



CARE PRACTICES MANUAL



FOR TEACHERS AT PRIMARY AND SECONDARY SCHOOL

*PRODUCED BY THE CARE PRACTICES DEPARTMENT, ACTION CONTRE LA FAIM,
10 SALL DRIVE COCKLE BAY, FREETOWN, SIERRA LEONE.*

APRIL 2013



Contents

- 1- Definition
- 2- List of care practices
- 3- Child development
 - 3.1 Needs of the child
 - 3.2 Pregnancy
 - 3.3 Fields of development
 - 3.4 Steps of child development
 - 3.5 Adolescence
- 4- Care practices in School
 - 4.1 Reproductive health
 - 4.2 Menstrual Hygiene management
 - 4.3 Family planning
 - 4.4 Breast feeding
 - 4.5 Use of Health services, Justice Services

PURPOSE OF THE MANUAL

This manual serves as a tool for teachers teaching Physical Health Education and Home Economics as a subject in their schools and for all the teachers interested by child development. The aim of the manual is to provide a better understanding of the issues of vulnerable and excluded children and how to prevent drop out and exclusion in schools and the communities in which they live. Understanding how the children learn, they could adapt their pedagogy.

1- DEFINITION

The CARE PRACTICES are the behaviours and practices of a Care Taker that provide food, stimulation and emotional support which are necessary for the child development and well-being. These practices translate food security and health care into a child's well-being. Not only the practices themselves, but also the way they are performed (with affection and with responsiveness to children) are critical to children's survival, growth and development. It is impossible for caregivers to provide this care without sufficient resources, such as time and energy.

Engel

Engle, P. (1997) « The care initiative: assessment, analysis, and action to improve care for nutrition” – UNICEF.

2- LIST OF CARE PRACTICES

Care for women... During pregnancy and breastfeeding, reproductive and mental health, work load and education

Food preparation... Household food preparation, cooking and processing, food storage and hygiene

Hygiene... Personal (Hand-washing, bathing and cleaning child) and home hygiene (Making water safe and choosing safe water, cleaning of house and children's play area)

Breastfeeding and feeding practices... Exclusive breastfeeding, weaning, complementary food, active feeding practices (are they suitable for the child's psychomotor skills?), adaptation to the family feeding practice (intra-family sharing of food, response in case of scarce appetite of the child)

Psychosocial care... Adaptation to the developmental steps of the child, attention, affection, autonomy, encouragement of exploration and learning, protection against violence and bad behaviours.

Home health practices... Home management of illnesses, utilization of health services, home-based protection

3- CHILD DEVELOPMENT

A baby or a young child is not a passive human being but he/she is a real 'interactive' partner in the true sense of the term, who is capable of initiating and controlling, partly, his/her relationship with others,

depending above all on the stage of development at which the child finds him/herself. The child successively goes through one development stage to another, and is not able to go on to the next stage until he/she has completed the previous one.

The factors discussed in this document provide elementary information concerning the child's development.

It is important for people who wish to work with children to be familiar with these development stages. In fact, knowing these stages allows to understand the child's development and thus to adopt behaviour

which is appropriate to the stage and to suggest suitable activities, thus improving the child's wellbeing.

3.1 Needs of the child

During the entire development process, the child has got needs, which are expressed in a simple and direct manner.

The three basic needs of the child to ensure harmonious development, aside from the primary needs, are:

- A need for emotional security built on the conflicting outbursts of feeling autonomous and dependent, which are closely linked to the child's inner states. The primary sources of this emotional security are the parents.
- A need for differentiation, identity, a concept of self, which is established gradually as the child experiments and evolves.
- A need for exploring and expanding its vision of the world, following the development of emotional security and differentiation.

More specifically, a child needs:

- To have food, clothing, rest and shelter: stable familial and social environment.
- To develop his/her body and healthy hygiene habits.
- To feel loved.
- To be able to experiment adapted situations to his individual skills and development phase.
- To have a stable and warm relationship to be interactive and emotional
- To be healthy (psychologically and physically).
- To be respected.
- To feel secure inside limits, structures.
- To feel as part of a group.

- To feel the satisfaction of creating.
- To feel that his/her conduct and efforts are accepted.
- To be encouraged.
- To be accompanied in their motivation to learn.
- To have permanent emotional bonds (support, comfort, environment).
- To learn how to think clearly and resolve difficulties.
- To know how to live harmoniously with others.
- To establish his first friendships.
- To develop cooperative behaviour with other children and with adults.
- To understand and appreciate values, rules, and cultural behaviours.
- To try out his first knowledge.

