

“I have come that they
may have life, and
have it to the full.”

John 10:10



Faith for Life 

Christians Promoting Maternal and Child Survival

First Edition Published in 2010

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LIST OF ABBREVIATIONS

ACT	Artemisinin-based Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ARI	Acute Respiratory Infection
CSD	Child Survival and Development Strategy
CRC	Convention on the Rights of the Child
F4L	Faith for Life
HIV	Human Immunodeficiency Virus
HFS	Health Facility Survey
IMCI	Integrated Management of Child Illness
IMR	Infant Mortality Rate
IRCK	Inter-Religious Council of Kenya
IRS	Indoor Residual Spraying
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KFSSG	Kenya Food Security Steering Group
LBW	Low Birth Weight
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOM	Ministry of Medical Services
MOPH&S	Ministry of Public Health and Sanitation
ORS	Oral Rehydration Salts
PMTCT	Prevention of Mother to Child Transmission
TB	Tuberculosis
UNICEF	United Nations Children's Fund

The Faith for Life Project is a joint initiative between UNICEF and the Inter-Religious Council of Kenya (IRCK). It is a venture inspired by the need to improve the survival of children and their mothers, guarantee their future protection and ensure their future through education and life skills. In this partnership, the church strives to disseminate religious teaching for improved maternal and child health and development in key intervention areas which are: - nutrition, common childhood diseases, water and cleanliness, HIV and Aids, child protection, stimulation and care then finally health seeking behaviour.

The Christian faith's belief in the meaning of human existence is the driving force behind the church's involvement in the project. Following in the footsteps of Jesus – the church goes out of her way to ensure not only the protection of life but also its promotion based on John 10:10 "...I came so that they might have life and have it more abundantly". In addition, John 15:13 reads: "No one has greater love than this, to lay down one's life for one's friends".

Christ showed His love for mankind by making the ultimate sacrifice, death on the Cross. The Church urges everyone to view the neighbour as another self, and to ensure that the neighbour has the means necessary to live in a dignified way. The role of the Church in the Faith For life Project is further justified on the grounds that, the Church has a long-standing partnership with the Government in national developmental issues, such as provision of healthcare to its citizens in line with its missionary activity.

This project complements efforts by the Government of Kenya in the provision of accelerated health-care services to its citizens. It provides a user-friendly approach, supportive of other current relevant initiatives, such as the Child Survival and Development Strategy (2008 - 2015), the National Environmental Sanitation and Hygiene Policy and the National School Health Policy.

The situation of the vast number of the world's children is far from being satisfactory due to the lack of favourable conditions for their holistic development. This is in spite of the existence of laws protecting the rights of children, which bind all members of the international community. There are conditions connected with, among other things, the lack of health-care or adequate food supply. It is hoped that this material will reach and benefit many in and outside the church.

Preface by Ministry of Public Health and Sanitation

Kenya has one of the highest numbers of newborn deaths in African, with a neonatal mortality rate of 31 per 1,000 live births and approximately 43,600 deaths occurring every year. One in every 14 babies born in Kenya will die before their first birthday and about one in nine before their fifth birthday.

Wide disparities in mortality exist across the country. The maternal mortality ratio is estimated at 488 per 100,000 live births with some provinces having a higher rate of up to 1,000 deaths per 100,000 live births.

At least 6,000 Kenyan women die each year from pregnancy related complications and most of these deaths are preventable.

Greater efforts are still needed to further improve maternal, newborn and child health (MNCH). There is need to focus more on disease prevention and health promotion through strengthened community involvement.

Faith communities provide a platform that can be harnessed to reach a larger number of people through the congregational level activities. Communication messages, if supported by the teachings and practices of these very faiths, can be used to bring about the necessary changes in line with recommended strategies and practices.

The process of developing key intervention messages with scriptural back-up is thus aimed at increasing awareness and communication on MNCH. It is expected that the material will be incorporated and used in various congregational platforms and forums.

The faith communities are eager to take this responsibility and working together, they are mobilising their joint resources for maternal, newborn and child health.

Preface by Unicef

Main objective of the Child Survival and Development (CSD) Strategy launched by the Government of Kenya in June 2009 is to contribute to increased equitable access and use of quality essential social and protection services with a focus on vulnerable groups. The reduction of maternal and child morbidity and mortality cannot be achieved by the health sector acting alone. There are many actors and programmatic areas whose contribution to the child survival and development is critical, including behaviour and social change.

As part of the behaviour and social change efforts for CSD, UNICEF along with Ministry of Public Health and Sanitation (MoPH&S) has partnered with the Faith Organizations through the Inter-Religious Council of Kenya (IRCK) to mobilize and facilitate the faith communities with appropriate CSD messages and motivation. Faith for Life (F4L) Initiative jointly conceived and implemented by IRCK, MoPH&S and UNICEF, the initiative seeks to ensure survival and development of children where the faith community takes a leading role. Proper upbringing and survival of children ensures a solid community of believers for tomorrow. Thus the faith community is entirely committed to ensure that children get the best opportunities in life for them to survive, develop and grow to their full potential. Cognizant of the overwhelming effects child survival, the faith community is expected to lead social change process by creating an open communication and support atmosphere about key developmental initiatives including exclusive breastfeeding, malaria prevention, immunization, hand washing, nutrition, prevention of mother to child transmission of HIV, sanitation and health seeking behaviors.

