of self-confidence and responsibility. It stimulates community demand for, and participation in, preventive health services such as immunization, ante-natal care, and the control of diseases such as diarrhoea and malaria. In the prevention of AIDS, health education is society's only effective weapon. Above all, it is surely a basic human right for parents to know what they themselves can do to protect their children's survival and healthy development.

'Whether we are able to bridge the 'knowledge gap' between the 'information poor' and the 'information rich' depends largely on the efforts we make and the strategies we follow. For if any nation really wants to distribute health knowledge and skills more widely, there are ways and means of doing so. In virtually all countries, the channels of communication and social organization for reaching all families and communities with vital child health knowledge are already available. Even in those countries where access to the mass media still remains limited, there are many individuals, organizations, and institutions with the potential to act as communicators of health knowledge and skills.

Continuous education

But to mobilise every available channel of communication and social organization in the cause of child survival and development requires political commitment at the highest level. During the 1980s that commitment has begun to make an impact in dozens of developing countries of great political, economic, and geographical diversity.

In many countries, national efforts have focussed on achieving the United Nations goal of universal childhood immunization by the year 1990 as a symbol of political
commitment to reducing infant and child mortality. The results have been remarkable. Ten years ago, fewer than 5% of infants in the developing world were fully immunized against the six main vaccine-preventable diseases. Today, that figure has risen to over 50%, and immunization is saving the lives of approaching 2 million children a year.

In countries such as Algeria, Brazil, Colombia and Turkey (see Boxes xx), the initial focus on immunization has widened to encompass other aspects of child survival and development. In each case, what began as a campaign against vaccine-preventable diseases has developed into a broadly based educational process involving a wide range of communication channels, government agencies and social organizations. This educational process is the key to the long-term sustainability, not only of immunization but of all efforts to promote child survival and development. For it is only through education that parents and communities will become aware of what they themselves can do to protect their children's health. And it is only through education that informed community demand for, and participation in, health services can be created and sustained over the longer term.

FACTS FOR LIFE provides the essential knowledge base for such a process of continuous health education. Yet it is only through the long-term commitment of a broad alliance of health communicators that FACTS FOR LIFE knowledge can be disseminated to all parents and communities and become part of their stock of health knowledge. In ALL FOR HEALTH we shall look at the members of this alliance in greater detail. We shall consider what they are already doing to communicate basic child health knowledge and how they could help to communicate FACTS FOR LIFE messages.

We shall also examine the process of health communication itself - how information about health is shared, and how attitudes, beliefs and behaviour are changed. For it is not enough simply to put FACTS FOR LIFE into the hands of individual communicators and then leave them to their own devices. The field of health education is littered with stories of how well-intentioned efforts to instruct people in what is 'good for them' have failed and even been counter-productive. Conscious strategies are needed to ensure that FACTS FOR LIFE is used to its full potential as the cutting edge of a long-term educational effort. It is to these strategies that we now turn our attention.

Box No. x
President Shadli of Algeria has committed his government to halving the country's infant mortality rate between 1986 and 1990. The Ministries of Education, Information, Public Works and Social Welfare are backing the Ministry of Health in a national effort to bring basic child health knowledge into every Algerian home. State-owned newspapers, radio and television stations are disseminating information about immunization, maternal health, oral rehydration therapy, birth spacing, water and sanitation and nutrition. The Post Office has issued special stamps on child survival themes.
The ruling party's youth and women's movements are also organizing meetings to educate and involve all their members in the national effort to save the lives of 40,000 children annually by the year 1990. To stimulate and coordinate these efforts, a special 'social communication' unit has been established by the Ministry of Information.

Box No. x
In 1984 President Betancur of Colombia launched a successful immunization campaign which has since developed into a comprehensive programme of child survival and development. Under his successor, President Barco, the Ministries of Health and Education, as well as the National Police, the Institute of Family Welfare, the Catholic Church, the Red Cross and the Scouts are now partners in a national programme aimed at halving the infant mortality rate by the year 1990. These efforts are backed by the radio, television and newspapers, as well as business organizations such as the National Coffee Growers Federation.

Box No. x
"First the Child, because Brazil begins with the Child." With these words President Sarney of Brazil launched the CHILD FIRST Programme in August 1985. Five years earlier, Brazil had staged its first two national vaccination days against polio, when over 300,000 volunteers helped the health services to vaccinate 18 million children. The national vaccination days have been repeated each year since 1980, with massive support from the mass media, the churches, community organizations and the health services themselves. CHILD FIRST goes beyond immunization but builds on the public and official awareness created in part by the national vaccination days. Administered by the Brazilian Assistance Legion, the programme promotes primary health care, food supplementation for poor mothers and small children, and pre-school services in poor communities all over Brazil. The aim is to improve the lives of 9 million of the poorest Brazilian children.

Box No. x
In 1985 President Evren of Turkey personally led one of the world's most successful immunization campaigns; over 4 million children were vaccinated and over 20,000 child deaths avoided. Immediately after the campaign immunization coverage faltered but has since returned to high levels. Success with immunization has catalysed primary health care activities on a broader front. All hospitals now use oral rehydration therapy as a routine practice. All 22 medical faculties are strengthening child survival strategies in their teaching programmes. In addition, all 200,000 primary school teachers now receive regular instruction in child health using Turkey's own adaptation of FACTS FOR LIFE.
HEALTH COMMUNICATION

“Always remember: communication is a two-way process. Ask people about their problems. Elicit their opinions and views. Listen carefully to the answers. These answers are most important for helping you to decide what you want to communicate. Listening helps you identify priorities.”

(Voluntary Health Association of India
Health for the Millions, 1986)

Communication is the sharing of ideas, knowledge, attitudes and feelings. It is an essential part of health education. But efforts to communicate new health knowledge and skills do not always achieve the results intended. For example:

* The people receive the information but do not understand it and are not encouraged to ask questions. Result: no change in health behaviour.

* The people receive the information but misunderstand it and apply it incorrectly. Result: people change their behaviour but their new actions do not benefit their health and may even be harmful.

For example, mothers are encouraged to use oral rehydration therapy (ORT) when their children have diarrhoea, but may not learn how to prepare the solution correctly. As a result, they may use too much water, which makes the solution ineffective. Alternatively, they may use too little water, making the solution potentially dangerous. In other cases, mothers may prepare the solution correctly but give the child too little to prevent dehydration.

* The people receive and understand the information, and learn a new health action correctly. But the new knowledge conflicts with existing attitudes and beliefs, and is discontinued or not put into practice at all.

For example, mothers are taught to continue feeding a child with diarrhoea but may not act on this information because it conflicts with a traditional belief (sometimes supported by health professionals) that the stomach needs to be 'rested' during diarrhoea.

* The people receive and understand the new information but are unable to act upon it because of their poverty or because basic services are not available.

For example, in communities where clean water is unavailable and cooking fuel is scarce and expensive, many families will find it difficult to follow advice to boil drinking water.

* The people receive and understand the information but change their behaviour only temporarily because of disappointment with the results of the new behaviour.
For example, mothers trained to use oral rehydration therapy (ORT) may expect ORT to stop the diarrhoea (rather than prevent dehydration). But when they notice that the diarrhoea continues, they lose faith in the therapy and return to other treatments such as ‘anti-diarrhoeal’ drugs and magico-religious cures.

Communication breakdowns of this kind are not inevitable. They can usually be avoided if health educators take the trouble to understand the attitudes, beliefs and social factors that determine people’s health behaviour. As we shall see in the following section, effective health communication begins with listening.

TWELVE STEPS IN HEALTH COMMUNICATION

People from many walks of life can help to communicate FACTS FOR LIFE messages to parents. But communication is not simply a matter of transmitting information and assuming it will be understood and acted upon. Effective health communication involves the ‘transformation’ of health knowledge into messages which can be readily understood, accepted and put into action by the intended ‘audience’. It also involves a two-way flow of information between the ‘sender’ of health messages and the ‘audience’.

In many countries the following twelve steps have been found to be useful in communicating new health knowledge and skills:

1. DEFINE CLEARLY WHAT HEALTH BEHAVIOUR YOU ARE TRYING TO PROMOTE

For example:

* Every pregnant woman should have at least two health check-ups during pregnancy
* Mothers should breastfeed exclusively for the first 4-6 months of the child’s life
* A child with diarrhoea should be given food
* A child with a cough or cold should be kept warm
* Everyone should wash hands with soap after contact with faeces and before handling food

2. DECIDE EXACTLY WHO IN THE POPULATION YOU ARE TRYING TO INFLUENCE

A great deal of time, effort and money may be wasted if health messages are disseminated to the general public rather than to particular ‘target’ audiences. The main target
audience for child health and development messages consists of mothers and grandmothers of young children. But there are also other groups whose knowledge, beliefs and attitudes may have a strong influence on the mother's beliefs and actions. These groups - including husbands, religious and community leaders, school teachers, traditional birth attendants, and local government officials - may be an important secondary 'target' audience for health messages.

3. ASK WHETHER THE NEW HEALTH BEHAVIOUR REQUIRES NEW SKILLS

For example the following actions may need to be learned:

* Preparation of a safe and effective drink for a child with diarrhoea
* Administering adequate amounts of food and fluids to a child with diarrhoea
* Recognizing the signs of diarrhoeal dehydration which mean that a child needs medical care urgently
* Preparation of nutritious food at low cost
* Breastfeeding (especially first-time mothers)

4. LEARN ABOUT THE PRESENT HEALTH KNOWLEDGE, BELIEFS AND BEHAVIOUR OF THE 'TARGET' AUDIENCE

Rule Number One of Communication is 'Know your audience'. You must be familiar with the audience's present health behaviour, and with the attitudes, beliefs and social factors which determine this behaviour. This information will help you to design health messages which build upon the existing knowledge and beliefs of the 'target' audience. It will also serve as a useful 'baseline' for the evaluation of the programme at a later stage (see Box xx).

5. ENQUIRE WHETHER THE HEALTH BEHAVIOUR YOU ARE TRYING TO PROMOTE HAS ALREADY BEEN INTRODUCED TO THE COMMUNITY

If so, who introduced it and how did people respond at the time? What attitudes do people have towards it now? Why is it not practised more widely?

6. INVESTIGATE THE TARGET AUDIENCE'S PRESENT SOURCES OF INFORMATION ABOUT HEALTH

This information will help you to identify the 'target' audience's most credible sources of information about health and their access to various mass media and interpersonal communication channels. It will also alert you to potential communication conflicts -
such as misleading advertising (e.g. baby foods, patent medicines), and incorrect health advice by influential people such as community leaders, traditional healers and even trained health workers. With this information, you may be able to design health messages for these groups and possibly head off conflicts even before they occur.

7. SELECT THE COMMUNICATION CHANNELS AND MEDIA WHICH ARE MOST CAPABLE OF REACHING AND INFLUENCING THE "TARGET AUDIENCE. THESE WILL INCLUDE A MIX OF:

- **INTERPERSONAL CHANNELS**: health professionals, community health workers, religious and community leaders, traditional health practitioners, women’s and youth organizations, school teachers, trade union leaders, development workers, government officials.

- **MASS MEDIA**: radio, television, newspapers, magazines, comic books.

- **SMALL MEDIA**: posters, cassettes, leaflets, brochures, slide sets, video, flip charts, flash cards, T-shirts, badges, loudspeakers etc.

DO NOT RELY ON A SINGLE MEANS OF COMMUNICATION. ALWAYS USE A 'MIX' OF VARIOUS CHANNELS AND MEDIA SO THAT THE "TARGET" AUDIENCE RECEIVES THE MESSAGE FROM ALL SIDES AND IN MANY VARIATIONS.

8. DESIGN HEALTH MESSAGES WHICH ARE:

- EASILY UNDERSTANDABLE - using local languages or dialects and colloquial expressions
- CULTURALLY AND SOCIALLY APPROPRIATE
- PRACTICAL
- BRIEF
- RELEVANT
- TECHNICALLY CORRECT
- POSITIVE

9. DEVELOP AND TEST YOUR EDUCATIONAL MATERIALS

Testing your materials before producing and disseminating them widely is essential. It will result in more effective communication and save you considerable time and money.

Present your materials (posters, videos, leaflets, flash cards, songs, dramas etc) to a
sample of your ‘target’ audience and ask them for their opinions. Do they understand the health messages you are trying to communicate? Do they like the materials and format you have used? Are the symbols/language/stories/music socially and culturally acceptable? Revise your materials accordingly before mass production and distribution.

10. SYNCHRONIZE YOUR EDUCATIONAL PROGRAMME WITH OTHER HEALTH AND DEVELOPMENT SERVICES

For example, a health education programme encouraging the use of packets of oral rehydration salts in the home should not start unless there is already an adequate supply of ORS packets available through the health services and commercial networks.