No matter the age, a new born or an adolescent, these needs remain valid.

3.2 Pregnancy



Children **begin to develop during pregnancy**, not only physically, but also emotionally and cognitively. It is therefore important to bear in mind the impact of pregnancy on the future development of the child.

Sensory organs and the brain develop progressively during the intra-uterine stage. It seems, based on

present scientific knowledge, that sensory stimulation influences growth in the brain and in the other organs.

Multiple sensory experiences, which take place in the uterus, can positively affect the growth of the foetus during pregnancy. The intra-uterine environment is very rich; the baby can hear voices, feel caresses and can taste the amniotic liquid. Due to this great sensory potential, the mother, the father and the siblings have the opportunity, from the beginning of the pregnancy, to foster connections with the future baby.

The sense of touch is crucial for human beings. It makes it possible to recognize the contours and the limits of the body, to locate oneself in space and to get to know one's surroundings.

The sense of touch is the first sense to develop in the uterus in the eighth week of pregnancy. Normally, this begins with the contours of the mouth and then spreads to the rest of the body

in the fifth month of pregnancy. The baby floats in the amniotic liquid, which is at a temperature of 37.5 degrees centigrade. The liquid serves, amongst other things, as an interface between the exterior movements of the future mother and those of the baby. The baby feels the movements of the abdominal wall and, in turn, the movements of the baby can be felt in the abdominal wall. As the foetus grows, it gradually comes into contact with the walls of the uterus with increasing frequency. This contact gives the baby different tactile feelings. The child hears and senses physically the mother's heartbeat; he/she hears her voice and senses her emotional state.

The intrauterine relationship contributes to the future development of the child, notably at the emotional level. This is why it is important to show an interest in the pregnancy, what feelings the mother about the connection with her child or not, whether the child is desired, etc.

3.3 Fields of child development

The child development includes different components linked together and having repercussions one over the others.

- The **physical and motor** (neurological body development)
- The **cognitive**: development of intellectual capacities; how the child understands and how her or his thinking operates.
- The **language**: Communication and expression skills.
- The **affective**: development of the personality and feelings
- The **social**: development of expected behaviours and attitudes within the society (social interaction, relationship, play)

Development stages involve these five different aspects simultaneously.

3.4 Stages of development

The child develops following many **stages** according to the age. The succession of stages of development is the same from one child to another (a child can sit down before he can walk, he/she can babble before he/she can talk, etc.). However, the duration of one stage and the age are only references, each child when he/she develops are no more than guidelines, as each child developing at his/her own rhythm.

The child needs help and stimulation to develop these capacities and to improve his knowledge about the world. The environment and the surroundings of the child can help to stimulate and

to encourage the child's development (or the opposite, if the surroundings are not conducive to development). Malnutrition affects the development and the behaviour of a child.

Principles of development:

There are four basic principles of human development that apply to everyone from birth.

1 *Development starts from the head and works down the body.*

Neurological maturing and the baby's motor skills complete progressively: head, torso then limbs towards the extremities. The child begins its development by first holding its head up then by sitting up. Little by little the baby manages to control the extremities of its limbs until he/she manages to grip objects (hold with thumb-index fingers).

2 *All development happens in the same order, but can occur at different rates.*

3 *All areas of development are linked together : motor, cognitive, language, affective and social.*

4 *All the children learn on the same way : - by chance*

- by experience: wrong and right
- by repetition

They avoid displeasure and pursue pleasure.

Importance of play in the development of a child

- Play is essential for the wellbeing and the development of the child.
- It is necessary to respect the child's moods, the times when they are active and the times when
- They are observers.
- Playtime is also a time for meeting and interacting.
- Play is a multiform activity: there are games for all situations and all ages.
- Toys and games offered to children must be suitable to their ages and characteristics.

In the course of playing games, children will develop their senses, will learn to coordinate their movements and will enrich their imagination.

Ex: A child's first toys are his/her hands. The first stage of establishing autonomy takes place around the age of 5 months. The child begins to grab whatever he/she discovers around him/her and to explore the world.

Stages and sequences of development:

Generally, we think about growth and development in five stages:

- Infancy : from birth to one year
- early years : from 1-3 years
- childhood : from 4-7 years
- puberty : from 8–12 years

Keep in mind !