This combined booklet focuses on CSD as a critical component of this initiative. Carefully selected verses from the Holy Bible, Holy Quran and Holy Gita related to the need for three faiths to apply the seven key High Impact Interventions on CSD have been compiled. This makes the content in the booklet to have a combination of social and spiritual realms, in promotion of CSD. Following each faith's religious teachings there is a separate set of material for the respective faith leaders and followers.

These theological reflections combined with technical information and actions, faith leaders will be able to extract information on CSD and disseminate key messages during prayer sessions. It is hoped through this initiative faith leaders will be incorporating CSD messages in their regular religious meetings and gatherings.

We pray that this work will support everyone whether in a Church, Mosque, Temple or homesteads practically and passionately to give every child the best start in life.

This work is the result of a comprehensive consultation process at all levels. Leading and key leadership of Christianity, Muslim and Hindu faiths and colleagues from MoPH&S, Partners and UNICEF have participated and contributed in designing, finalization and endorsement of this booklet. We would therefore like to extend our thanks to all those who contributed to the pioneering of this unique work.

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This manual is a culmination of the invaluable contributions of theologians from major faith umbrella organisations in the Kenya. Accordingly we would like to acknowledge the generous help of the Christian theologians, in particular-

- i. From the National Council of Churches of Kenya
 - a. Rev. Elias Otieno Agola of the Presbyterian Church of East Africa
 - b. Pastor Joseph O. Obwanda of the Methodist Church in Kenya.
- ii. Evangelical Alliance of Kenya, in particular Rev. Dr .Benjamin Musyoka of the Africa Inland Church
- iii. Pastor Kenneth Maena of the East African Union of the Seventh Day Adventist Church.

The material in this handbook has been compiled by Inter-Religious Council of Kenya (IRCK), with the help of partners from the Ministry of Public Health and Sanitation and UNICEF; we hope it will help in achieving the advocacy to accelerate Maternal, Newborn and Child development in Kenya.

The Ministry of Public Health and Sanitation together with UNICEF have supported the compilation process with technical inputs and material in line with the Government's Child Survival and Development (CSD) strategy. The faith communities embrace this strategic partnership.



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Kenya is signatory to the United Nations, Convention on the Rights of the Child. The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights - civil, cultural, economic, political and social rights.

UNICEF's mission is to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided in doing this by the provisions and principles of the Convention on the Rights of the Child.

Built on varied legal systems and cultural traditions, the Convention is a universally agreed set of non-negotiable standards and obligations. These basic standards - also called human rights - set minimum entitlements and freedoms that should be respected by governments. They are founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability and therefore apply to every human being everywhere. With these rights comes the obligation on both governments and individuals not to infringe on the parallel rights of others.



Article 14 (Freedom of thought, conscience and religion) in the CRC states:

Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the Convention, which indicates that it in no way prevents parents from bringing their children up within a religious tradition. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The Convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others. In all spiritual traditions, religion defends the human rights and fundamental freedom of every human being.

Biblical basis for Christian involvement in the Faith for Life Project

Today, there is a renewed spirit among Christians to ensure their faith impacts more on their world. The central task of the church is the promotion of the dignity of every person, which implies - above all - the right to life from conception to natural death.

To undertake this task requires the commitment and effort to renew oneself internally. After this, one can then begin to work towards a better society according to the mind of the church, guided by justice and love. From the conversion of hearts, therefore, there arises concern for others, who are then loved as brothers and sisters.

The attitude of the Church in her missionary activity is that of Christ, who in Matthew 15:32-37 had pity on the crowd that came to listen to His preaching but was hungry. He fed them to their satisfaction. He provided for their spiritual as well as physical hunger.

Christ himself in his incarnation took up a truly human body endowed with a human soul. In Philippians 2:7,

“... he emptied himself ...coming in human likeness and found human in appearance”.

Jesus thus sanctified both body and soul.

Human beings are created in the image and likeness of God. In Genesis 1:27:

“God created man in his image; in the divine image he created him; male and female he created them”.

In 1 Corinthians 3:16, St. Paul asks it:

“Do you not know that you are the temple of God, and that the Spirit of God dwells in you?”

Bodily life and health are gifts entrusted to the human person by God. Each person has an obligation to take care of his or her health because “no one ever hates his own flesh, but nourishes and cherishes it” (Ephesians. 5:29).

The Church teaches that it is not proper to despise bodily life; rather man is obliged to regard his body as good and honourable since God created it and will raise it up on the last day.