11. EVALUATE WHETHER THE INTENDED NEW BEHAVIOUR IS BEING CARRIED OUT

Using the baseline data (Step 4) for comparison, check the extent to which the ‘target’ audience is carrying out the new health behaviour. Investigate why some members of the audience are not carrying it out. For example, a message to give solid foods to babies from the age of 4-6 months may conflict with a traditional custom of breastfeeding exclusively for up to 12 months. Investigate who in the community are the opinion leaders in child care and target this group with the appropriate messages.

12. REPEAT AND ADJUST THE MESSAGES AT INTERVALS OVER SEVERAL YEARS

Experience in many countries has shown that it is only through frequent, varied repetition of carefully designed health messages, through many channels and over a number of years, that new health knowledge is fully accepted and acted upon by the majority. People can easily revert to their previous behaviour if the new health actions are not reinforced over a period of several years. The messages may also need to be adjusted as people’s health knowledge and behaviour change over time.

To communicate FACTS FOR LIFE messages, what is required is not a series of short-term promotional events, but a process of carefully programmed activities. Such a process will not only ensure more effective communication, but will also save the programme a great deal of time and money.

BOX xx

‘Know your Audience’

By studying the ‘target’ audience’s present health knowledge, attitudes, beliefs and behaviour, health educators can design appropriate messages and select the most suitable communication channels and media. Such studies are also useful for identify-
ing existing and potential barriers to communicating particular health concepts and actions.

* In Bangladesh, a study found that 60% of mothers were positive about immunization, but of those who were highly negative, all associated vaccination with family planning measures. Some thought that family planning medicine was mixed in the vaccine, others believed that the foetus would die in the womb. Of those with negative attitudes towards immunization, 70% feared side effects, such as serious disease or even death. About 60% of the women reported that their husbands made the decisions about whether or not to vaccinate their children.

* In Ghana, researchers reported that most mothers believed diarrhoea to be caused by food that was insufficiently heated or to which the person was unsuited. Few mothers associated diarrhoea with inadequate personal hygiene such as lack of hand-washing. The commonest form of first-line treatment was traditional medicine (46%), followed by hospital treatment (35%) and self-medication (19%). There was widespread confusion about how to prepare a sugar and salt solution correctly. In about half of all cases a child with diarrhoea was given fluids such as rice water or corn porridge (without salt or sugar) but solid foods were withheld. In about one third of all cases, enema was used as a routine method of treatment.

* In India, a national survey found that only 26% of mothers interviewed had ever heard of oral rehydration salts (ORS) and only 2.5% had ever used ORS; another 1% had used a sugar and salt solution to treat a child with diarrhoea. There was considerable confusion about how to prepare an oral rehydration solution: most mothers added too much water. A total of 85% of mothers sought treatment from a private medical practitioner when their children had diarrhoea. The remainder relied on homeopaths, ayurvedic practitioners, faith healers, herbalists and chemists. About 40% of mothers reduced the child's food intake during diarrhoea, usually by cutting staples (rice, rotis, pulses) and vegetables from the diet.
ALL FOR HEALTH

TEACHERS AND SCHOOLS AS HEALTH COMMUNICATORS

TEACHERS AND SCHOOLS AS HEALTH COMMUNICATORS

"Systematic efforts must be made to integrate education for health in curricula at all levels - primary, secondary, university, and in technical schools. We must act upstream, not downstream."

(Halldan Mahler
Director General Emeritus of the World Health Organization)

The education system is the developing world’s broadest channel for disseminating health knowledge and helping communities to develop healthy attitudes and practices.

Eighty percent of children in developing countries now enroll in primary school, and 60% complete at least four years.

There are more than five times as many school teachers in the developing world as health workers. Teachers are in regular contact, over a period of years, with school children and their parents. They are also influential members of their communities.

With guidance from their teachers, school children can also become health messengers within their own families and communities.

Today’s children are also tomorrow’s parents. No child should leave school without today’s knowledge of how to protect the lives and normal mental and physical growth of children.

COMMUNICATING CHILD HEALTH KNOWLEDGE

Some nations are already seizing the opportunity of using the school system to teach today’s child health knowledge to tomorrow’s generation of parents:

* In Uganda, all primary schools now teach basic child health knowledge and skills as part of Science lessons. The new syllabus, which was tested in 20 pilot schools, covers topics such as nutrition, safe water, sanitation immunization, treatment of common diseases, prevention of accidents, and AIDS. The section on AIDS, for example, covers means of transmission, care of AIDS patients, and prevention of the disease, with special emphasis on “one sex partner for life”. In implementing the new syllabus, teachers are using a package of specially developed teaching materials and are encouraging children to be “agents of change” by informing their friends and families about primary health care.

* In Swaziland, an experimental project used radio to teach 2,000 children in 16 primary schools about immunization. The children listened once a week to one of eight 15-minute radio programmes introduced by an “immunization song” and featuring a
story teller, "Uncle Elijah", who quickly became a highly popular character. The children also used special workbooks illustrating "the six killer diseases". A 26-point quizz was used to measure what the children learned about immunization. At the start, they averaged only 4.5 correct answers; after two months the average score improved to 20.

* In the Middle East, WHO and UNESCO are cooperating with governments on a joint Health Education Curriculum Development Programme for the region's 25 million primary school children.

* In China, primary schools teach vital child health information using illustrated story books, charts, slide shows, games, nursery rhymes and self-made teaching aids.

* In Turkey, 200,000 primary school teachers take part each year in special courses on basic child health courses using Turkey's own adaptation of FACTS FOR LIFE.

* In Bolivia, child health messages have been incorporated into the primary school curriculum and are popularized through story books.

Schools for community health

In many countries schools have begun to work as partners and allies of the health services as temporary vaccination posts, oral rehydration teaching centres, child weighing posts, and meeting places for adult health education classes:

* In Senegal and Syria, thousands of school children made house-to-house visits to inform parents of the date and time of vaccination sessions in the neighbourhood schools, and to compile lists of children in need of vaccination. Said-Papa Ndiaye, principal of the Cheik Toure School in Saint Louis, Senegal:

"We had to do something. It was obvious our colleagues in health couldn't cope with such a massive programme on their own."

* In Bolivia, thousands of school teachers organize oral rehydration teaching and treatment centres within the school for parents and children.

* In Turkey, over 70,000 school teachers helped to motivate parents to bring their children for vaccination during the national campaign in 1985.

With guidance from teachers, school children can also share much of what they learn about child health with their own parents, younger brothers and sisters, and children not attending school. For example:

* In Moshi, Tanzania, school children were taught how to use oral rehydration therapy (ORT) using sugar, salt and water. As homework they were set the task of teaching ORT to their parents. A survey found that the proportion of mothers who could prepare an oral rehydration solution correctly rose from 13% to 65%.

* In the Ivory Coast, high school students and teachers have formed an itinerant theatre
group performing sketches on oral rehydration therapy and immunization for audiences of parents and school children.

* In a low-income area of Bombay, India, polio immunization coverage increased from 20% to 90% after school children were given responsibility for bringing their younger brothers and sisters to vaccination posts.

* In Ecuador, 34,000 teachers and 150,000 secondary school students were given a week's training in methods of protecting child health and growth. A follow-up survey found that 50% of families interviewed had used oral rehydration therapy, and more than half said they had learned about it from high school students.

* The Child-to-child Programme, now active in 67 countries, uses "child power" to spread positive health messages within the community. In India, the Municipal Corporation of Delhi has introduced Child-to-child teaching materials into primary schools. In Mexico, school children conducted a door-to-door survey which found that the incidence of diarrhoea was five times higher in babies who were bottle-fed than in those who were breastfed.

Schools for parents

* In China, the All China Women's Federation runs 120,000 "parents' schools" where 5 million parents a year learn about pregnancy and childbirth, child health, hygiene and sanitation.

* In Democratic Yemen, mothers learn about maternal and child health through literacy classes. Meeting in the afternoon after the day's work in the fields, they acquire basic reading and writing skills using text books on subjects such as breastfeeding, nutrition, pre- and post-natal care, hygiene, sanitation and diarrhoea control. Many classes are held in the open air, the participants (some with babies) sitting on the ground under a shady tree.

Colombia: graduating in health

In Colombia, the whole educational system is now being mobilized to promote the healthy development of the country's 4 million young children.

At schools in rural areas, teachers are organizing evening classes for parents to study 16 specific approaches to promoting their children's health and development. By 1989, a total of 300,000 parents will have participated in these classes at 10,000 rural schools.

At all levels of the educational system - from primary through to university - child survival and development topics are now being studied as part of the curriculum. In urban areas, 700,000 high school pupils are being trained as "health monitors" to share their health knowledge with members of the community.

These recent developments are all part of a national programme - called 'SUPERVIVIR' - which aims to lower child mortality by one third before 1990. Coordinated by the
Ministry of Health, the programme originated in the wake of the successful immunization campaign of 1984. The aim is to develop a sustained movement to promote not just the survival but the normal mental and emotional development of the Colombian child. The programme is drawing support from a wide range of organized resources - from the mass media and the education system, from government services and voluntary agencies, and from community organizations.

Health monitors are drawn from the ranks of high school pupils (over 80% of the total), Red Cross volunteers, Scouts, the Police, kindergarten teachers, and volunteers recruited by the Colombian Institute of Family Welfare as well as by the Catholic Church. Their training is based on a special *Health Monitor Manual* concentrating on six priority areas: diarrhoeal disease and oral rehydration therapy; vaccine-preventable diseases; malnutrition; acute respiratory infections; complications of pregnancy and childbirth; and the child's emotional development.

These topics are now part of the curriculum of the 8th and 9th grades in all Colombian high schools. After studying the manual for a total of 80 hours, pupils spend 30 hours visiting families to advise parents on maternal and child health, and to refer mothers and children in need of care to the health services.

Myriam J. Santo Domingo, a 9th grade student in Barranquilla, Colombia, at first recoiled from the idea of becoming a health monitor. But gradually she found herself changing her mind:

> "When my classmates and I heard about the new Presidential Decree, many of us felt upset, unsure and even annoyed. 'Why us?' we asked. 'Why not people who are more interested and more qualified - like medicine, psychology or pre-school education?' In the end we resigned ourselves to our fate. Either we did it or we would have to repeat the 9th grade.

> "Finally we had to visit the barrio assigned to us, one of the poorest in the city. The first thing that struck us was how terrifyingly desolate the place was. It was difficult to accept that it was the same Barranquilla that we knew, the same city in which we lived but without the mask of luxury to which we were accustomed.

> "Then, feeling very nervous, we started our work. After making a few visits, our nervousness gave way to a sense of confidence - in the people and in ourselves. It was amazing to see how, contrary to what we had feared, the people gave us their attention, their support and their affection; to see how they appreciated the small grain of assistance which my classmates and I could offer, and even more how they made us part of their own lives.

> "I want to say how grateful I am for this experience, which I shall never forget. It has helped me to throw off the invisible blindfold which all young people wear, and which stops us from seeing beyond our own noses, beyond the things we happen to like and which interest us."
By 1990, health monitors will have visited over one million Colombian families. Not the least of the benefits is that a new generation of Colombian youth is growing up with more social awareness of, and commitment to, the needs of Colombia's children.

COMMUNICATING FACTS FOR LIFE

No child should leave school without today's knowledge about protecting the lives and normal mental and physical growth of children. Those who could help achieve this aim include:

* **Ministries of Education** - who can use FACTS FOR LIFE as an authoritative point of reference when revising syllabuses and setting guidelines for teaching materials.

* **Teacher training colleges** - who can use FACTS FOR LIFE to educate trainee teachers in the essentials of today's child health knowledge.

* **Publishers of school textbooks** - who can commission authors to write textbooks incorporating FACTS FOR LIFE messages.

* **Makers or educational films, videos and slides** - who can produce educational materials embodying FACTS FOR LIFE messages.

* **Teachers unions and professional associations** - who can promote FACTS FOR LIFE to their members.

* **School teachers and principals** - who can use FACTS FOR LIFE for guidance when preparing lessons and teaching materials, and in promoting health within the community.

Quotes (to be distributed throughout text)

"If we had started in all schools in 1974 when the Programme began, we could have got the immunization message to most of those who are becoming parents today."

(Ralph Henderson
Director of WHO's Expanded Programme on Immunization)

"With cooperation from the Ministry of Education, school teachers and school children can become the front-line workers in diarrhoea control. Teachers are often the most educated persons in small communities. They can be provided with simple, basic information about diarrhoea, dehydration and ORT, including suggestions for sharing the information in ways that are effective, fun and unforgettable..."

(David Werner
author of 'Where there is no Doctor')
"In China, more and more schools are taking education about child health as important elements of the overall educational goal."