- The phases are **the same** for all the children
- Every child takes a **different time** to go from one phase to the other
- **All areas** of development are **linked together** : motor, cognitive, language, affective and social
- The **environment and the people around** the child can stimulate him and help his development
- The child development and his first relationship **start during pregnancy!**
- They learn through playing, getting more pleasure.

3.5 Adolescence

A critical transition

WHO identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. Biological processes drive many aspects of this growth and development, with the onset of puberty marking the passage from childhood to adolescence.

The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations. This period has seen many changes over the past century namely the earlier onset of puberty, later age of marriage, urbanization, global communication, and changing sexual attitudes and behaviors.

Key developmental experiences

The process of adolescence is a period of preparation for adulthood during which time several key developmental experiences occur. Besides physical and sexual maturation, these experiences include movement toward social and economic independence, and development of identity, the acquisition of skills needed to carry out adult relationships and roles, and the capacity for abstract reasoning. While adolescence is a time of tremendous growth and potential, it is also a time of considerable risk during which social contexts exert powerful influences.

Pressures to engage in high risk behaviour

Many adolescents face pressures to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages, putting themselves at high risk for intentional and unintentional injuries, unintended pregnancies, and infection from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). Many also experience a wide range of adjustment and mental health problems. Behavior patterns that are established during this process, such as drug use or nonuse and sexual risk taking or protection, can have long-lasting positive and negative effects on future health and well-being. As a result, during this process, adults have unique opportunities to influence young people.

Adolescents are different both from young children and from adults. Specifically, adolescents are not fully capable of understanding complex concepts, or the relationship between behavior and consequences, or the degree of control they have or can have over health decision making including that related to sexual behaviour. This inability may make them particularly vulnerable to sexual exploitation and high-risk behaviours. Laws, customs, and practices may also affect adolescents differently than adults. For example, laws and policies often restrict access by

adolescents to reproductive health information and services, especially when they are unmarried. In addition, even when services do exist, provider attitudes about adolescents having sex often pose a significant barrier to use of those services.

Family and community are key supports

Adolescents depend on their families, their communities, schools, health services and their workplaces to learn a wide range of important skills that can help them to cope with the pressures they face and make the transition from childhood to adulthood successfully. Parents, members of the community, service providers, and social institutions have the responsibility to both promote adolescent development and adjustment and to intervene effectively when problems arise.

Adolescent reproductive health

What needs to be done to promote the sexual and reproductive health of adolescents and to prevent adolescent mothers and their babies from dying in pregnancy?

Prevent unintended pregnancies and other sexual and reproductive health risks

Adolescents require:

- information including comprehensive sex education;
- access to a full range of sexual and reproductive health services,
- safe and supportive environments free from exploitation and abuse.

Families and communities need to support adolescent mothers

Adolescent mothers often lack knowledge, education, experience, income and power relative to older mothers. In some cultures, they may also have to bear the effects of many judgmental attitudes, making an already difficult situation even worse.

Men, parents and other decision makers at the household and community level should be involved to ensure their support and acceptance for pregnant adolescents. This includes ensuring home-based care practices before, during and after the pregnancy and the timely use of services and skilled birth attendants.

Adolescent mothers' access to education, livelihood skills and information about how to prevent further pregnancies and their ability to deal with domestic violence should be improved.

As a teacher of Adolescents students

- Reorient health education and services to meet the diverse needs of adolescents. Integrated reproductive health education and services for young people should include family planning information, and counselling on gender relations, STDs and HIV/AIDS, sexual abuse and reproductive health.
- Ensure that health care programmes and providers' attitudes allow for adolescents' access to the services and information they need.
- Socialize and motivate boys and young men to show respect and responsibility in sexual relations.

4 - CARE PRACTICES IN SCHOOLS

Sexuality education aims to equip children and young people with the information, skills and values they need to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual and reproductive health and well-being.

International research shows that good quality sexuality education has a protective function. Young people who have had good, comprehensive sexuality education are more likely to delay having sex.

It aims to contribute to behaviour change, including reducing unprotected and unwanted sex, and reducing harmful behaviour, including sexual offences such as assault and abuse. This is important, because increasing knowledge is a primary role of schools.

Young people are maturing at younger ages than ever before. They are bombarded with media messages about sexuality and if parents and educators are not talking about sexuality their will get their messages from the internet, music, videos and films. Sexuality education helps them make sense of these media messages and to separate fact from fiction.