The joys and hopes, the grief and anxieties of the men of our time, especially of those who are poor or afflicted in any way, are the joys and hopes, the grief and anxieties of the followers of Christ. Whatever is genuinely human finds an echo in their hearts. Christians share deep solidarity with the human race and its history. Salvation concerns the human person in all his dimensions: personal and social, spiritual and bodily, historical and beyond history.





i) Care of Pregnant women

Introduction – Global Situation

Every pregnant woman always desires an uncomplicated pregnancy and, ultimately, a healthy baby. Every year, however, about 6,000 women and adolescent girls die in Kenya from pregnancy and childbirth related complications. Every year, some 10 million women and adolescent girls experience complications during pregnancy, many of which leave them and/or their children with infections and severe disabilities. Maternal deaths occur due to bleeding during or after delivery, obstructed labour, high blood pressure, and severe infections like malaria, HIV, severe anaemia or other pre-existing conditions. Malaria in pregnancy can lead to miscarriage, still birth or low birth weight, anaemia or severe illnesses.

More than 15 years since the launch of the Safe Motherhood Initiative (SMI), maternal and neonatal mortality levels in Africa have sadly continued to rise instead of declining. While a few countries have experienced sustained reductions in maternal mortality, little or no progress has been achieved in countries with the highest levels of mortality, like Ethiopia and Nigeria where the maternal mortality rate is over 1000/100,000 live births. Of all maternal deaths occurring globally, 99 percent of them occur in developing countries with Sub-Saharan Africa having the highest maternal mortality rate (MMR) of 900 maternal deaths per 100,000 live births.

Current situation in Kenya

Maternal mortality levels in Kenya have remained unacceptably high at 410 maternal deaths per 100,000 live births, (with some regions reporting MMRs of over 1000 /100 000 live births). Neonatal mortality rate is estimated at 31 deaths per 1,000 live births (KDHS 2008/9). At least 6,000 Kenyan women die each year from pregnancy related complications and most of these deaths are preventable. Deliveries by skilled attendance increased from 40% to 43% (KDHS 2008/9). This means that over 50% of deliveries among Kenyan women are attended by unskilled

persons: hence both mother and newborns are in danger should any complication arise during delivery or postnatal period.

- i. Majority of women of reproductive age do not have any pre-pregnancy care, hence some women enter pregnancy with complications.
- ii. Most pregnant women attend ante-natal clinic late and majority do not attend all the four recommended visits for optimal care.
- iii. More than half of the women in Kenya deliver at home without a skilled birth attendant, putting them and their newborns at the risk for poorer birth outcomes.
- iv. Only 10 per cent of women in Kenya seek or utilise post-natal services as a critical point of care for mother's and babies.
- v. In places where access to care is limited, majority of mothers and their newborns die immediately after birth.

Myths, misconceptions and wrong practices

- i. Some communities' believe that a woman should not say she is pregnant until it is physically visible for fear that the spirits will take away the pregnancy.
- ii. Some women believe that there are 'forced' HIV tests at ANCs.
- iii. Some communities insist on certain ceremonies being performed on the placenta, hence they prefer delivery at home.
- iv. Some expectant women shun health facilities over claims that health workers physically beat or verbally abuse them during labour.

Correct practices to be promoted

A lack of recognition of danger signs during pregnancy and failure to take appropriate action, inadequate or lack of birth planning and preparedness, and the delays in seeking appropriate skilled care at a health facility are some of the contributory factors. The risks of childbearing for the mother and her baby can be greatly reduced if:

- i. a woman is healthy and well nourished before becoming pregnant;
- ii. she has regular maternity care by a trained health worker at least four times during every pregnancy;
- iii. the birth is assisted by a skilled birth attendant, such as a doctor, nurse or midwife;
- iv. she and her baby have access to specialized care if there are complications; and
- v. she and her baby are checked regularly during the 24 hours after childbirth, in the first week, and again six weeks after giving birth.

Rationale

Many women, including adolescents, have difficulty accessing quality health care due to poverty, distance, poor road networks, inadequate information reproductive health information - especially among the rural and urban poor and women in and semi arid regions pastoral and nomadic populations - inadequate services or cultural and religious practices.

Governments and local authorities, with support from non-governmental and community-based organisations, have a responsibility to address these issues to ensure that women and their newborns receive the required quality health care. Most of the pregnant women have pre-existing uncontrolled conditions, which may cause them complications in pregnancy. Majority of pregnant women attend ANC late and more than half of the pregnant women in Kenya are delivered by unskilled attendants. Majority do not seek post-natal care.

The major causes of maternal death include bleeding, infection after delivery, obstructed labour, complications caused by abortion and severe anaemia. The deaths can be prevented by early detection and treatment, with timely transportation to and care at a hospital with the necessary facilities.

Supportive Scriptural References

A happy holy family life depends on the reverence for the dignity of the woman. The attitude of Christ towards women was one of sincere esteem. Christian esteem for the woman is in a special way evident in the high regard for Mary, the mother of Christ. Through her good example of faith, the Church teaches reverence for the dignity of women.