(Mr Liu Bin
Vice Chairman of the State Education Commission, China)
HEALTH WORKERS AS COMMUNICATORS

"The basic determinants of a child's health are in the hands of parents, not doctors. And only if there is an about-face in attitudes and training, only if medical professionals see their task as one of denystifying their medical knowledge and empowering others to use it, will they make their potential contribution to the advance in child health which is now possible."

(James P. Grant, Executive Director, UNICEF)

Information and advice about health carry particular weight when they come from those who are also responsible for providing health services. Every health worker should also be a health educator, skilled in the 'transformation' of health knowledge into advice which is meaningful and feasible for ordinary people.

The number of health professionals in the developing world has almost doubled in the past decade. There are now approximately 2 million doctors and over 6 million nurses, auxiliary nurses and midwives in the world's developing countries.

There are also several million practitioners of well-established systems of indigenous medicine - such as the Chinese, Tibetan, Ayurvedic and Unani systems - as well as various forms of 'alternative' medicine, such as yoga, homeopathy and naturopathy.

Since the Alma-Ata Conference on Primary Health Care in 1978, several million community health workers and volunteers have also been trained. Living in their own communities and understanding the local culture, these health workers can help to communicate health knowledge and skills in ways that are socially and culturally appropriate.

Many people in developing countries also seek health advice and treatment from 'folk healers' such as herbalists, bone-setters, magico-religious healers, snake-bite curers, blood-letters, and traditional birth attendants or 'village midwives'. If approached with tact and respect, these traditional health practitioners can also help to disseminate today's child health knowledge to every family and community.

COMMUNICATING CHILD HEALTH KNOWLEDGE

Professional support

Leading organizations of health professionals are now using their own communication networks to promote today's child health knowledge:

* The International Council of Nurses, representing over one million nurses worldwide, is running workshops, training sessions and distance learning programmes for nurses to promote the low-cost methods now available to promote child survival and development.

* The International Paediatric Association has called upon its 750,000 members
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worldwide "to work at all levels with UNICEF, WHO and other partners", using "the combination of technology, communication and social organization ... which could reduce the toll of diseases and death of children by half within the next decade".

Quote:

"Medical opposition has been recognised as a significant obstacle to use of ORT in diarrhoea management. If highly respected physicians, in their capacity as opinion leaders or trendsetters in the community, use ORT in their practices, this can effectively add prestige to ORT as the treatment of choice for acute diarrhoea."

(Perla D. Santos Ocampo
Professor of Paediatrics, University of the Philippines
and President of the International Paediatrics Association)

* The International Confederation of Midwives has urged its 80,000 members in 42 countries to become actively involved in promoting growth monitoring, ORT, breastfeeding and immunization, and to collaborate with national governments and UNICEF "in order to make the work of saving infant lives more effective".

* The Federation Internationale Pharmaceutique (FIP), representing 700,000 pharmacists in 65 countries, is urging all its members to promote the use of Oral Rehydration Salts (ORS) rather than less effective and potentially harmful anti-diarrhoeal drugs.

Hospitals teach breastfeeding

Health workers sometimes need re-orienting in methods of protecting and promoting the health of babies and young children. In Honduras, the staff of the maternity wards of the country's three largest hospitals were retrained to encourage and teach mothers of new-born babies to breastfeed.

In all three hospitals staff began to encourage mothers to breastfeed immediately after birth rather than offering them bottles of infant formula. To encourage frequent breastfeeding, mothers were allowed to keep their babies with them rather than being separated automatically soon after birth. The routine use of infant formula, feeding bottles and glucose solutions was stopped. Mothers who had problems in starting to breastfeed were given special counselling.

The impact of these changes soon made itself felt. One of the hospitals reported a 50% fall in deaths - and a 70% decline in illness - among newborn babies two years after the start of the project. Costs were also cut dramatically. In the first year of the project the three hospitals saved over $55,000 in purchases of infant formula, feeding bottles and teats. With the help of USAID, the project is now expanding to cover all maternity wards in Honduras.
Training doctors as communicators

"Every time a mother and child come to a clinic or health centre," says Dr Ralph Henderson, Director of the WHO Expanded Programme on Immunization, "a doctor or health worker should go through a basic health and growth check, a questioning and a strengthening of the mother's knowledge about the basic things which a parent can do to promote a child's normal healthy growth."

Far too often, that opportunity is being missed. And the main reason is because medical education generally trains doctors to treat diseases in a hospital setting rather than to promote health within the community. A number of leading medical schools, however, are now teaching students how to communicate health knowledge and to give parents the self-confidence to take greater responsibility for their children's health:

* In Nigeria, fourth-year medical students at the University College Hospital in Ibadan spend eight weeks at a primary health care training site in a rural area. After doing community surveys, the students work in the Oral Rehydration Therapy Unit, where they treat children and hold discussions with mothers in order to understand community perceptions of diarrhoea. Step by step, the students guide mothers through recognition of the disease, its causes, prevention and treatment. Finally they help mothers to prepare a sugar and salt solution on the spot. The students also help primary school teachers with their school health lessons.

* At the Medical Faculty of the Aga Khan University in Karachi, Pakistan, students of medicine and nursing are trained to communicate and work closely with community leaders and families. First-year students spend one day a week studying health problems in poor communities. In their second and subsequent years they help the community to identify health problems and start primary health care activities.

**Finding common ground**

"It pays to take the trouble to find areas of agreement between the various knowledge systems. Adopting new ideas is easier and more dignified if they relate to existing knowledge systems."

(Miriam Were, UNICEF, Ethiopia)

It cannot be assumed that when people are given "the facts" about a health problem they will automatically change their behaviour. Health workers need to have the skill of finding "common ground" on which they can communicate effectively with people. Often this means using health messages expressed in terms of people's traditional beliefs and value systems rather than in technical terms. An incident in a hospital in the Yemen Arab Republic aptly illustrates this point:

A young nurse on the maternity ward was trying to convince a mother who had just
given birth to a son of the benefits of breastfeeding. Breastmilk, she explained, contained antibodies against diarrhoea, did not cost any money, was cleaner and easier than bottle-feeding, and was a gift from God. She showed the mother a picture of a healthy, plump baby being breastfed, and one of a malnourished baby lying next to a feeding bottle. The mother, who was already bottle-feeding her baby, was clearly unimpressed: “But I do not have enough milk,” was her response. At this point another nurse came over. “You know,” she said to the mother, “nowadays men are growing up without close bonds with their mothers, because they were not breastfed.” Instantly the mother’s attitude changed and she began to take a lively interest in what the first nurse had been trying to explain.

Community health workers and volunteers

Living within the community and being familiar with local customs and perceptions of health and disease, community health workers and volunteers can be extremely effective health communicators:

In 25 slum communities of Dhaka, Bangladesh, diarrhoea among 1-3 year-old children was cut by 26% after women community health volunteers taught families the importance of three basic hygiene measures:

- washing hands with soap before eating or preparing food
- safe disposal of garbage and faeces
- defecating away from the family compound.

Using teaching aids which they themselves had helped to produce, the volunteers explained the importance of these measures to families and community leaders through group discussions and individual meetings. Drama, role playing, stories and games were also used to improve the process of communication and learning.

Marked changes soon began to take place. In all 25 communities, hand-washing before preparing or eating food became widespread and families placed a pitcher of water next to the kitchen for this purpose. Every community also took action to dispose of garbage: 14 landlords converted garbage heaps into play areas for children or vegetables gardens. To encourage the use of latrines, 16 communities set up a rota of volunteers to clean them regularly.

Traditional birth attendants

The most common type of traditional health practitioner is the traditional birth attendant (TBA). In most developing countries TBAs attend 60-80% of all births, and also have a powerful influence on mothers’ attitudes towards health, pregnancy, and the feeding and care of babies. They are generally middle-aged or older women, often illiterate, and many of their beliefs and practices are potentially harmful to the health of mothers and children. Yet with proper training and supervision, TBAs can become
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the allies of the health services in helping to protect the health of mothers and new-born babies.

During the past ten years over 600,000 TBAs have been trained world-wide. In some countries, TBAs are being integrated into the health system:

- In Zaire, TBAs, nurses and midwives in the Karawa health zone run an outreach programme for the benefit of mothers and children in a population of about 200,000. So far 170 women, selected by village health committees, have been trained in safe delivery practices, identification of high risk pregnancies, family planning, nutrition, and the feeding and care of infants. They pass on their knowledge in an informal way to their neighbours and 'clients'. As a result, growing numbers of pregnant women are now making at least one visit to ante-natal clinics, where they receive nutritional supplements, antimalarial drugs and tetanus vaccinations.

- In India, TBAs (dais) are the front-line workers of the Comprehensive Health and Development Project at Pachod, in the State of Maharashtra. Although mostly illiterate, the dais developed their own reporting system using simple drawings, which helps the project to maintain an excellent health records in 42 villages with a population of over 50,000. Since the project began in 1978, infant mortality has fallen by 45% and maternal mortality by 80%.

- In Zimbabwe, TBAs are trained one afternoon a week for six months. During the first 12 months of the baby's life the TBA provides regular advice on breast-feeding, nutrition, hygiene, immunization and other actions to protect the child's health and development.

Folk healers

Folk healers of various kinds have a powerful influence on the beliefs, attitudes and health behaviour of many millions of people. They are more numerous and more accessible than the formal health services. In some countries they play the role of both doctor and priest.

A number of countries are enlisting the communication skills and position of respect enjoyed by folk healers to teach parents with basic child health knowledge:

- In Swaziland, the Ministry of Health has organized training workshops for folk healers on the prevention and treatment of common childhood diseases. As a result, healers have increased their knowledge of nutrition, the use of latrines, hygiene and the importance of safe water in preventing disease. Many now display health educational materials on their walls and have placed wash basins in their clinics. Their understanding of how to prevent and treat diarrhoea has also improved: many now use oral rehydration salts rather than traditional remedies such as strong purges and enemas, and refer severe cases of diarrhoea to health clinics.

- In Nepal, faith healers - known as dhamis or jhankris - are being enlisted in diarrhoea
control efforts. An information card devised by UNICEF is being introduced into the ritual ceremonies which accompany the treatment of patients with diarrhoea. One side of the card shows how to mix an oral rehydration solution using sugar and salt, while the other has a picture of Durga, the faith healer’s favourite Goddess. At the same time, faith healers are also being taught about the prevention and treatment of diarrhoea, using an illustrated flip chart.

Quote:

"Under the traditional system ... a patient can approach the healer direct and be received quickly and with warmth. There is no red tape. The patient finds himself in familiar surroundings, and is treated with respect - as an individual who has come in search of help and deserves to find it. His ailment is regarded holistically; even if the illness is physical, his mental condition is taken into account."

(Prince Ade Olowo Demehin
Faculty of Medicine, Ibadan, Nigeria).

COMMUNICATING FACTS FOR LIFE

Most countries face the problem of different types of health workers giving parents advice which is not only inconsistent but often incorrect. Using national versions of FACTS FOR LIFE, health workers of all kinds can be trained to teach parents the same appropriate health knowledge and skills.

* Medical and nursing colleges can use FACTS FOR LIFE as a handbook of basic child health knowledge for students being trained in community health.

* Ministries of Health can use FACTS FOR LIFE to compile training manuals, handbooks and teaching aids for training health professionals, community health workers, volunteers and folk healers.

* Doctors, nurses, midwives and community health workers can use FACTS FOR LIFE for Life as a memory and teaching aid. It reminds the health worker of the most important messages for promoting child health within the family and the community.

* Health educators can use FACTS FOR LIFE as a source book when preparing courses and teaching materials for health workers, and when designing health education materials a wider audience.

* Colleges of indigenous and ‘alternative’ medical systems can incorporate the relevant sections of FACTS FOR LIFE into training materials and reference books on disease prevention and health promotion.

* Associations of indigenous and ‘alternative’ medical practitioners can distribute FACTS FOR LIFE to their members.
Trade unions have played a leading role in improving health and safety conditions at the workplace. They are also long-standing campaigners for better economic and social conditions. Through their widespread and regular contacts with their own members (over 300 million worldwide), and also with employers, governments and political parties and they can play a leading role in improving the health of women and children.

Many governments have passed legislation requiring employers to provide maternity leave, child care facilities and the right to breastfeed at work. Increasingly, trade union leaders are being asked by their own members for more information about these rights. This is also an ideal context for unions to inform and support their members in other crucial areas of child health action.

COMMUNICATING CHILD HEALTH KNOWLEDGE

Trade unions in many developing countries are starting to use their communication networks to make vital information about the health of women and children available to their members:

* In Botswana, Burkina Faso, Hong Kong, India, Jordan, the Philippines, the Republic of Korea, Sri Lanka and Thailand, unions have organized workshops and short courses to inform their members about laws relating to maternity benefits as well as health care during pregnancy, breast-feeding, family planning, immunization and home hygiene.