Normalising conversations about bodies, good and bad feelings, families and relationships and learning communication skills from a young age makes it ok for children to ask questions and build on their understanding as they mature.

Sexuality education is more effective when both home and school contribute.

The following components are recommended to be included in sexuality and relationships programs for [primary](#) and [secondary](#) school, when age and stage appropriate, and spiraling through the years.

Primary Years:

- basics of reproduction, including pregnancy and birth
- biological differences between sexes
- difference between gender and sex
- different types of love, friendships
- different types of relationships, families
- names of body parts
- pubertal changes (physical, emotional and social)
- qualities of a good friend
- recognizing and managing range of emotions
- Yes and No feelings; privacy.

Older years:

- contraception
- impact of alcohol and drugs
- relationship violence
- sexual orientation
- sexually transmissible infections and prevention
- society's changing norms and values
- stages of intimate relationships
- support services.

Secondary Years

- cultural norms and social rules
- contraceptive options including Emergency Contraception
- gender diversity
- impact of alcohol and drugs
- pregnancy options including abortion
- qualities of a good friend
- recognizing and managing range of emotions
- relationship violence
- reproduction
- rights and laws e.g. relating to sexual diversity, consent, service access, abortion, safety and protection
- sexual orientation
- sexually transmissible infections and prevention

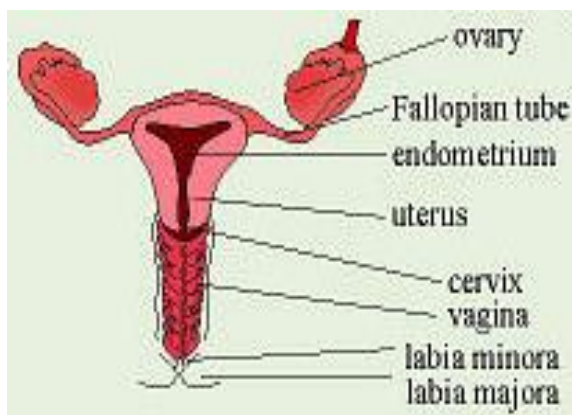
- stages of intimacy, sexual response and pleasure
- Support services.

4.1 Reproductive Health

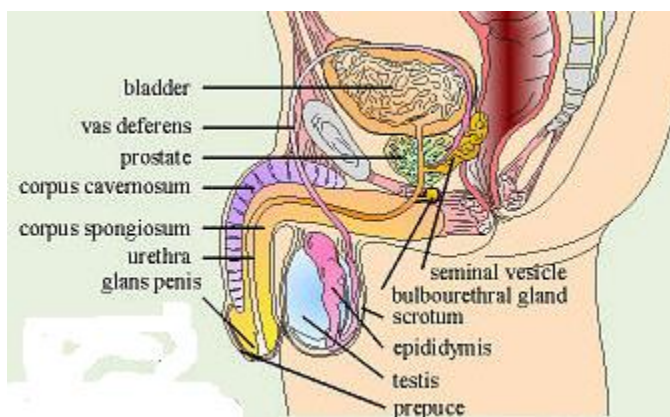
*Reproductive health addresses the reproductive processes, functions and system **at all stages of life**.*

Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Definition from WHO



Female reproductive System



Male Reproductive system

4.2 Menstrual Hygiene Management

Menstruation In Adolescent Girls

When do menstrual periods begin in girls?

Menstruation usually begins around age 11, but it may happen as early as age 8, or as late as age 16. The beginning of menstruation is called "Menarche". It's one of the many physical signs that a girl is turning into a woman. Menarche doesn't happen until all the parts of a girl's reproductive system have matured and are working together.

About menstruation

Menstruation is the discharge of blood and tissue from the lining of the uterus each month. Menstruations (or menstrual periods) are part of the "female reproductive cycle". A girl's cycle is counting of the first day of bleeding in one month to the first day of bleeding in the next month. A typical menstrual cycle lasts 28 to 30 days, but can vary from 22 to 35 days.



How do menstruations start?

When girls begin to go through puberty (usually starting between the ages of 8 and 13), their bodies and minds change in many ways. The hormones in their bodies stimulate new physical development, such as growth and breast development. About 2 to 2½ years after a girl's breasts begin to develop, she usually gets her first menstrual period.