In marriage, man and woman unite in a community, a family, a home. The family is the first natural society, the vital cell of society and in the plan of the creator, the primary place of being human for the person and society. It is the cradle of life and love. The family is constituted by a man and a woman as taught in:

- Genesis 2:18: The Lord God said: "It is not good for the man to be alone. I will make a suitable partner for him." Man and woman were created to complement each other as partners.
- Genesis 2:24: "That is why a man leaves his father and mother and clings to his wife, and the two of them become one body". This underscores the fact that marriage and family were instituted by God.

- Matthew 19:4-6: Jesus said in reply, "Have you not read that from the beginning the Creator 'made them male and female' and said 'For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh? So they are no longer two, but one flesh.' Therefore, what God has joined together, no human being must separate."
- It is in the permanent union of marriage that children may have their normal heritage of love, security, guidance, care, home-life and learn interpersonal relationships. Children suffer gravely when parents separate or when there is instability and problems in marriage.
- Husband and wife are involved in procreation, which makes them co-workers with the creator as mentioned in Genesis 1:28 "be fruitful and multiply and fill the earth".
- A child is the fruit of the love between husband and wife. God blesses human beings, empowering them to transmit the life he has given them. They have to care for what God has given them.
- The church holds that life begins at conception and demonstrates how privileged this moment is by celebrating the birth of Christ.

The scripture speaks of children thus:

- The Israelites believed that God was involved in the conception and birth of a child. The man had relations with his wife Eve, and she conceived and bore Cain, saying, "I have produced a man with the help of the Lord." (Genesis 4:1)
- Children are regarded as divine gifts. In Genesis 33:5: When Esau looked about, he saw the women and children, "Who are these with you?" he asked. Jacob answered; "They are the children whom God has graciously bestowed on your servant."
- Children are the Lord's heritage since the ability of a couple to have children is a gift from God as stated in Psalms 127:3, "Children too are a gift from the Lord, the fruit of the womb, a reward."
- Elizabeth rejoiced when the Lord took away her "disgrace among men". She conceived John the Baptist. "So has the Lord done for me at a time when he has seen fit to take away my disgrace before people." (Luke 1:25).
- John 16:21: "When a woman is in labour, she is in anguish because her hour has arrived; but when she has given birth to a child, she no longer remembers the pain because of her joy that a child has been born into the world." Jesus uses a woman's joy after a child is born into the world to teach of the joy of Christian after trials.

Jesus was born and lived in a complete family. He accepted all its characteristics and gave dignity to the institution of marriage. In Matthew 19:3-9, Jesus counsels, "...from the beginning the Creator 'made them male and female' and said, for this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh'? So they are no longer two, but one flesh. Therefore, what God has joined together, no human being must separate. "...whoever divorces his wife (unless the marriage is unlawful) and marries another commits adultery."

The Church places the family at the centre of social life. For a healthy child, we also need a healthy father and mother. The church affirms the great importance of health of mind and soul. Human health does not stop at physical vitality but includes a person's best possible suitability for one's total calling as a human being.

A safe environment

Psalms 8:6-7 says of the human person that "You have made them little less than a god, crowned them with glory and honour. You have given them rule over the works of your hands; put all things at their feet." Humans are custodians of what God has created and entrusted to them. They have to ensure that the earth, planet life, animal life and human beings co-exist in harmony. This harmony should promote God's gift of life.

Before and during the period of pregnancy and child birth, the couple require a safe and healthy physical as well as social environment in which to live and undertake the role of bearing and nurturing the young. It is important for the parents to lead a healthy lifestyle to help in this cause and to avoid situations that could cause the unborn baby unnecessary suffering.

- Exodus. 21:22 clearly illustrates this: "When men have a fight and hurt a pregnant woman so that she suffers a miscarriage but no further injury, the guilty one shall be fined as the woman's husband demands of him and he shall pay in the presence of the judges." The miscarriage was equivalent to killing the unborn, so the law of vengeance applied i.e. life for life.
- Beyond this, scripture emphasises the sacredness of life by teaching that God is the author of life and man is created in his image. The basic commandment of fraternal love extends to all human beings and binds respect and reverence for every human being. The church rejects abortion for ethical or even social reasons and considers it simply murder

of the innocent. The fifth commandment holds: “Thou shall not kill” (Exodus 20:13).

- The results of over-indulgence in alcohol are, for example, described in Proverbs 23:29-30. They include screaming, shrieking, strife, anxiety, wounds for nothing, black eyes, dizziness, staggering and stumbling.

Social Support

The family provides an essential and irreplaceable support for the development of society. The family also has a right to be supported by society in the bearing and rearing of children.

Luke 1:39-41, “During those days Mary set out to the hill country in haste to a town of Judah, where she entered the house of Zechariah and greeted Elizabeth. When Elizabeth heard Mary’s greeting, the infant leaped in her womb.” Mary was supportive of Elizabeth when Elizabeth was pregnant.