* "HEALTH IS OURS" is the theme of a campaign of the Chemical Workers Union in Sao Paulo State in Brazil. Says a campaign leaflet: "You are not just a patient, the object of health care of dubious quality, but the responsible subject of your own health care." The union itself organizes health clinics for its members and their families in its own office building. Union representatives also play an active part in the management of state-funded health centres in the city.

* In Mexico, a group of women workers, assisted by medical students from the
University of Mexico, have produced a booklet explaining the medical and maternity benefits to which workers are entitled, but of which few are aware.

* In countries such as Nicaragua and Bolivia, union leaders are also active members of local health committees. They educate their own members in health matters, help to organize facilities such as child care centres, and enlist the community's help in organizing health activities such as malaria control, hygiene, diarrhoea control and immunization.

* In Burkina Faso, the National Free Trade Union runs a health centre providing vital health education and services to women and children in a poor neighbourhood of the national capital, Ouagadougou.

The global perspective

* The International Confederation of Free Trade Unions urges its 119 affiliates in 96 countries to negotiate with employers for maternity leave, time-off to attend health clinics and vaccination centres, creche facilities, breastfeeding breaks and health education at the work-place.

* The World Confederation of Labour has urged its 84 affiliates in 78 countries to monitor the application of the International Code on the Marketing of Breast Milk Substitutes passed by the World Health Assembly in 1981, and to support women workers in trying to ensure the implementation of the Code in their own countries.

* The World Federation of Trade Unions stresses the importance of educating its members about human reproduction and child care, and of protecting the health of mother and child before and after childbirth. In negotiations with employers and governments, the WFTU is also concerned with improving education, hygiene and housing, and providing drinking water and health facilities.

COMMUNICATING FACTS FOR LIFE

Trade unions could use their communication and education networks to help promote today's child health knowledge to their members and the general public through:

* Posters and calendars, newsletters and magazines, videos, talks and public address announcements in work-places, and membership mail systems

* Conferences, workshops and meetings on maternal and child health topics for union organizers and members

* Presenting FACTS FOR LIFE messages through radio, television and newspaper advertisements
ALL FOR HEALTH TRADE UNIONS AS HEALTH COMMUNICATORS

* Displaying health educational materials at union offices and in union-run health facilities.

* Courses on industrial relations, maternity rights, and health and safety at work organized by trade union colleges, training centres and worker education schemes.
EMPLOYERS AND BUSINESS LEADERS AS HEALTH COMMUNICATORS

"Employers and trade unions, advertising agencies and marketing companies, know how to communicate with their employees, their customers, and their members. In the years ahead, will they too join an alliance to defend the lives and the normal development of their nation's children?"

(James P. Grant, Executive Director of UNICEF)

Employers are in regular contact, through the work-place, with their employees, many of whom are mothers or fathers. They therefore have a unique capacity to help communicate today's health knowledge to literally hundreds of parents.

Business people, through their contacts with their customers, colleagues, political leaders and the mass media, are also a potentially important channel for the promotion of child health.

Experts in market research and advertising have developed effective methods of reaching the public with carefully designed messages. These techniques can be adapted to promote social objectives such as communicating vital information about child survival and development.

COMMUNICATING CHILD HEALTH KNOWLEDGE

An employer's responsibility

Good employers recognize that promoting the health and welfare of their employees and their families is part of their social responsibilities. It is also a form of enlightened self-interest, since it results in less absenteeism, improved management-workforce relations and higher productivity. A growing number of employers recognize the importance of promoting health and family welfare. For example:

* Many of the largest employers in countries such as Botswana, Indonesia, India, Kenya, Mexico, Nigeria, Thailand and Turkey have introduced health and family planning information and services for their work-forces.

* The Tata Corporation in India provides health education and services to its employees and their communities. In the 'steel city' of Jamshedpur and 120 surrounding villages, for example, Tata Steel helps to promote knowledge about the health of mothers and children by supporting pre- and post-natal care, well-baby clinics, family planning services and the training of traditional birth attendants and village health workers.

Business and Commerce

Banks and business houses, manufacturing firms and retailers of all kinds (grocery
shops, department stores, bakeries, market traders etc) are all in regular contact with
the public. Through these contacts they can also influence the attitudes and health
behaviour of millions of parents. Some are already helping to promote child survival
and development:

* In **Colombia**, the State Bank helped to advertise the national immunization cam­
paigns in 1984 and 1985 through a promotional calendar. The National Coffee Growers
Federation now sponsors the production of family health educational materials as part
of SUPERVIVIR, the national child survival and development programme (see pp xx).

* In **Cameroon**, where the Ministry of Health has no funds for the production of audio­
visual materials, matchboxes are now being used to promote child health. Produced by
the UNALOR company, the matchbox tops carry short immunization messages. Since
matches are an indispensable household item, the messages are reaching a much wider
audience than posters on the walls of health centres and hospitals. They are backed up
by radio messages on the same theme and by discussions and talks in women’s groups
organized by the Ministry of Women's Affairs.

* In **India**, business houses regularly sponsor advertisements and feature articles in
national newspapers on topics such as immunization, nutrition and the prevention and
treatment of diarrhoea.

* In **Indonesia**, local firms sponsor roadside billboards and posters which promote
immunization and family planning alongside their own products such as toothpaste
and processed foods.

* In **Nepal**, the Agriculture Development Bank publishes a wall newspaper for display
at 20,000 village sites. As well as agriculture, the paper covers topics such as nutrition,
water supply, hygiene, breast-feeding, immunization and oral rehydration therapy.

* In **Brazil** and **Colombia**, information about the need for a full course of vaccines has
reached millions of parents by being printed on bank statements and electricity bills,
lottery tickets and carrier bags, commercial calendars and sponsored newspaper
advertisements.

* In **Bangladesh**, 'Moni', the healthy child symbol of the country's immunization
programme, is being printed on 29 million matchboxes by Dhaka Match Industries to
remind parents of the importance of having their children fully immunized.

* In countries such as **Syria**, **Brazil** and **Bangladesh**, child health messages have
appeared on soap and bread wrappers, till receipts and ration coupons.

**Point of sale promotion**

Advertising and personal advice at the point of sale can also help inform parents of how
to use new health products such as oral rehydration salts (ORS) and how to use
contraceptives safely and effectively.
ALL FOR HEALTH

• In Egypt, 5,000 commercial pharmacies successfully promote sachets of ORS along with free gifts of special plastic cups and spoons.

• In Nepal, over 5,000 storekeepers and 1,000 pharmacies market 'Jeevan Jal' (water of life) ORS packets and advise parents on how to use them correctly.

• In Sri Lanka, 'Jeevanee' brand ORS packets are marketed by a matchbox company with more than 10,000 retail outlets.

• In Colombia, over 3,500 hairdressers, shopkeepers, traditional midwives and housewives sell contraceptives and give their clients advice on family planning.

• In Brazil, boxes and packets of sugar and salt carry the recipe for making an oral rehydration solution. A private enterprise also donated 500,000 special two-ended spoons to support the national Oral Rehydration Campaign of the Catholic Church's Child Pastorate programme. The Poultry Raiser Association has contributed to the campaign by printing the recipe for the oral rehydration solution on the inside of egg boxes.

The 'marketing' of good health

The marketing and advertising industries have succeeded in creating a massive demand for softdrinks and cigarettes, medicines and infant foods throughout the world. By contrast, some market researchers and advertising firms have also used their specialist skills to educate people in healthy behaviour. During the 1980s the 'social marketing' approach to health education has made an important contribution to the promotion of child survival and development:

• In Brazil, a leading advertising agency, CBBA Publicidade, won the Brazilian Advertising Association's 'Agency of the Year' award for its work on the National Breastfeeding Programme in 1983. Working on an expenses only basis, the agency contributed its specialist skills in audience analysis and message design to the programme, and came up with the slogans:

  "Breastfeeding - every mother can! Stay with it!"

  "Breastfeeding - the six months worth a lifetime!"

After testing, these twin messages were broadcast nationwide through radio, television and newspaper advertisements, and were also printed on lottery tickets, bank statements, and telephone, electricity and water bills.

• Also in Brazil, the National Advertising Council, an association of the country's major advertising agencies and mass media organizations, has obtained free broadcasting in television, radio and the press to support campaigns for child survival and development.

• The advertising campaign to promote Sri Lanka's Accelerated Programme of Immu
nization received the prestigious Max Lewis Memorial Challenge Award Certificate of Merit for 1986. Created by the firm of Grant, Bozell, Jacobs, Kenyon & Eckhardt (Lanka) Ltd, in conjunction with UNICEF, the campaign was divided into two phases. Phase I used press advertisements and radio and television spots on the general theme of immunization. Phase II focussed on a single disease - polio - which researchers had found to be the most widely feared vaccine-preventable disease among parents.

**Polio Plus - Rotary’s ‘greatest challenge’**

Over a million business and professional people are active in service organizations such as the Rotary, Junior Chamber of Commerce and Lions Clubs. Rotary International, for example, is helping to combat polio and other vaccine-preventable diseases through its remarkable ‘Polio Plus’ programme, which has raised well $240 million in contributions from Rotarians worldwide.

Since 1985 Rotary International has provided vaccines and equipment to protect 100 million children in 67 developing countries against polio.

But ‘Polio Plus’, described as ‘the greatest challenge ever undertaken by Rotary International’, goes even further than providing polio vaccines, equipment and supplies. In scores of developing countries, Rotarians are also helping to generate community demand for immunization against all six diseases targeted by WHO’s Expanded Programme on Immunization - measles, tuberculosis, diphtheria, whooping cough and tetanus, as well as polio.

In Mexico, a prominent Rotarian arranged for the distribution of 20,000 immunization posters and reporting forms through his firm’s 93 retail stores. In Peru, Rotarians persuaded a major daily newspaper to print free front-page adverts promoting national immunization days. Within a week, two other major newspapers followed suit. Also in Peru, Rotary’s 92 clubs recruited 10,910 volunteers to make house-to-house visits in order to inform parents of the importance of immunization and where they should take their children for immunization. In countries such as Turkey, the Philippines, India and Zimbabwe, Rotarians have raised money or donated materials to help publicize and organize accelerated vaccination drives. In Panama, Rotarians helped to produce a manual for community leaders on how they could help to accelerate immunization coverage.

Many Rotarians and their families also help to organize temporary vaccination posts, transport health personnel and equipment, and provide health workers with food and drink on special vaccination days. In Angeles City in the Philippines, five Rotary Clubs helped to put together a ‘coalition’ of immunization volunteers. School teachers carried out a house-to-house census of infants and young children. The mass media, local government and the churches disseminated information. Rotarians provided transport and meals on three vaccination days. Health workers, medical and nursing students carried out vaccinations. As a result, 89% of young children were fully immunized.
ALL FOR HEALTH

MOBILIZING ALL FOR CHILD HEALTH

To support these activities Rotary International runs workshops and training sessions using a specially produced manual on social mobilization and communication.

The idea of civic-minded business and professional leaders acting as health volunteers is still new in many countries. But it is an idea that is catching on fast, as government leaders recognize in Rotary a strong, community-based organization that can ‘make things happen’.

COMMUNICATING FACTS FOR LIFE

In most nations, what is being done through the work-place, business and commerce to promote child health is still only a shadow of what is possible.

* All employers could help to disseminate FACTS FOR LIFE messages to their employees and members through:

- posters and newsletters, films and videos, public address announcements in workplaces and canteens, and pay slips, time sheets and company mail systems

- conferences, workshops, meetings and short courses on child health for managers and employees.

* Business management schools could include FACTS FOR LIFE topics in courses on industrial relations, maternity rights, and health and safety at work.

* Business and commercial leaders can be asked to present FACTS FOR LIFE messages to the general public by:

- sponsoring advertisements in cinemas, video parlours, newspapers and magazines, radio and television

- sponsoring conferences, meetings and seminars courses on FACTS FOR LIFE topics such as breastfeeding, safe motherhood and birth-spacing

- sponsoring the production of FACTS FOR LIFE training and educational materials for health workers, volunteers and the public

- displaying posters, calendars and other publicity material promoting FACTS FOR LIFE messages in offices, factories, banks and retail outlets

* Advertising and market research firms can assist governments and NGOs promoting FACTS FOR LIFE knowledge by:

- studying the knowledge, attitudes and behaviour of target audiences

- helping to develop professional communication plans
- developing and testing specific messages and materials
- evaluating the impact of health educational programmes and campaigns.
- training lay people in communication planning and management.
"Enlightened leadership is service, not selfishness. The leader grows more and lasts longer by placing the well-being of all above the well-being of self alone."

(from: The Tao of Leadership by Lao Tzu)

In the past three decades the great majority of developing countries have greatly expanded their development and administrative infrastructure. Every government ministry, department and institution also has the potential to raise public awareness of health issues and to help communicate child health knowledge.