Several months (about 6 months) before the first period, a girl might notice an increased amount of clear vaginal discharge. This discharge is common. There's no need for a girl to worry about discharge unless it has a strong odour or causes itchiness. This substance may be clear or white in colour, and watery to thick in consistency. This is called, physiologic leucorrhoea and it is normal. The very first period is usually very mild; only a few drops of blood. In some girls, menstrual periods occur monthly (regularly) from the beginning. While in others, periods may not be regular; for example, some girls either miss a period or have two periods in one month. During the first year of menstruation this varied or irregular pattern is usually normal as it takes a while for the body to establish a regular menstrual pattern (cycle).

The flow of a period and the length of a period vary from woman to woman and even from month to month. Periods can be light, moderate or heavy. Most periods last from 3-5 days, but anything from 2-7 days is considered normal.

Keeping track of periods

When menstruations begin it is a good idea to keep track of the cycles with a calendar. This will help a girl know when her next period will start.

What other symptoms accompany menstruation?

- Cramps in the lower abdomen (dysmenorrhea) are usually normal. *If the pain differs or is more severe than usual, medical attention should be sought.*

Other symptoms include:

- Bloating
- Tender breasts
- Headache
- Feeling tired
- Mood swings
- Food cravings
- Swollen hands and feet
- Anxiety

What can help relieve menstrual cramps?

- Over-the-counter pain medications such as ibuprofen or acetaminophen as needed
- Exercise
- Relaxing/meditating
- Avoidance of sweets, salt and caffeine



Menstruation: When to worry?

Medical attention should be sought if:

- Periods are heavier than usual or

- Last longer than a week,
- Menstruation differs from the usual pattern, or
- A period is skipped (once a regular pattern has been established)

What to tell pre-teen girls about menarche?

It is important to warn pre-teen girls about menarche before periods begin so that they will not be surprised or afraid when it occurs. Mothers should also take the time to explain why menstruation occurs, and discuss other feminine hygienic issues including the use of tampons/pads. This is also a good time to bring up the importance of abstinence, contraception and safe sex.

How to manage the hygiene during the period?

Good hygiene practices like bathing, washing of genital areas, periodic change of pads help maintain cleanliness and keep away any odour.

Menstruation is a very normal part of every girl's life. During the period, they can do everything they normally do, including daily bath or shower, exercising, dancing and playing sports are all fine. In fact, they will feel better by continuing their normal routine, and find that warm bath is a great way to help with any cramping they may have.

Clean cloth: These are cut to fit in the panty area by sewing several layers of cotton rags on top of each other. These must be clean. They must be washed thoroughly and hung in a private but sunny place to dry. They should not be shared with others.

Whatever a girl uses (cloth, toilet tissue, or pads), she should change it frequently to avoid staining and odor. When menstrual blood comes in contact with air, it can develop a stale odor. It is very common for girls to use two or three pads or multiple layers of cloth pads if they have heavy flow or if they know that they cannot change the pad for longer time. In cases where cloth napkins are used, they need to be washed properly and dried under the sun for killing germs and bacteria that may be present.

*** Never flush a sanitary or cloth pad down the toilet as this may cause serious plumbing problems as well as serious embarrassment after the plumber discovers what caused the problem!**

Are nutritional requirements during the period?

During menstruation, girls suffer from loss of appetite. However, taking no food or less than normal diet weakens the body. It is also necessary to take iron rich food to compensate for the blood loss and prevent anemia. Take citrus fruits or vegetables before taking iron rich food.

Avoid caffeine and tannin which decreases iron absorption by the body.

- A balanced diet with lots of fresh fruits and vegetables.
- Cut down on salt during your period to reduce bloating and fluid retention.
- Cut down on caffeine to feel less tense and irritable.
- Eat foods that are high in calcium. Calcium has been shown to help alleviate some of the symptoms associated with PMS.

- Get a moderate amount of exercise.
- Keep to a regular sleeping schedule, consistent sleep and wake times can help control excessive fatigue or insomnia.
- Above all a brisk walk that helps in the release of endorphins (chemicals in the body that make one feel good) or a warm bath are suggested to keep fresh and relieved.

4.3 Family Planning

Always present abstinence as the most effective and most appropriate method of contraception for young people. Stress that when young people do choose to have sexual intercourse, they have a responsibility to themselves, their partner(s), and future children to keep themselves safe from unintended pregnancy and disease.

Make it clear that unprotected intercourse is neither safe nor smart.