Maternal health and Nutrition

Endangering of the health and life of the mother and the unborn baby may arise from carelessness and this constitutes a grave sin against love.

The need to avoid substances that could harm the unborn baby is illustrated in Judges 13:3-4: “An angel of the Lord appeared to Manoah’s wife and said to her, “Though you are barren and have had no children, yet you will conceive and bear a son. Now then, be careful to take no wine or strong drink and to eat nothing unclean.”

Correct practices to be promoted

- i. Any pregnant mother can develop life threatening complications. These can neither be predicted nor prevented. The families need to identify danger signs early and immediately transport the pregnant women to a hospital with facilities such as caesarian section and blood transfusion. These danger signs during pregnancy, delivery or after delivery include; bleeding, severe headache, convulsions, breathlessness at rest, good labour pains without baby moving and fever with chills and rigors.
- ii. Spacing children for at least two to three years apart improves survival of both mother and child. All pregnant women should attend at least four ANC visits. First visit within the 1st 3 months.

- iii. Every woman should visit the clinic for antenatal care as soon as she knows that she is pregnant
- iv. All pregnant women should have an individual birth plan (Plan where to deliver, How to get there, Who to assist you, Family to put money aside, etc
- v. All pregnant women and their family members should know the danger signs during pregnancy, childbirth, post natal period and should be prepared for any emergency.
- vi. All mothers should attend post natal clinic for care within two days of delivery. This includes even those who have delivered at home.
- vii. All women of childbearing age, including adolescent girls, need to be protected against tetanus for their own benefit and for their future babies. Over time, five doses of tetanus vaccine are recommended for lifelong protection. A booster should be given during pregnancy if the woman has not yet received five doses.
- viii. Girls who are educated, healthy and well-nourished are more likely to have a healthy pregnancy and healthy children. It is estimated that two maternal deaths can be prevented for every additional year of school attendance per 1,000 women

Key Messages

- i. Every woman should attend ante-natal clinics as soon as she knows that she is pregnant.
- ii. For the health of both mothers and children, a woman should wait until her last child is at least 2 years old before becoming pregnant again. The health risks of pregnancy and childbirth increase if a woman has had many pregnancies.
- iii. All mothers, including those who deliver at home, should attend post-natal clinics for care within two days of delivery.

2) New Born Care

Introduction

Of all neonatal deaths (deaths occurring with the first month of life) globally, 99 percent of them occur in developing countries with sub-Saharan Africa having the highest neonatal deaths.

Kenya has one of the highest numbers of newborn deaths in the African region with a neonatal mortality rate of 33 per 1,000 live births and approximately 43,600 deaths occurring every year. One in every 14 babies born in Kenya will die before their first birthday and about 1 in 9 before their fifth birthday. The main causes of neonatal death are: severe infections; difficulty in breathing; preterm birth; congenital anomalies ; neonatal tetanus (2%); and diarrhoea. The rate of low birth weight babies (LBW) in Kenya is 10%.

Neonatal care, which is closely linked to maternal care, will need more attention if Kenya is to make any progress in meeting the Millennium Development Goal targets in under-five mortality (33/1000) and infant mortality (26/1000) by 2015.

Newborns need round-the-clock care and love. They should be fed, and kept clean, warm and fed nutritiously. Mothers and fathers or other primary caregivers contribute to building the foundation of the babies' future health, happiness, growth, learning and development.

Every child should complete the recommended series of immunisations are important for the early protection against diseases that can cause poor growth, disability or death. A newborn should be:

- i. Initiated into breastfeeding within half an hour after birth. Exclusive breastfeeding from birth through the first six months on demand and at least eight times in a 24-hour period, contributes to bonding between the infant and the mother and also gives the baby immunity against infections.
- ii. Kept close to and frequently held and cuddled by the mother, father or other primary caregiver.
- iii. Loved and shown affection, attention, encouragement and stimulation from her or his family members, helping the baby to grow and learn rapidly.
- iv. Kept warm, clean, comfortable, safe, and regularly burped after feeding. Anyone who handles the baby should always wash their hands with soap

- and water before doing so, after cleaning faeces or visiting the toilet.
- v. Cared for in a clean environment that helps to prevent infections.
- vi. Provided with quality health care, including regular check-ups with timely immunisations and weighing to monitor growth.

Current situation in Kenya

The 2008/09 Kenya Demographic Health Survey has shown that compared to the 2003 KDHS, the infant mortality rate (IMR) improved to 52 from 77 per 1,000 live births. The under-five mortality rate improved to 74 from 115 per 1,000 live births. The neonatal mortality rate, however, only reduced marginally from 33 to 31 per 1,000 live births, contributing to 42 per cent of the under-five mortality compared to 29 per cent from the 2003 KDHS. Neo-natal care, which is closely linked to maternal care, will need more attention if Kenya is to make any progress in meeting the Millennium Development Goal targets in under-five mortality (33/1,000) and infant mortality (26/1,000) by 2015.