Local government leaders can also be a key link in the communication process. Village heads and traditional leaders, because of their official position or personal prestige, are often respected sources of information about health. In many countries, members of political parties also play a leading role in health and development programmes, and have considerable influence on people's health attitudes and behaviour.

Particularly in countries where the mass media and other forms of social organization have only limited outreach, local government leaders can be key allies in promoting new health knowledge and ideas.

COMMUNICATING HEALTH KNOWLEDGE

More and more countries are seizing the chance to involve all sectors of government in promoting health as an objective of national development. Increasingly, the health of mothers and children is the focus of this multi-sectoral approach. For example:

Ministries of the Interior

In most countries, the Ministry of the Interior (or Home Affairs) is the key to mobilizing the administrative infrastructure for any national effort. In Senegal's accelerated immunization programme, for example, the country's well-developed administrative system facilitated the flow of information from the President himself down to village heads, and in the reverse direction. From the President, the information went out to Governors, who informed their prefets and sous prefets, who in turn organized meetings to pass the word on to village and neighbourhood chiefs. These local leaders then made house-to-house visits or called meetings in community centres, market places or under baobab trees, where health workers explained the importance of vaccination. Within a six-month period, immunization coverage rose from very low levels to approximately 70% of the under two year-old population.

Agricultural extension

In Mexico a programme established by the Ministry of Agriculture produces video cassettes on health topics such as immunization, nutrition, hygiene and water supplies.
The Programme for Integrated Rural Development in Mexico’s tropical wetlands makes use of a variety of media, primarily video, in development planning and training local community leaders. Since 1975 over 1,000 video programmes of about 20 minutes duration have been made and used with over 150,000 farmers. The programmes on health topics have proven just as popular as those on agriculture, livestock, forestry and the environment.

**Armed Forces**

In Nepal, Gurkha soldiers about to retire from the Army and return to their villages are taught about the prevention and treatment of diarrhoea, and issued with an illustrated teaching manual. As leading members of their communities, the former soldiers are able to disseminate their knowledge to neighbours, relatives and friends.

**Police**

In Colombia, 3,700 police officers and cadets, trained as Health Monitors as part of the national SUPERVIVIR child survival programme, are now working with families and communities to help promote the health of mothers and young children. The National Police have also produced a special manual on child health and safety to assist all police officers in their routine work in the community.

**Post Office**

In scores of developing countries, the Post Office has issued attractive stamps on child survival themes such as breastfeeding, immunization and oral rehydration.

**Family planning fieldworkers**

In Indonesia, over 12,000 fieldworkers from the National Family Planning Coordinating Board help to inform parents about child growth monitoring, immunization, breastfeeding, oral rehydration therapy, hygiene and sanitation through 200,000 health posts (posyandus) at community level (see pages xx).

**Speaking with one voice**

Health educators often face the problem of different government agencies, fieldworkers, health workers and non-governmental organizations putting out inconsistent health messages. In Oman, where the government wanted to develop training materials on pre-natal care, this problem was overcome by setting up a multi-sectoral task force involving every institution or organization concerned: the Ministries of Health, Social Affairs, Labour, Education, Islamic Affairs, Information and the Interior, as well as the National Women’s Organization and UNICEF. The outcome was a set of teaching aids and informational materials - two booklets, a slide set, a flip chart and a picture folder - which present simple, accurate, consistent and easily understandable messages about health care during pregnancy. These materials are ideal for use not only by health
workers but by school teachers, adult literacy teachers and non-governmental organizations.

**LOCAL GOVERNMENT**

Some governments are seizing the opportunity of working with village heads traditional leaders and political cadres to inform people about today’s child health knowledge:

* In *Sierra Leone*, traditional chiefs and village heads now act as a permanent communication link between the health services and the community. The health services at district level call regular meetings of chiefs and village heads, who pass on the information to parents through local religious leaders, town criers, policemen, traditional birth attendants, youth and women’s leaders, and their own wives and relatives.

* In war-torn *Lebanon*, village heads (*mukhtars*) and other community and religious leaders helped to inform, motivate and organize their communities to participate in three rounds of vaccination in late 1987. Political and military leaders agreed to lay down their arms temporarily to allow health workers to vaccinate the nation’s children. As a result, immunization levels were raised from around 40% to at least 80% during a period of three months.

* In *Uganda*, cadres of the National Resistance Movement learn about immunization as part of their training at the National School of Political Education. To assist them in their work, the government provides them with a special booklet containing basic information about vaccine-preventable diseases, with the following advice:

> “LEARN all you can about immunization ... TALK about immunization during your regular meetings with the public... FIND OUT where the nearest immunization clinics are to your people. Tell the people the places to take their children to. ... INVITE health workers to your meetings and rallies to address the people on immunization. ... VISIT your people’s homes and find out where they go for health care. Work with your District Medical Officer or Health Worker to make sure that immunization is provided at all health care places according to the announced schedule. Put it to Health Workers that if they fail to keep appointments it can reduce the morale of even the most serious parents.”

Plans are now underway to introduce AIDS prevention and diarrhoeal disease control into the cadres’ training course.

* Tanzania’s ruling political party, Chama cha Mapinduzi, has a membership of 2 million, making it the largest political party in Africa. The Party’s infrastructure extends from the national level through regions, districts and villages, right down to Party cadres at neighbourhood level. This political infrastructure is now being used to educate and involve parents in community-based health activities.
Party officials such as Divisional and Ward Secretaries double up as government administrators and are entrusted with promoting health, education and other development programmes. One notable example is the Nutrition Programme in the Iringa Region, which covers a population of 250,000. Village Chairmen are responsible for the programme within their own communities, and the people meet regularly to air their views about the programme. In these meetings villagers themselves put forward some of the most radical ideas and proposals, based on their knowledge of their own environment and capacity. It was at such a meeting that the idea first emerged to train neighbourhood cadres to weigh under-five children regularly at community-based child-care posts. This system has worked extremely well. The posts also serve as a focus for immunization, malaria control, health education and the treatment of common diseases.

The programme has achieved remarkable success: within four years, severe malnutrition fell from 8% to 3%, and the infant mortality rate was reduced by 30%.

**COMMUNICATING FACTS FOR LIFE**

* Ministries of Public Works can use FACTS FOR LIFE to train water and sanitation technicians in the prevention and treatment of water-related diseases, particularly diarrhoea.

* Ministries of Agriculture can use FACTS FOR LIFE to train agricultural extension workers in the essentials of malaria control and nutrition.

* State-owned services such as electricity, water supply and telephone companies can print FACTS FOR LIFE messages on bills.

* All government ministries, departments and institutions can print FACTS FOR LIFE messages on pay slips and correspondence.

* Ministries of Defence can disseminate FACTS FOR LIFE messages to members of the Armed Forces and their families.

* Ministries of Health and the Interior (Home Affairs) can organize orientation sessions and seminars for traditional leaders and village heads on FACTS FOR LIFE topics.

* Political parties can use FACTS FOR LIFE to prepare training materials for party officials, cadres and volunteers, and to educate community leaders in what they can do to promote the health of mothers and children.

* Village heads, traditional leaders and political cadres can use FACTS FOR LIFE as an authoritative source of essential information.
ARTISTS AND ENTERTAINERS AS HEALTH COMMUNICATORS

"Immunization is now with us
To help all the children to live
Government fights unnecessary deaths
And wants the children to live.

Today's children make tomorrow's world
They need protection to develop
Defend the child and let him live
Immunization by nineteen ninety.

Pregnant women should be immunized
Child-bearing age fourteen to forty-four
Children under one year also
Must all be immunized."

('Immunization 1990' - song from Sierra Leone)

Artists and entertainers reach a broader cross-section of the population than any other communicators. Even in areas outside the reach of modern mass media, drama troupes and puppeteers, magicians and comedians, story tellers and dancers, musicians and singers reach millions of people who have little or no contact with modern means of communication. They have the advantage of being familiar, credible and accessible to the great majority of ordinary people. With their unique ability to educate and amuse their audiences at the same time, artists and entertainers are a vitally important channel for communicating today's child health knowledge.

COMMUNICATING CHILD HEALTH KNOWLEDGE

Many artists and entertainers are now 'transforming' child health messages into songs, plays, comic routines and other forms of popular entertainment. For example:

* Soap opera messages. Traditional Somali theatre experienced a revival in 1986 through a musical soap opera presenting messages about malnutrition, breastfeeding, immunization and oral rehydration therapy. A three-hour stage production, Cilmi Iyo Caado ('The Old and the New'), tells the story of love-struck Dr Mohammed who relentlessly woos Dr Sainas. The main theme is interwoven with other humorous and tragic stories, enlivened by witchcraft and superstition, and characters who include good and bad parents, drunks, social misfits and caring neighbours. The show was created and performed by 40 artists, script writers and nationally famous television soap opera stars. Following the success of the live show, UNICEF produced a video version which has been widely used in cinemas and State-owned television, and shown to meetings of the national women's organization. Songs from the show have been
ALL FOR HEALTH ARTISTS AND ENTERTAINERS AS HEALTH COMMUNICATORS

broadcast on the radio and have become national hits.

* **Shanty town theatre:** In a shanty town suburb of Port Sudan, a street theatre group helped to increase childhood immunization coverage from 4% to 50% between 1985 and 1986. The group, called Tagadum Street Theatre, devised a lively play on “The Six Deadly Diseases”, drawing audiences of up to 600 for evening performances. The play, which combined drama with comic effects, was also performed on street corners and public places without the benefit of a stage or special lighting.

* **Comedians:** Madan Krishna Shrestha and Hari Bansha Acharya are two of Nepal’s top comedians, popular with both villagers and urban dwellers alike for their outrageous comic routines with subtle political undertones. In 1986 they spent a week travelling on foot through the Hungi Hills, giving performances on oral rehydration therapy. Using puppets and comic routines, they exploited the humorous side of diarrhoea to the limit but also explained the grave consequences of diarrhoeal dehydration and how parents can prevent dehydration by giving the child a sugar-and-salt solution. The pair have also produced a cassette of humorous routines on child survival topics, which is sold in marketplaces.

* **Magic:** Bangladesh’s internationally acclaimed magician, Mr Jewell Aich, is an exponent of what he calls “progressive magic”, or using his conjuring skills and well-known face and name to inform and educate his audiences. One of his most popular acts features ‘Moni’, the symbol of his country’s national immunization programme. A founder-member of a group of Bangladeshi artists in support of child survival and development, Jewel also works with campaigners against smoking, narcotics and harmful beliefs and superstitions.

* **Festivals:** In Kenya, folk media festivals are now being held to bring family planning out from behind clinic walls and into the open. In Nairobi’s Uhuru Park, weekend crowds are attracted by choirs, traditional dances, dramas, poetry recitations and storytellers - all with messages about health, nutrition, family planning and other family health topics. More than 20 groups are also staging public performances in other towns and cities throughout the country.

* **Television drama:** In Egypt, the internationally famous actress Karima Mokhtar starred in two series of dramatised dialogues on national television to educate mothers about the use of oral rehydration therapy and the importance of continuing to feed a child with diarrhoea.

* **Puppet theatre:** In Indonesia, the dalangs who stage all night-long shadow puppet performances are adept at including messages about birth spacing in their stories based on the Ramayana and the Mahabarata legends.

**Graphic artists and designers**

Graphic artists and designers have an important role to play in presenting health
knowledge through logos and symbols, posters and wall charts, billboards and flashcards, flipcharts and illustrated pamphlets and brochures. For example:

* UNICEF Nepal has published an 'Instant Illustration' workbook with over 600 line drawings contributed by several of the country's best artists. The topics covered include hygiene, water supply, oral rehydration therapy, child growth and nutrition. The book can be used as a source of pictures for use as teaching aids by health communicators.

* In Bangkok, Thailand, UNICEF brought together seventeen Asian cartoonists and graphic designers for a week-long workshop on illustrating child survival and development messages. The result was an impressive collection of drawings, an illustrated newsletter and a plea to health educators to make better use of graphic artists.

The sound of music
Music has tremendous emotive power, its unique appeal allowing a message to be repeated many times over without the audience becoming bored. It is also a highly participatory medium. People with little or no formal training in music can compose songs and jingles, play a guitar or beat a drum, or join in a popular song or dance. For example:

* In Senegal thousands of griots - traditional story tellers and musicians - sang and beat their drums to publicize the arrival of vaccination teams during the accelerated immunization programme of 1986-87. In the capital, Dakar, the country's leading pop groups and international artists performed at an open-air concert attended by an audience of over 30,000 to celebrate the country's successful immunization drive.

* In Sierra Leone, UNICEF organized a four-day workshop for 32 playwrights, performers and composers from local theatre groups in Freetown, who developed jingles, stories, dramas and songs with immunization messages aimed at the rural population who are largely beyond the reach of the mass media.