Always keep the diversity of religious and cultural values in mind. As you talk about making decisions about contraceptives, remind students that couples must always consider their personal, family and religious values.

Pregnant adolescents are more likely to have preterm or low birth-weight babies. Babies born to adolescents have higher rates of neonatal mortality. Many adolescent girls who become pregnant have to leave school. This has long-term implications for them as individuals, their families and communities. . Family planning can delay pregnancies in young women at increased risk of health problems and death from early childbearing.

Different methods are listed in the following table. All of them are not present in each country. Please check before from the health center which is available in your area.

Contraceptive methods

Modern methods

Method	Description	How it works	Effectiveness to prevent pregnancy	Comments
Combined oral contraceptives (COCs) or “the pill”	Contains two hormones (estrogen and progestogen)	Prevents the release of eggs from the ovaries (ovulation)	>99% with correct and consistent use 92% as commonly used	Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding

Progestogen-only pills (POPs) or "the minipill"	Contains only progestogen hormone, not estrogen	Thickens cervical mucous to block sperm and egg from meeting and prevents ovulation	99% with correct and consistent use 90–97% as commonly used	Can be used while breastfeeding; must be taken at the same time each day
Implants	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Same mechanism as POPs	>99%	Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful
Progestogen only injectables	Injected into the muscle every 2 or 3 months, depending on product	Same mechanism as POPs	>99% with correct and consistent use 97% as commonly used	Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful
Monthly injectables or combined injectable contraceptives (CIC)	Injected monthly into the muscle, contains estrogen and progestogen	Same mechanism as COCs	>99% with correct and consistent use 97% as commonly used	Irregular vaginal bleeding common, but not harmful
Intrauterine device (IUD): copper containing	Small flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Copper component damages sperm and prevents it from meeting the egg	>99%	Longer and heavier periods during first months of use are common but not harmful; can also be used as emergency contraception
Intrauterine device (IUD) levonorgestrel	A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day	Suppresses the growth of the lining of uterus (endometrium)	>99%	Reduces menstrual cramps and symptoms of endometriosis; amenorrhea (no menstrual bleeding) in a group of users

Male condoms	Sheaths or coverings that fit over a man's erect penis	Forms a barrier to prevent sperm and egg from meeting	98% with correct and consistent use 85% as commonly used	Also protects against sexually transmitted infections, including HIV
Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Forms a barrier to prevent sperm and egg from meeting	90% with correct and consistent use 79% as commonly used	Also protects against sexually transmitted infections, including HIV
Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated semen	>99% after 3 months semen evaluation 97–98% with no semen evaluation	3 months delay in taking effect while stored sperm is still present; does not affect male sexual performance; voluntary and informed choice is essential
Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes	Eggs are blocked from meeting sperm	>99%	Voluntary and informed choice is essential
Lactational amenorrhea method (LAM)	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive breastfeeding day and night of an infant less than 6 months old	Prevents the release of eggs from the ovaries (ovulation)	99% with correct and consistent use 98% as commonly used	A temporary family planning method based on the natural effect of breastfeeding on fertility
Emergency contraception (levonorgestrel 1.5 mg)	Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex	Prevents ovulation	Reduces risk of pregnancy by 60–90%	Does not disrupt an already existing pregnancy

Traditional methods

Method	Description	How it works	Effectiveness to prevent pregnancy	Comments
Withdrawal (coitus interruptus)	Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman's body, preventing fertilization	96% with correct and consistent use 73% as commonly used	One of the least effective methods, because proper timing of withdrawal is often difficult to determine
Fertility awareness methods (natural family planning or periodic abstinence)	Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucus and body temperature	The couple prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, usually by abstaining or by using condoms	95-97% with correct and consistent use 75% as commonly used	Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy. Correct, consistent use requires partner cooperation.

4.4 Breast-feeding

In addition of all the benefits breast-feeding influences the emotional sphere, stimulating a close bond between mother and baby.