The factors contributing to the deterioration of child health indicators are: Malnutrition, a high incidence of diseases, inappropriate household caring practices, poor environmental and living conditions and the HIV/AIDS pandemic. Over 80 per cent of under-five deaths in Kenya are from preventable causes: neonatal conditions, pneumonia, diarrhoea, malaria, HIV and AIDS, and malnutrition.

Rationale

Newborns are vulnerable. Most newborns die in the first day and week of life when care is low. This is because most women deliver at home without skilled care for themselves and their newborns. Yet, simple measures like early initiation and exclusive breastfeeding, warmth, hygienic practices like handwashing and cord care can contribute to survival

Over 80% of under five deaths in Kenya are from preventable causes: neonatal conditions, pneumonia, diarrhoea, malaria, HIV and AIDS, and malnutrition. Children in malaria endemic areas are twice likely to suffer from severe anaemia as those in epidemic areas

Other factors contributing to the deterioration of child health indicators are: Malnutrition, a high incidence of diseases, inappropriate household caring practices, poor environmental and living conditions and the HIV/AIDS pandemic.

Supportive scriptural references

Married couples with large families have the right to adequate support and should not be subjected to discrimination. This social support is underscored in Luke 1:57-58;

“When the time arrived for Elizabeth to have her child she gave birth to a son. Her neighbours and relatives heard that the Lord had shown mercy towards her, and they rejoiced with her.”

Correct practices to be promoted

A newborn should always be:

- vii. Kept close to and frequently held and cuddled by the mother, father or other primary caregiver. Exclusively breastfed from birth through the first six months on demand and at least eight times in a 24-hour period, contributing to bonding between the infant and the mother and giving the baby immunity against infections.
- viii. Loved and given affection, attention, encouragement and stimulation from her or his family members, helping the baby to grow and learn rapidly.
- ix. Kept warm, clean, comfortable and safe, and changed regularly and burped after feeding. Cared for in a clean environment that helps to prevent infections.
- x. Provided with quality health care, including regular check-ups with timely immunizations and weighing to monitor growth.

Key Messages

- i. Every newborn should begin breastfeeding within one hour after birth and continue with exclusive breastfeeding for six months.
- ii. Every newborn should be checked by a health worker 24 hours after birth, during the first week and again six weeks after birth.
- iii. Every mother should know the danger signs for illness in a newborn, for example refusal to feed, infection of the cord, fast breathing, lethargy (not active), fever.





i. Safe Drinking Water

Introduction

All water that people drink and use should come from a safe source or be purified. Containers for carrying and storing water need to be kept clean inside and outside and covered to keep the water clean. Where necessary, home-based water treatment, such as boiling, filtering, adding chlorine or disinfecting with sunlight, should be used to purify the water.

Families have fewer illnesses when they have an adequate supply of safe water and know how to keep it clean and free from germs. If the water is not safe it can be purified using low-cost solutions at home. It can be: (1) boiled, (2) cleaned through a filter, (3) purified with chlorine or (4) disinfected with sunlight or other simple measures. The trained health worker or extension agent, should have information on home treatments available locally.

Safe water sources include properly constructed and maintained piped systems, public standpipes, boreholes, pond sand filters, protected dug wells, protected springs and rainwater collection. Water from unsafe sources – rivers, dams, lakes, ponds, streams, canals, irrigation channels, unprotected wells and springs – is best avoided. If necessary it can be made safer by the home-based water treatment methods referred to above. Water should be safely stored in a covered container that is clean on the inside and outside.

Current situation in Kenya

- i. Forty six per cent of Kenyans have no access to basic sanitation; therefore, their activities have direct impact on water safety.
- ii. Forty two per cent of Kenyans have no access to safe water supply and therefore, it's a big challenge to ensure affordable and safe drinking water, especially at household level. It requires partnerships, consultative and sector wide approach.

- iii. The national average distances to domestic water points have increased to 25-30kms from seven kilometre.
- iv. The average quantity of water available for domestic use has reduced to five litres per person, per day from 10 litres per person, per day (KFSSG 2009).
- v. There are constant outbreaks of waterborne diseases which are a major concern to the ministry.

Myths, misconceptions and current wrong practices

- i. Inadequate use of sanitation facilities in rural areas.
- ii. Cultural practices i.e. inability to share toilets with in-laws.
- iii. Avoiding boiled and /or chlorine treated water due to its 'taste'.
- iv. Belief that a baby's faeces is free from disease.
- v. Alternative sanitation options.

Rationale

Children are more vulnerable than any other age group to the ill effects of unsafe water, poor sanitation and lack of hygiene. These contribute to 88 per cent of deaths from diarrhoeal diseases. Children under five years old account for nearly 90 per cent of deaths from diarrhoea.

Supportive Scriptural References

Water is a gift from God and is vital for survival. Insufficient access to safe drinking water affects the well being of many people and is often the cause of disease, suffering, conflicts, poverty and even death. The right to water is based on the dignity of the human person because without water, life is threatened. The right to safe drinking water is universal and inalienable.