* In Syria, national television featured a popular comedian singing jingles with a group of children to promote the nationwide immunization campaign.

* In Guinea-Bissau's first National AIDS song contest, Francisco 'Fat Boy' Costa sang sadly in the local Portuguese dialect:

  "I was happy, strong and healthy
  But because of an adventure
  Because of a game
  Because of a senseless diversion
  I have become the object of a study."

Costa's song was broadcast live along with others by state-owned radio, and the World Health Organization has distributed 5,000 cassettes of the songs which took the winning prizes at the contest. Warnings about AIDS are now being played over and over
ALL FOR HEALTH

ARTISTS AND ENTERTAINERS AS HEALTH COMMUNICATORS

on the battery-powered cassette players found in every village throughout the country.

African artists pledge their talents

In March 1987, over 50 African artists, writers and intellectuals meeting in Dakar, Senegal, pledged their creative talents to inform and mobilize populations in the cause of child survival and development. One year later, in Harare, Zimbabwe, a gathering of 140 artists, writers, playwrights, musicians, film-makers, publishers, journalists and politicians from 28 African countries called on all African artists and communicators to include child health messages in songs, drama, dances and other forms of popular art and entertainment.

SPECTATOR SPORTS

Sporting events which attract large crowds as well as radio and television coverage can be used to encourage public involvement in health campaigns. Sports celebrities can also give credibility to health messages by their endorsement through the mass media of television, radio and newspapers. For example:

* The final of the African Soccer League Championship between Egypt and Sudan in December 1987 was used to promote immunization. Spectators at the ground and millions of television viewers who watched the match live also saw billboards with immunization messages and heard commentators talking about the importance of immunization.

* At World Cup cricket matches in Pakistan in 1987, players from the world's leading cricketing nations went to bat for children. Pakistani captain Imran Khan told millions of television viewers and spectators: “You too can be an all-rounder. Give your children all-round protection. Immunize and protect your child.”

* In Brazil the national football star Socrates, who is also a qualified doctor, featured in television advertisements promoting the practice of breast-feeding. Zico, another famous football player, participated in promoting the 1986 National Vaccination Campaign.

* Turkey's immunization campaign of 1985 was publicized by two first division football teams running onto the field in Ankara carrying babies, who were vaccinated on the field before the start of the match.

* In the Sudan, immunization is promoted through announcements and leaflets distributed at horse and camel races, and long-distance road races.

* In Brazil and Colombia, information about the need for a full course of vaccines has reached parents by being broadcast in football stadiums.
COMMUNICATING FACTS FOR LIFE

Every artist, entertainer and sporting personality can help to "transform" FACTS FOR LIFE messages into words, symbols, music, images, stories and events which not only entertain but educate their audiences.

* Actors, comedians, composers, painters, poets, musicians, writers, singers, storytellers and puppeteers can use FACTS FOR LIFE as a source of health information which can be woven into their particular forms of artistic expression.

* Graphic artists can produce books of 'instant illustrations' on child health themes to be adapted or copied by health educators who lack visual materials. For example:

  - Parental responsibility (especially fathers)
  - Growth of a baby in the womb
  - How to fill in a child's growth chart
  - How to recognize dehydration
  - How to mix an oral rehydration solution
  - Breastfeeding
  - Treatment of fever
  - Hand-washing

* Government ministries, international agencies and non-governmental organizations can organize creative workshops for artists and entertainers, and commission materials incorporating child health messages.

* Sporting teams and personalities can help to promote child survival and development by publicly endorsing FACTS FOR LIFE messages at sports events and through the mass media of television, radio and newspapers.
"The information media have great power, so they must also assume great responsibility, especially for the health of the nation's children."

(Adeeb Ghanam
Deputy Information Minister, Syrian Arab Republic)

During the past two decades most developing countries have revolutionized their capacity to communicate with their own citizens through the modern mass media.

Radio now reaches a majority of homes and television a majority of communities in most of the developing world.

With 60% of the developing world's adult population now literate and 80% of children enrolling in primary school, the print media also have a rapidly expanding readership. Almost half the world's newspaper titles are now published in developing countries.

The mass media have a special authority. They can raise public and official awareness of child survival and development issues. They can bring new information to isolated regions where health and development workers are few. They can communicate new facts and skills and help to involve people in major new programmes such as expanded immunization and the promotion of oral rehydration therapy. They can also support fieldworkers with up-to-date information and the knowledge that their work is part of a wider national effort.

COMMUNICATING CHILD HEALTH KNOWLEDGE

During the 1980s the mass media of radio and television, newspapers and magazines have brought information about low-cost methods of promoting child health to hundreds of millions of families. Each of these media has its own distinctive characteristics:

RADIO - the broadcast word

Radio has a larger audience than any other form of mass communication. In the last 20 years the number of radios in the developing world has increased six-fold to over 600 million. Radio is cheap and easily accessible to illiterate audiences. Messages broadcast by radio can reach millions of listeners simultaneously and can be repeated many times at low cost. Radio is also linguistically more flexible than television or the print media. All India Radio, for example, broadcasts in 21 major languages and 246 dialects.

Like television and the print media, radio has the disadvantage of being a one-way medium of communication. This can be partly overcome, however, by organizing groups of people who meet regularly to listen to radio programmes, with the help of a trained 'animator' to stimulate and guide the discussion.
* India listens: Once every week, over 10,000 groups of 10 to 35 Indian women gather around transistor radios to listen to a half-hour broadcast about pregnancy and the first year of a child's life. Since few women in India have access to radios (usually reserved for the male family members), the Integrated Child Development Services project provides each listening group with a radio set. This is usually kept in the *anganwadi*, or child care centre, where the group meets.

The *anganwadi* workers (all women) are given basic training in how to lead group discussions. They also receive a flip chart with a picture of the programme topic on one side and on the other a summary of the programme topic and a few questions to start the discussion. At the end of the session the *anganwadi* worker fills in a report form and sends it in a pre-paid envelope to the radio station. Whenever groups raise questions which the *anganwadi* workers cannot answer, these are included in their reports and answered at the start of the next broadcast.

In the state of Tamil Nadu, surveys have found that nearly half of the women in the radio listening groups have improved their family diets by adding more green vegetables and milk. In other areas, 75% of women reported learning something new about vaccine-preventable diseases from the radio, while others increased their knowledge of Vitamin A deficiency (70%), anaemia (60%), environmental hygiene (60%) and diarrhoea (40%).

* Colombia's 'school of the air':* Throughout Latin America, many voluntary organizations operate radio stations for educational purposes. In Colombia, ACPO (*Accion Cultural Popular*), a private organization set up and supported by the Catholic Church, runs a radio school for adults in rural areas. ACPO's station, Radio Sutatenza, broadcasts daily to several million listeners.

Over 150,000 people are enrolled for ACPO's 'distance learning' courses, which include instruction about simple, low-cost means of promoting maternal and child health. Learners listen in groups to a daily radio broadcast and work through the accompanying text books under the supervision of a specially trained local person, or 'monitor'.

Participation in ACPO's 'school of the air' courses has had a noticeable impact on people's health knowledge and behaviour. Surveys have found that pregnant women enrolled in ACPO's 'school of the air' visit maternity clinics more frequently than the average. Families of ACPO radio listeners also eat more fruit and vegetables, and their children drink more milk, than those of non-listeners.

**TELEVISION - the talking picture**

The number of television sets in developing countries is now approaching 200 million - a ten-fold increase in two decades. Television is the most powerful of all mass media. By combining pictures with sound, television can communicate messages which it is impossible to convey as effectively by radio or in print.

But television receivers are 20-30 times more expensive than radios and programming
costs even higher still. Television's high cost limits its usefulness as a means of mass communication in many countries. In most of sub-Saharan Africa, for example, fewer than 5% of families own a television set. In most Arab countries, by contrast, television reaches into over 80% of all homes and is an increasingly effective means of promoting child health knowledge and skills.

* In Egypt, carefully designed television advertisements featuring a popular actress have led to a remarkable surge in demand for oral rehydration salts at health centres and pharmacies. Tens of thousands of Egyptian children's lives are now being saved each year through the use of oral rehydration therapy and continuing to give food and fluids when a child has diarrhoea.

* In Pakistan, prime-time television showed pictures of children suffering from vaccine-preventable diseases. The morning after, a health centre in Karachi which normally administered ten vaccinations a day was besieged by 3,000 mothers wanting their children immunized. Six teams were formed and every child was vaccinated by evening.

* In Mexico, the privately owned TV network Televisa has won widespread acclaim for its 'social value' soap operas (telenovelas). A series called Acompa'nam (Join with me) is credited with increasing the numbers of family planning acceptors by 25% in a single year.

* Television dramas and news bulletins in Nigeria regularly include messages about child health issues such as breastfeeding, oral rehydration therapy, birth spacing and immunization. This follows the setting up, in 1986, of 'child survival secretariats' at national level and in each of the 19 states by the Nigerian Television Authority. The Federal Radio Corporation of Nigeria is committed to establishing similar units in all national and state radio stations.

* In countries such as Algeria, Jordan, Morocco, Syria and Turkey, television and radio have brought information about two of the most vital child health technologies - immunization and oral rehydration therapy - into the great majority of homes.

* In Brazil, TV Globo, the largest television network, produces a telethon "Child and Hope" during the annual Children's Week. News programmes, show, soap operas and musical programmes present child survival and development issues to an audience estimated at 83 million. "Child and Hope" also raises funds for actions aimed at reducing child deaths - for example the production of educational and training materials and spoons for the national ORT programme.

THE PRINTED WORD

There are now approximately 4,000 newspaper titles published in developing countries
ALL FOR HEALTH

THE MASS MEDIA AS HEALTH COMMUNICATORS

- nearly half the world total. Newspapers and magazines reach a key audience of community and religious leaders, health and development workers, civil servants, school teachers, students and political leaders. They have played a key role in mobilising the support of government decision-makers and community leaders for major new initiatives such as accelerated immunization and disseminating information about AIDS in many countries.

* In Colombia, national and regional newspapers such as La Patria, El Universal, El Tiempo and El País are giving strong support to the SUPERVIVIR national programme of child survival and development.

* In Senegal, the leading national newspaper Le Soleil ran features, news stories, editorials, advertisements and cartoons in support of the accelerated national immunization campaign in 1986-87.

* In Algeria, the national newspapers El Moujahid and Revolution Africaine run regular features, news stories, cartoons and editorials covering the government's drive to reduce infant mortality through immunization, ORT, improved water supplies, sanitation and hygiene.

Books

Books are a more permanent source of information than the broadcast media of radio and television. They can therefore be used more easily for training and reference purposes. Comic books can serve as an extremely effective means of communicating health messages to people with limited literacy skills.

Since 1980, the Ministry of Health in Nicaragua, for example, has printed and distributed over 3 million copies of comic books (folletos) on health topics such as nutrition, diarrhoea, hygiene, breastfeeding, immunization, water supplies, sanitation and malaria. The first issues were produced quickly and distributed widely. Many were used as reading materials for adult literacy classes. It was learned, however, that the style of drawing was too abstract and the handwritten words were often illegible for people who had only recently learned to read. Comic books produced more recently have simpler figures and type-written words.

The "small" media

The mass media are essentially one-way channels of communication, with little or no opportunity for the 'audience' and the 'sender' of the message to interact. Their effectiveness can be greatly enhanced by direct, person-to-person communication in small groups, supported by "small" media such as video, films, slide shows, sound cassettes, posters, photographs, flannelgraphs, flipcharts, flashcards, and folk media such as drama, role play, puppet theatre, music and story-telling.

Mozambique's Social Communications Programme, for example, uses a well-balanced mix of "small" media (slide shows, videos, loudspeakers, posters, sound cassettes) and
mass media (radio, newspapers, magazines, films) to disseminate child health and development information in rural areas. A network of part-time “people’s correspondents” provides a regular flow of information and stories for distribution via the press and radio.

**Box x: Journalists and broadcasters for children**

Media professionals can also join or form their own organizations in support of children’s rights, health and development. Such organizations already exist in many developing countries. International organizations can be contacted at the following addresses:

- **International Club of Journalists for Children’s Rights**
  Piazza Marconi 25
  00144 Rome, Italy

- **Association de la Presse Africaine pour l’Enfance**
  B.P. 1857
  Lome, Togo

- **Eastern and Southern Africa Journalists for the Child**
  P.O. Box 12871
  Nairobi, Kenya

- **Asociacion Latinoamericana de Periodistas en Favor de la Infancia**
  IPS - Philips 40
  Of. 68 - 4to. Piso
  Santiago de Chile, Chile

**Box x: Questions for Journalists**

There is wide scope for journalism in FACTS FOR LIFE topics. In any nation the following questions can be asked:

* How many children die from vaccine-preventable diseases? What percentage are fully immunized? How much would full immunization of all children cost? What is being done to achieve it? What are the bottlenecks?