Recommended Breastfeeding Practice

Place infant skin-to-skin with mother immediately after birth

Initiate breastfeeding within the first hour of birth

Exclusively breastfeed (no other food or drink) from 0 up to 6 months

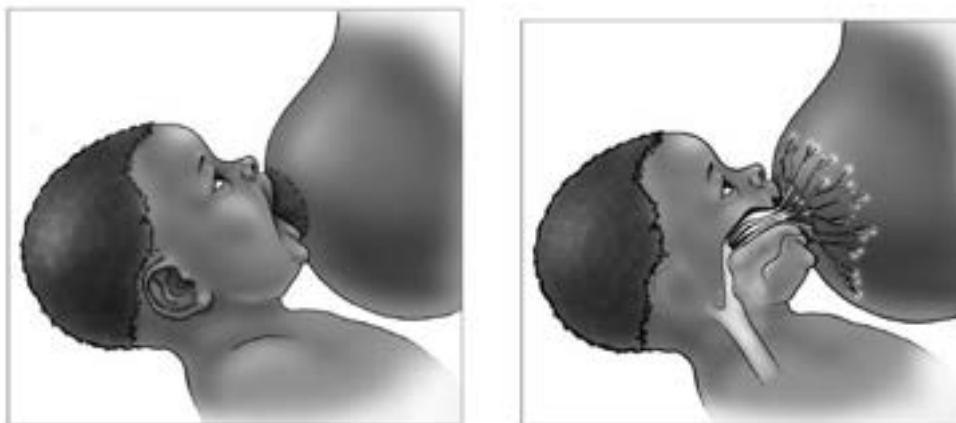
Breastfeed frequently, day and night

Breastfeed on demand every time the baby asks to breastfeed

Let infant finish one breast and come off by him/ herself before switching to the other breast

Good positioning and attachment:

- 4 signs of good positioning: **baby's body should be straight**, and **facing the breast**, baby should be **close to mother**, and mother should **support the baby's whole body**, not just the neck and shoulders with her hand and forearm.
- 4 signs of good attachment: **mouth wide open**, **chin touching breast**, **more areola showing above** than below the nipple, and **lower lip turned out**.



Continue breastfeeding for 2 years of age or longer
 Continue breastfeeding when infant or mother is ill
 Mother needs to eat and drink to satisfy hunger and thirst
 Avoid feeding bottles

Importance of breastfeeding for the infant/young child

Breast milk:

- Saves infants' lives.
- Human breast milk perfectly meets the needs of human infants
- Is a whole food for the infant, and covers all babies' needs for the first 6 months.
- Promotes adequate growth and development, thus helping to prevent stunting.
- Is always clean.
- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.
- Is always ready and at the right temperature.
- Is easy to digest. Nutrients are well absorbed.
- Contains enough water for the baby's needs.
- Helps jaw and teeth development; suckling develops facial and jaw structure.
- Frequent skin-to-skin contact between mother and infant leads to bonding, better psychomotor, affective and social development of the infant.
- The infant benefits from the colostrum, which protects him/her from diseases (Colostrum is the yellow or golden [first] milk the baby receives in his or her first few days of life. It has high concentrations of nutrients and protects against illness. Colostrum is small in quantity. The colostrum acts as a laxative, cleaning the infant's stomach).
- Long-term benefits – reduced risk of obesity and diabetes

Importance of breastfeeding for the mother

- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months if the mother is exclusively breastfeeding, day and night and if her menses/period has not returned.

- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby's suckling stimulates uterine contractions.
- Breastfeeding reduces the risk of bleeding after delivery.
- When the baby is immediately breastfed after birth, breast milk production is stimulated.
- Immediate and frequent suckling prevents engorgement.
- Breastfeeding reduces the mother's workload (no time is involved in going to buy the formula, boiling water, gathering fuel, or preparing formula).
- Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.
- Breastfeeding is economical: formula costs a lot of money, and the non-breastfed baby or mixed-fed baby is sick much more often, which brings costs for health care.
- Breastfeeding stimulates a close bond between mother and baby.
- Breastfeeding reduces risks of breast and ovarian cancer.

Importance of breastfeeding for the family

- Mothers and their children are healthier.
- No medical expenses due to sickness that other milks could cause.
- There are no expenses involved in buying other milks, firewood or other fuel to boil water, milk or utensils.
- Births are spaced if the mother is exclusively breastfeeding in the first six months, day and night, and if her menses/period has not returned.
- Time is saved because there is less time involved in purchasing and preparing other milks, collecting water and firewood, and there is less illness-required trips for medical treatment.

Note: Families need to help mother by helping with non-infant household chores.

4.5 Health and Justice Services

Health services

The health services provide primary health care: vaccinations, pregnancy follow up, family planning, first care.

It could be good to give the address of the nearest community health post and invite the nurse in charge of this one to introduce herself, and give information about the activities of this post.