Water was considered in the sacred scriptures as a symbol of purification and of life.

- John 3:5, "...Amen, Amen I say to you, no one can enter the kingdom of God without being born of water and spirit" Jesus here refers to the purifying effect of water.
- Galatians 3:27, "For all of you who were baptised into Christ have clothed yourselves with Christ." The water of baptism purifies.
- John 9:11-12, "The man called Jesus made clay and anointed my eyes and

told me “Go to Siloam and wash.” So I went there and washed and was able to see.” This was a symbolic cleansing from sin.

Treatment and safe storage of drinking water was shown to dramatically reduce the risk of disease.

- In 2 Kings 2:19-22, the episode here is one where water is made clean by salting hence purifying it. Verse 20, “bring me a new bowl, “Elisha said, “and put salt into it.” ... I have purified this water. Never again shall death or miscarriage spring from it.”
- The Hebrews were well acquainted with the use of mineral and vegetable alkalis for increasing the cleansing properties of water (Job 9:30, “If I should wash myself with snow and cleanse my hands with life...”

Correct practices to be promoted

- i. Boil or treat drinking water.
- ii. Store drinking water in clean, covered containers.
- iii. Drink water using clean containers.
- iv. Drinking water sources should be protected from contamination – animal drinking points should be separated from family drinking points.
- v. Avoid the use of pesticides or chemicals anywhere near a water source.

Key Messages

- i. Boil or treat water from unsafe or suspicious sources.
- ii. Always store drinking water in clean covered containers.
- iii. Ensure water sources are not polluted.

ii. Cleanliness:

Introduction

A healthy and hygienic environment is actualised by safe, adequate water supply, adequate sanitation and appropriate hygiene promotion. The health benefits of safe and adequate water, improved sanitation and hygiene are broad in scope, ranging from reductions in diarrhoea, intestinal worms, ecto-parasites, infections and trachoma, to enhanced psycho-social well being afforded via such factors as the dignity that goes with using a clean toilet or latrine.

Many illnesses can be prevented by good hygienic practices: washing hands with soap and water (or a substitute, such as ash and water) after defecating or cleaning a child who has defecated, using clean toilets or latrines, disposing of faeces away from play and living areas and water sources, washing hands before handling food, using water from a safe source, disinfecting drinking water if its safety is in question, and keeping food and water clean.

Parents and caregivers should wash their hands with soap and water:

- i. After cleaning the infant or young child who has defecated.
- ii. Before and after handling food.
- iii. After visiting latrines or toilets.
- iv. Before feeding young children.

Parents and caregivers need to help children develop the habit of washing their hands with soap before eating and after using the latrine or toilet. Where soap is not available, ash and water can be used. Animal and human faeces should be kept away from houses, paths, water sources and children's play areas.

Situation

Many illnesses, especially diarrhoea, come from germs found in human faeces. If the germs get into water or onto food, hands, utensils or surfaces used for preparing and serving food, they can be swallowed and cause illnesses. Safe disposal of all faeces – both human and animal – is the single most important action to prevent the spread of germs by people or flies. Emphasis should be put on proper disposal of human and animal waste. Some households do not have toilets and where they do, they do not share them with in-laws.

Current situations in Kenya

- i. Forty six per cent of Kenyans have no access to basic sanitation; therefore, their activities have direct impact on water safety.
- ii. Forty two per cent of Kenyans have no access to safe water supply and therefore, it's a big challenge to ensure affordable and safe drinking water, especially at household level. It requires partnerships, consultative and sector wide approach.
- iii. The national average distances to domestic water points have increased to 25-30kms from seven kilometre.
- iv. The average quantity of water available for domestic use has reduced to five litres per person, per day from 10 litres per person, per day (KFSSG 2009).
- v. There are constant outbreaks of waterborne diseases which are a major concern to the ministry.

Rationale

Water is one of the most essential elements of life. God has made every living thing dependent on water for its very existence. Every day, the body excretes two to three litres of water; some 1.4 litres through the kidneys, about 0.8 litres through the skin, 0.8 litres through the lungs and a very small amount through the intestines. This loss is compensated for by the fluid intake in food and drink.

Supportive Scriptural Teachings

In the process of religious development the words 'clean', 'unclean', 'purity', 'purification' have acquired a spiritual connotation which obscures their original meaning.

Their primitive significance is entirely ceremonial and the conceptions they represent date back to a very early stage of religious practice that may be referred to as pre-religious.

- Cleanliness was recommended for elementary sanitation. Originally though, the savage regarded as a taboo, certain persons, material substances and bodily acts or states which he considered to possess a kind of transmissible electric energy with which it was dangerous to meddle. These taboos were keenly guarded by the sanctions of civil authorities and later, of religious belief.
- At a later stage, rules of purity were associated with the conscious

command of God and their motive found in God's personal character. Leviticus 14:44, "... and if he finds that the infection has spread in the house, it is corrosive leprosy, and the house is unclean"

However, these ritual regulations do not harm the ideas of civilised societies on cleanliness. Frequent washing of the body and clothing was prescribed. .