* How many children die each year from diarrhoeal dehydration? Are oral rehydration salts available from all pharmacies? What do doctors usually prescribe for children with diarrhoea? Do mothers withhold breast-milk and food from children with diarrhoea?

* Is breastfeeding on the decline? If so, why? Is the International Code on the marketing
of infant formula being observed? Do trade unions and employers recognize the need to provide time and facilities for mothers to breastfeed at the work-place?

* What percentage of children are not growing properly and what effect might this have on the nation’s future? What are the causes of malnutrition? How many parents know the essentials of FACTS FOR LIFE on promoting child growth? What percentage of children are having their growth checked each month?

* What percentage of women have at least two checks from a trained health worker during pregnancy? How many children die of tetanus in the first month of life and why? Do employers recognize the right of working women to maternity leave?

Total communication: Syria

Three months before the launch of Syria’s national immunization campaign, television presenter Elias Habib was asking parents in a remote northern village what they knew about measles and polio. It was the start of a tour which took Habib to each of the country’s 14 provinces to report on preparations for the immunization campaign and its implementation. At each stop he interviewed parents, community leaders, government officials, school teachers and health workers.

Some of Habib’s most effective programmes were filmed in hospitals, where he interviewed the parents of children who had just been admitted for polio, measles or whooping cough. The public response was immediate and dramatic. Three months before the official launch of the campaign, the demand for measles and polio vaccinations had already increased by over 50%.

But Habib’s television programmes were only part of a carefully planned communication strategy which helped Syria to boost its immunization rate from 25-30% to around 70% within less than a year.

Almost a year in advance, an Information Committee was set up, chaired by the Deputy Minister of Information. Its members included the Ministries of Health, Education, Religious Affairs and the Interior, as well as National TV and Radio, the press, the government advertising agency ‘Joulan’, WHO, UNICEF and people’s organizations such as the Women’s, Peasants’ and Youth Unions.

Surveys showed why most mothers had not had their children immunized. Many were simply unaware of the potential benefits. Some feared the side-effects. Others regarded illnesses such as measles as ‘rites of passage’ which every child had to undergo.

Using this information, 48 messages were designed for use on radio, TV, posters, stickers, T-shirts and in the press. Popular entertainers sang campaign songs on radio and TV, which became national hits. Booklets, leaflets and even bread wrappers were also used to carry immunization messages.

At the same time, thousands of school teachers, students, religious leaders, health
workers, trade union leaders and campaign volunteers spoke directly with parents in their homes, offices, factories, health centres and places of worship to reassure them of the benefits and safety of vaccination.

As the launch day approached, the television and radio campaign increased in intensity. On the day of the launch, television - which reaches 90% of the population - turned the coverage of official ceremonies into a festival for children. Formal speeches were interspersed with pre-recorded music, singing and dancing by popular entertainers, all on the theme of the child.

The day after the launch national television showed the Syrian President vaccinating a baby against polio. This encouraged many parents to bring their children to vaccination posts (including some who expected the President himself to vaccinate their children).

Television, radio and newspapers continued to highlight the theme of immunization during the following three months. Syrian TV screened a total of 68 motivational spots, four songs, six short stories, three cartoons and 60 special reports related to immunization in the second half of 1986.

Within six months, immunization coverage rose from 25-30% to around 70%.

All the organizers of the campaign felt they had learned a great deal. Haitham Bashir, Head of the government advertising agency 'Joulan' - which was responsible for all TV and radio spots as well as booklets, posters and other printed materials - admits:

"At first I didn't know what the Ministry of Health wanted from us, or even what the names of all the diseases were. But after the Ministry of Health explained all the technical details, we understood how we could help and what we could do for the campaign.

"But it was the combination of all the media and the people's organizations that gave us our success. If we had used only one and ignored the others I don't think we'd have been so successful."

COMMUNICATING FACTS FOR LIFE

Every media professional can help to promote FACTS FOR LIFE to a wider audience. But more than a one-off advertisement, story or occasional coverage of particular events is needed. What is required, above all, is a long-term commitment to ensure that every listener, viewer and reader becomes aware of what they can do to protect the rights of the child to survival and healthy development. There are many ways in which media professionals can contribute to this objective:

* Broadcasters, producers, film makers and scriptwriters can incorporate FACTS FOR LIFE messages into radio and television programmes, films, video and sound cassettes.
Messages can be repeated in a variety of programme formats - including dramas, comedies, interviews, news stories, advertising spots or documentaries.

* Newspaper and magazine editors, journalists, cartoonists and photographers can use FACTS FOR LIFE as a source of ideas and background information for feature articles, news stories, editorials, photo reportages, cartoons, 'agony aunt' pages and quizzes.

* Graphic artists and illustrators can work FACTS FOR LIFE messages into comic books and 'photo novels'.

* Ministries of Information can use FACTS FOR LIFE to prepare briefing papers, videos and other audiovisual materials on the most important issues in maternal and child health for other government ministries, as well as for editors, journalists, publishers, broadcasters and producers.
ALL FOR HEALTH

RELIGIOUS LEADERS AS HEALTH COMMUNICATORS

RELIGIOUS LEADERS AS HEALTH COMMUNICATORS

“The dearest to God of all His creatures is the one who gives most benefit to his dependents.”

(Islamic text published in Child Care in Islam by Al Azhar University, and since used in many countries to promote child survival and development)

“Freedom from ill health is the best gift of life.”

(Saying of Lord Buddha, used in health campaigns in Thailand)

Religion plays a central, integrating role in social and cultural life in most developing countries. Through the spoken, broadcast or printed word, and through religious symbols, images, ceremonies, festivals and traditions, the world’s religions reach out to virtually every community in the most remote corners of the earth.

There are many more religious leaders than health workers. They are in close and regular contact with all age groups in society, and their voice is highly respected. In traditional communities, religious leaders are often more influential than local government officials or secular community leaders. Many also enjoy added respect through their powers of spiritual healing and knowledge of herbal and other traditional cures.

Organized religion can also exert a powerful influence on the priorities of society and the policies of its leadership. There could be no greater cause to which to lend that influence than that of protecting the rights of the child to survive and to develop to his or her potential.

COMMUNICATING CHILD HEALTH KNOWLEDGE

The value placed upon the life of the child by all religious faiths gives religious leaders a special responsibility for promoting child health. Many have responded by working to make today’s child health knowledge available to parents and children in their communities:

* In Egypt, the University of Al Azhar has researched messages from the Koran in support of immunization, breast-feeding and other actions to protect child health, and the Grand Sheik has asked that the texts be distributed to all Egyptian families via mosques and Islamic schools throughout the country.

* In Thailand, Buddhist monks trained in primary health care by the local health services help rural communities with advice on hygiene and sanitation, nutrition, water supplies and family planning.

* In Indonesia, twelve Moslem, Christian and Hindu organizations have launched a joint programme, using study groups, prayer meetings and home visits, to enhance the
child survival knowledge of 10 million mothers. The Department of Religion has also integrated basic information about child survival and development into training for marriage counsellors, kindergarten teachers and heads of Islamic schools in all 27 provinces.

**Colombia: the ‘transformation’ of health knowledge**

Young people who come to a priest in Colombia for pre-marital counselling are now likely to discuss the importance of breastfeeding and nutrition as well as their marriage vows. All of the country’s 2,500 parish priests are now equipped to advise parents about basic child health care.

The information is contained in a special handbook, *The Path to Children’s Health*, which has been distributed to priests as well as thousands of nuns, deacons, catechists and lay workers.

The handbook was developed jointly by UNICEF and the Catholic Church’s Social Pastorate. The local UNICEF office first produced a first draft of basic information about child survival and development. Church leaders then ‘transformed’ this text into a communication tool for the Catholic Church by adding chapters on the Christian view of health and childhood, as well as Biblical quotes and selections from Papal encyclicals. The handbook also contains specific religious and health messages for occasions such as pre-marital counselling and special events such as Christmas. It also suggests ways of organizing meetings to teach parents basic child health knowledge as part of the Church’s pastoral work in the community.

**A boost for immunization**

* Since 1985 the Catholic Church in El Salvador has played a courageous role in organizing three ‘days of tranquility’ each year, when the fighting between government and rebel forces stops and the nation’s children are immunized.

In Turkey, Syria, Morocco, Egypt, Tunisia and Senegal, tens of thousands of imams and other Moslem leaders have made announcements and preached sermons about the importance of immunization. In many cases the mosque itself has been used as a temporary vaccination post.

In one province of Indonesia, a programme was launched to immunize women of childbearing age against tetanus. In the first round, when no attempt was made to involve the local Moslem leaders, coverage was a disappointing 48%. In the run-up to the second round the help of the local Moslem leaders was sought, with the stunning result that coverage rose to 98%.

**Brazil: the Church and the Child**

The Catholic Church is a powerful presence in Brazil, the world’s most populous Catholic country. With its 7,000 priests and tens of thousands of other full-time
workers, its 120 radio stations and thousands of local newspapers and magazines, the Church has an enormous institutional and communication network. It is also a major provider of health care, with 14,000 nuns and brothers working in hospitals, clinics and rural health programmes.

The Church's communication resources are now being used by the 'Pastorate of the Child' programme to help protect the lives and healthy growth of 1 million young children in the poorest parts of the country. The programme was launched after a successful trial in the town of Florestopolis, where infant mortality was halved within twelve months. So far, 30,000 community leaders have been trained in simple, inexpensive ways of protecting children's health and growth.

In August 1987 the National Conference of Brazilian Bishops launched a national programme to promote the use of oral rehydration therapy within the home. Co-sponsored by the Brazilian Paediatric Society and the National Council of Christian Churches, and supported by UNICEF and the National Advertising Council, the programme aims to teach parents in approximately 100,000 communities how to use oral rehydration and to keep feeding children during diarrhoea. These two simple measures have the potential to save the lives of 60,000 Brazilian children a year.

The promotion of oral rehydration is the beginning of a programme of the Catholic Church to reduce child mortality through basic child survival actions.

Quote:

Soon after UNICEF announced the potential for a revolution in child survival and development in December 1982, the Holy See announced that "the entire Catholic aid network in the various countries of the world ... will lend its maximum support to these important, simple proposals to improve the health of hundreds of millions of children."

COMMUNICATING FACTS FOR LIFE

Religious leaders throughout the world could now be asked to use and promote FACTS FOR LIFE, suitably adapted for their own religious, social and cultural situations. Those who could help to do this include:

* Leaders of national and international religious organizations and movements, who could promote FACTS FOR LIFE at conferences, meetings and interviews with the mass media.

* Training colleges for religious leaders and lay workers, who could use FACTS FOR LIFE in training courses, seminars and workshops.

* Publishers of religious books, magazines and newspapers, and producers of films, videos, posters, flipcharts and other audiovisual aids for religious organizations, who
could present FACTS FOR LIFE messages through a wide variety of printed and electronic media.

* Radio stations belonging to religious organizations, which could broadcast plays, stories, interviews, advertising spots, songs and animated dialogues featuring FACTS FOR LIFE messages.

* Individual religious leaders and lay workers, who could use FACTS FOR LIFE as a handbook of essential health knowledge for prayer and study groups, when counselling young people and parents, and when preparing talks or sermons.

* Study groups and adult education classes, who could use FACTS FOR LIFE as a textbook to be studied chapter by chapter.

* Ministries of Religion, who could place FACTS FOR LIFE in the hands of every religious leader and every teacher at religious schools.
NON-GOVERNMENTAL ORGANIZATIONS AS HEALTH COMMUNICATORS

"Only when people become actively responsible for their own and the community's health can important changes take place."

(David Werner, author of Where there is no Doctor)

"Successful rural health projects share knowledge as freely and widely as possible, rather than monopolizing it and turning it into a means to enrich oneself at the expense of the unknowing. The implicit message here is that health can be deprofessionalized and most cases can be treated locally and with simple means."

(Father Michael V. Bogaert, Director of the Xavier Institute of Social Service, Bihar, India)

Non-governmental organizations of all kinds - women's groups and youth movements, neighbourhood associations and people's health committees, voluntary organizations and cooperative movements - can make a vital contribution to protecting the lives and growth of children. Such organizations can inform and support parents in using today's low-cost child health actions. They can also help to organize communities to build demand for, and participation in, basic health and development services.

COMMUNICATING CHILD HEALTH KNOWLEDGE

Mothers of change

Women's organizations are the most effective context for informing and assisting mothers in the use of new health knowledge and skills. They provide a mutually supportive environment in which new ideas are accepted and practised more readily:

* In two-thirds of Indonesia's 67,000 villages, over one million women volunteers are now helping to educate other mothers in ways of protecting their own health and that of their children. Mobilized by the Family Welfare Movement, the volunteers are regularly weighing over 7 million children at 200,000 posyandus ('integrated health posts'), organized each month in private homes or village halls. The posyandus also provide oral rehydration salts, iron folate and vitamin A tablets, and serve children a nutritious meal or snack. Government health and family planning workers visit the posyandus to carry out vaccinations, assist with health and nutrition education, and provide family planning services and care during and after pregnancy.