The United Nations Convention on the **Rights of the Child**

This is a simplified version of the United Nations Convention on the Rights of the Child. It has been signed by 191 countries. The convention has 54 articles in total. Articles 43 – 54 are about how governments and international organisations will work to give children their rights.

Article 1

Everyone under 18 has all these rights.

Article 2

You have the right to protection against discrimination. This means that nobody can treat you badly because of your colour, sex or religion, if you speak another language, have a disability, or are rich or poor.

Article 3

All adults should always do what is best for you.

Article 4

You have the right to have your rights made a reality by the government.

Article 5

You have the right to be given guidance by your parents and family.

Article 6

You have the right to life.

Article 7

You have the right to have a name and a nationality.

Article 8

You have the right to an identity.

Article 9

You have the right to live with your parents, unless it is bad for you.

Article 10

If you and your parents are living in separate countries, you have the right to get back together and live in the same place.

Article 11

You should not be kidnapped

Article 12

You have the right to an opinion and for it to be listened to and taken seriously.

Article 13

You have the right to find out things and say what you think, through making art, speaking and writing, unless it breaks the rights of others.

Article 14

You have the right to think what you like and be whatever religion you want to be, with your parents' guidance.

Article 15

You have the right to be with friends and join or set up clubs, unless this breaks the rights of others.

Article 16

You have the right to a private life. For instance, you can keep a diary that other people are not allowed to see.

Article 17

You have the right to collect information from the media – radios, newspapers, television, etc – from all around the world. You should also be protected from information that could harm you.

Article 18

You have the right to be brought up by your parents, if possible.

Article 19

You have the right to be protected from being hurt or badly treated.

Article 20

You have the right to special protection and help if you can't live with your parents.

Article 21

You have the right to have the best care for you if you are adopted or fostered or living in care.

Article 22

You have the right to special protection and help if you are a refugee. A refugee is someone who has had to leave their country because it is not safe for them to live there.

Article 23

If you are disabled, either mentally or physically, you have the right to special care and education to help you develop and lead a full life.

Article 24

You have a right to the best health possible and to medical care and to information that will help you to stay well.

Article 25

You have the right to have your living arrangements checked regularly if you have to be looked after away from home.

Article 26

You have the right to help from the government if you are poor or in need.

Article 27

You have the right to a good enough standard of living. This means you should have food, clothes and a place to live.

Article 28

You have the right to education.

Article 29

You have the right to education which tries to develop your personality and abilities as much as possible and encourages you to respect other people's rights and values and to respect the environment.

Article 30

If you come from a minority group, because of your race, religion or language, you have the right to enjoy your own culture, practise your own religion, and use your own language.

Article 31

You have the right to play and relax by doing things like sports, music and drama.
You have the right to be brought up by your parents, if possible.

Article 32

You have the right to protection from work that is bad for your health or education.

Article 33

You have the right to be protected from dangerous drugs.

Article 34

You have the right to be protected from sexual abuse.

Article 35

No-one is allowed to kidnap you or sell you.

Article 36

You have the right to protection from of any other kind of exploitation.

Article 37

You have the right not to be punished in a cruel or hurtful way.

Article 38

You have a right to protection in times of war. If you are under 15, you should never have to be in an army or take part in a battle.

Article 39

You have the right to help if you have been hurt, neglected, or badly treated.

Article 40

You have the right to help in defending yourself if you are accused of breaking the law.

Article 41

You have the right to any rights in laws in your country or internationally that give you better rights than these.

Article 42

All adults and children should know about this convention. You have a right to learn about your rights and adults should learn about them too.

As for the health center, it could be appropriate to give the address of the nearest center where they could go in case of abuse, rape or any offence which make them victim.

Parents and teachers, have the power to change who their children and students will become:

- Teaching the boys to be kind and compassionate, so they will grow up to be kind and compassionate husbands, fathers, and brothers.
- Teaching the girls to value themselves, so they will expect the same from others.

- Teaching the boys to share and take pride in household work, so their sisters, wives and daughters do not suffer the burden of overwork.
- Teaching the girls to be more independent by finishing school or learning a skill.
- Teaching the boys to respect all women and to be responsible sexual partners.

References :

- UNFPA – Adolescent Sexual and Reproductive Health – Toolkit for Humanitarian Settings.
- Care Practices 2012 manual ACF
- ACF Mental Health Care Practices Policy 2009
- Rights of the Children – Save the Children