Mrs Supardjo Roestam, Head of the Family Welfare Movement, explains how the posyandu volunteers motivate and educate mothers:

"To encourage mothers to bring their children, we enlist the support of the village head..."
and also the local religious leaders and dukun bayi (traditional birth attendants). The health messages we try to get across are fitted into the local culture. Traditional forms of communication, like puppet theatre, songs or legends are often more meaningful to village people than purely technical explanations. Visual explanation is also more effective than just talking.

The posyandus grew out of a well-developed system of weighing posts, also organized by women volunteers from the Family Welfare Movement. These community-based health activities have had a marked effect. In 1979, for example, 7% of under-five children in Indonesia were severely malnourished; by 1986, however, the figure had fallen to less than 2%. According to Mrs Supardjo Roestam, this success is due mainly to the efforts of the communities themselves:

"Many villages have bought their own weighing scales and other equipment. And to provide the children with a nutritious meal, the local volunteers collect food or money. No other child health activity in Indonesia has ever attracted such a high degree of community involvement."

* Kenya has over 16,000 women's groups with a combined membership of 630,000. In most cases their original purpose was to undertake income-generating activities such as producing handicrafts, food production, animal husbandry and savings schemes. In response to popular demand, they also now promote the health of mothers and children. The Chonyi Women's Group, for example, which began a dairy project in 1977, now runs a training programme for newly married women and young mothers, providing them with skills in nutrition, home economics, family planning and environmental hygiene.

* In Sichuan Province, China, the All-China Women's Federation trains 800 family education extension workers each year. In the field they promote knowledge about child care, nutrition, hygiene and sanitation, working closely with family education societies which assess local problems and needs through community surveys and interviews.

* In the Jamkhed Project, Maharashtra, India, village women's organizations (mahila mandals) have helped to inform and support tens of thousands of mothers in using new health knowledge. Since 1971, infant mortality has declined by 75% in the 70 villages covered by the Project.

* Many women's organizations work on a small scale, providing health education and services within their own community. In the city of Cuernavacas, Mexico, for example, a group of 16 women run a centre for domestic workers, which organizes courses on child development, nutrition, family planning, labour rights and literacy. The centre also runs a nursery for 60 children of domestic workers.

* In Angola, Iraq, Senegal and Syria, tens of thousands of volunteers from national women's movements have organized neighbourhood meetings and made house-to-house visits to inform parents of the need for their children to received a full course of vaccinations.
The people organized
Health committees and neighbourhood groups can be an effective vehicle for involving different sections of the community in promoting new health knowledge and undertaking collective action:

- In Addis Ababa, Ethiopia, each of the city's 284 neighbourhood associations (kebeles) has recruited teams of six volunteers to make house-to-house visits promoting prenatal care, immunization, growth monitoring, oral rehydration and environmental sanitation. The overall objective is to reduce the city's infant death rate by two thirds during the 1980s.

- In Nicaragua, 'people's health councils' act as a link and information channel between the community and the Ministry of Health. The councils coordinate the work of 20,000 health volunteers (brigadistas), who promote knowledge about the prevention and treatment of common diseases at meetings and by home visits. On three 'people's health days' each year, health workers and brigadistas vaccinate young children and babies against polio and measles. No cases of polio have been reported in Nicaragua since 1981.

The political process
- In Brazil, a two-year campaign involving over 600 local groups, national organizations of paediatricians and lawyers, the Church, child defense groups, journalists and broadcasters, artist and entertainers, public relations and advertising firms, governmental organizations and parliamentarians has resulted in a new set of rights for children and adolescents.

On 26 May 1988, the National Constituent Assembly approved, by an overwhelming majority, a section of Brazil's new Constitution spelling out the rights of the child and the adolescent to life, health, food, education, leisure, respect, culture and freedom, and urges society and the state to accord them absolute priority.

The commitment of the many groups which helped to achieve this constitutional advance still continues. Their next step is to work for inclusion of the newly approved set of children's rights in the constitutions of each state, in related legislation and in government programmes.

The voluntary sector
Through voluntary organizations, members of the public in both the industrialized and the developing world can play a part in protecting the rights of the child to survive and to develop to his or her full potential. There are now literally tens of thousands of indigenous voluntary agencies working in developing countries - an estimated 12,000 in India alone - and a further 3,000 or more international voluntary agencies.

Many voluntary agencies have pioneered new ways of empowering the poor with the knowledge, skills and self-confidence needed to take greater responsibility for their own health. For example:
* In Sri Lanka, over 4,000 workers from the Sarvodaya village development movement are teaching child health knowledge to groups of mothers in over 3,000 villages, estates and plantations. Sarvodaya workers teach mothers how, for example, to use rice congee (gruel) to treat a child with diarrhoea. Saukyadana - Sri Lanka's leading volunteer medical movement - uses its national network of staff and volunteers to promote awareness of child survival and development, and to train health volunteers. The movement has already trained over 1,000 Buddhist priests in primary health care and child survival actions.

* In Bangladesh, 2,500 fieldworkers from the Bangladesh Rural Advancement Committee (BRAC) have visited 9 million homes to teach mothers how to prepare an oral rehydration solution using raw sugar and salt. BRAC also uses radio and television to broadcast messages about continued feeding during diarrhoea and basic hygiene to prevent diarrhoea. Says BRAC Director Fazle Hasan Abed:

“I believe everyone should know about things like ORT and immunization, birth spacing and proper weaning. But communities must also demand, and governments must provide, basic health services. An informed community is more likely to do this. And an informed government bureaucracy is more likely to respond.”

* In Ethiopia, at the height of the 1985 famine, the Save the Children Federation (USA) taught over 60,000 mothers how to make an effective ORT solution using wheat flour and salt. The teaching was done through intensive interpersonal communication: high school students visiting families in their homes to show mothers how to prepare the solution. Each mother was shown at least twice how to prepare the solution, and was asked to demonstrate her ability to do so herself. Health workers also used every contact with mothers at clinics to teach the method. Most mothers succeeded in learning the new skill and used it effectively within the home. Eight months after the start of the programme, diarrhoea deaths had fallen from 44% to only 9% of the total.

* Since 1984 trained volunteers from the Red Cross and Red Crescent Societies (total membership: 230 million) have been working under the slogan of 'Child Alive' to put today's knowledge of diarrhoeal disease control and immunization at the disposal of millions of parents throughout the developing world.

* The International Planned Parenthood Federation and its 123 national affiliates have taken the lead in promoting public demand for, and access to, safe and effective means of family planning in many countries. In 1987 the IPPF set up an AIDS Prevention Unit in response to requests from its member organizations for up-to-date information, education and communication materials, training and other support in dealing with the global challenge posed by the spread of the AIDS virus.

India: women as health communicators

The Child in Need Institute, on the southern outskirts of Calcutta, India, has trained local women as community health workers to teach child-rearing skills to mothers
attending the Institute's clinics and child development centres. Says the Institute's Director, Dr Samir Chaudhuri:

"We want to demystify medicine, and to get away from the idea that health means hospitals with doctors and nurses running around in uniforms. We have to teach the mother child-rearing skills and to depend on herself as far as possible."

Local women help to develop their own health and nutrition messages and materials through special workshops. A professional advertising agency also carries out audience research and helps to produce posters, flip charts, puppets, T-shirts and slide-cassette shows.

Surveys have found that mothers attending the Institute's clinics and centres have a remarkably high level of knowledge of child feeding, immunization, oral rehydration therapy, child growth and hygiene.

**Youth: Scouts and Guides 'Help Children Grow'**

Some 25 million Scouts and Guides in 150 countries are now being challenged to learn basic child health knowledge and to share it with others. 'Help Children Grow' is the name of a global programme of the World Organization of the Scout Movement and the World Association of Girl Guides and Girl Scouts to involve young people in promoting the health of the world's children:

* In **Uganda** the Scout and Guide Associations now offer a proficiency badge for immunization. The badge can be earned by making signs announcing vaccination sessions, telling parents the times and places for vaccination, minding older children during vaccination sessions, and helping parents to take babies and young children to vaccination posts.

* In **Egypt**, **Sri Lanka**, **Senegal**, **Burkina Faso**, **El Salvador** and many other countries, Scouts and Guides go from door-to-door informing parents of vaccination places and times, and helping health workers to organize vaccination posts.

* In **Colombia** 6,000 Scouts have been trained as Health Monitors to help 45,000 families protect and promote their children's health.

* A resource kit based on the experiences of pilot projects in eight countries has been produced as a source of ideas and guidelines for child health activities in other countries.

**Bolivia: communicating self-reliance**

In the slums of La Paz, capital of Bolivia, people of the community broadcast radio messages encouraging their neighbours to bring their children to vaccination posts on the three national immunization days each year. In the absence of privately-owned radios, loudspeakers set up throughout the city relay announcements to passers-by,
alternately in Spanish and the local language, Aymara.

In neighbourhoods without electricity the community thinks up other ways of conveying health messages. In one shanty town, where immunization rates were particularly low, women and children organized a street procession. Hundreds of children, hobbling on home-made crutches and with charcoal-spotted faces, paraded through the streets, warning of the threat of polio and measles. "What do we want? Vaccines!" they chanted as their ranks swelled with curious young followers, who were led to the house where vaccinations would be given in a few days’ time. Posters, designed by the people themselves, were displayed on walls, in marketplaces and outside churches and government buildings.

This is what the Centre for Self-Reliant Development, a Bolivian women’s organization, calls "poor people’s communication". What they have discovered is that poor people themselves can communicate health messages more cheaply - and far more effectively - than commercial advertisers. The Centre trains women as health volunteers and encourages the community to design their own health education schemes.

As popular and respected members of the community, the volunteers have both the credibility and the cultural sensitivity to be effective health communicators. They also help to organize mothers’ clubs which meet regularly to learn about maternal and child health, nutrition, hygiene, and the prevention and treatment of common childhood diseases. But their role in promoting health in the community goes a step further. They also help to organize temporary vaccination posts by encouraging the people of the community to select volunteer vaccinators for training, choose the vaccination site (a school, community house, church hall or marketplace), fetch chairs and tables, keep records and provide the vaccination team with food and drinks.

The impact of this brand of communication on child health is remarkable. In many of the most deprived areas of La Paz, over 80% of young children are now fully immunized. Also important, in the longer term, is the impact on the community’s image of itself. According to the Centre for Self-Reliant Development, which now works with over 12,000 women volunteers in 76 urban and rural communities, the experience of organizing a series of successful vaccination days and other health activities gives people greater self-confidence and a sense of control over their lives.

**COMMUNICATING FACTS FOR LIFE**

Tens of thousands of non-governmental organizations are already involved in promoting child health in a wide variety of ways. FACTS FOR LIFE, suitably adapted for local needs, can help these organizations to empower parents with the basic knowledge they need to protect their own health and that of their children. For example:

* Voluntary agencies can use FACTS FOR LIFE to develop courses and training
materials for community health workers and volunteers, religious and community leaders, school teachers, and members of women's, youth and other community groups.

* **Youth organizations** can use FACTS FOR LIFE as a handbook of basic child health knowledge which should be made available to the next generation of parents.

* **Women's organizations** can use FACTS FOR LIFE to help train young mothers and newly married women in ways of protecting their own health and that of their children.

* **Ministries of Women's Affairs, Family Welfare and Social Affairs** can use FACTS FOR LIFE to develop training and educational materials for mothers' clubs, women's organizations, youth movements and other community organizations.

* **Neighbourhood associations and health committees** can make FACTS FOR LIFE available to their members as a learning tool and memory aid.
FACTS FOR LIFE - THE TOP TEN

The following ten messages summarize the child health knowledge brought together in FACTS FOR LIFE:

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

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

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

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

FIVE
Diarrhoea can kill by draining too much liquid from a child's body. So the child with diarrhoea must be given plenty of the right liquids to drink. If the illness is more serious than usual, the child needs help from a health worker and a special drink called ORS. A child with diarrhoea also needs food to make a good recovery.

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

SEVEN
Most coughs and colds will get better on their own. But if a child with a cough is breathing much more rapidly than normal, then the child is seriously ill and it is essential to go to a health centre quickly. A child with a cough or cold should eat and drink plenty of liquids.
EIGHT
Many illnesses are caused because germs enter the mouth. This can be prevented by using latrines; by washing hands with soap and water after using the latrine and before handling food; by keeping food and water clean; and by boiling water if it is not from a piped supply.

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

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