Hand-washing

Hand washing is on record as having been of immense value in both the Jewish and New Testament times, in view of its perceived benefits.

- In Matthew 15:1-2, "... They do not wash their hands when they eat a meal." Washing of hands was a long accepted Jewish traditional practice that would ensure cleanliness over and above its religious observance.
- In John 2:6, "there were six stone water jars at the wedding in Cana for Jewish ceremonial washings each holding 20-30 gallons";
- Among the Israelites, washing of hands was a declaration of innocence.
 - Deuteronomy 21:6, "then all the elders of that city nearest the corpse shall wash their hands over the heifer whose throat was cut in the wadi";
 - Psalms 26:6, "I will wash my hands in innocence and walk around your altar, Lord",
 - Matthew 27:24, "... he took water and washed his hands in the sight of the crowd, saying; I am innocent of this man's blood. Look, to it yourselves". Pilate washed his hands to signify his innocence of Jesus blood.
- Clean hands were symbolic of righteousness as indicated in Job 22:30, "God delivers him who is innocent; you shall be delivered through cleanliness of hands",
 - Psalm 24:4, "The cleanliness of hands and the purity of hearts, who are not devoted to idols, who have not sworn falsely" will be acceptable to God.

Correct practices to be promoted

- i. Drink water using clean containers.
- ii. Always use a toilet.
- iii. Dispose baby faeces in a toilet or bury it.

- iv. Wash your hands before preparing, serving or eating food and before feeding children.
- v. Wash your hands after using the toilet, changing a baby, handling animals and raw food.
- vi. Wash your hands with clean running water and soap.
- vii. Washing the face with soap and water everyday helps to prevent eye infections.
- viii. Raw or leftover food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated.
- ix. Food, utensils and food preparation surfaces should be kept clean. Food should be stored in covered containers.
- x. All household refuse should be safely disposed.
- xi. All children above one year should be dewormed twice every year.

Key Messages

- i. It is especially important to wash hands with soap after visiting the toilet and after cleaning a baby or child who has just excreted. It is also important to wash hands after handling animals and raw foods.
- ii. Hands should always be washed before preparing, serving or eating food, and before feeding children. Children should be taught to wash both hands by rubbing them together with soap after defecating and before eating to help protect them from illness.
- iii. Children should not play near latrines, toilets or areas with human waste and they should be encouraged wear shoes or sandals at all times.





Common Childhood Diseases

There are three common diseases in childhood responsible for most of the deaths of our children under five years. These are:

- i. Malaria
- ii. Pneumonia
- iii. Diarrhoea

I) Malaria

Introduction

Malaria is a parasitic disease caused by protozoa of the genus plasmodium. The disease is usually characterised by shivering, chills alternating with fever, headache and nausea and sometimes vomiting. After an interval free of fever, the cycle is repeated either daily or every third day depending on the species of the malaria parasite.

Malaria is transmitted through the bites of some mosquitoes. Sleeping under an insecticide-treated mosquito net is the best way to prevent mosquito bites. All members of the community should be protected against mosquito bites, particularly young children and pregnant women. Protection is needed after sunset and before sunrise, when malaria mosquitoes bite.

Current situation in Kenya

Malaria is the leading cause of morbidity and mortality in Kenya.

- i. 25 million Kenyans, from a population of more than 38 million, risk getting malaria.
- ii. It accounts for 30-50 per cent of all outpatient attendance and 20 per cent of all admissions to health facilities. An estimated 170 million working days are lost to the disease each year (MOH 2001).
- iii. Malaria is also estimated to cause 20 per cent of all deaths in children under five (MOH 2006).
- iv. The most vulnerable group to malaria infections are pregnant women and children under five years of age.

Approximately 1.5 million women become pregnant each year in Kenya, majority live in areas of moderate to intense transmission of malaria. Malaria infections pose a risk to the unborn child, leading to abortion, stillbirths, congenital infections, low birth weight, prematurity, intra-uterine growth retardation, and in the mother it leads to malaria illness and mortality.

Pregnancy related maternal mortality is estimated at 488/100,000 (KDHS 2008). Severe anaemia manifests in approximately 6,000 women during first pregnancy (primigravida) (MOH, GoK 1998, A situation analysis for Kenya). Haemorrhage complicating malaria related anaemia during pregnancy contributes significantly to maternal mortality. Other effects of malaria are severe anaemia, low birth weight and increased infant mortality.

Myths, misconceptions and current wrong practices

- i. People assume they have malaria when there is a sudden increase in body temperature or when the body feels weak.
- ii. Many people rely on over the counter treatment without prescriptions from clinicians.
- iii. People seek health care late after trying other forms of treatment.
- iv. Believe that nets sing at night or cause suffocation.
- v. Mosquitoes are still capable of penetrating through the nets.
- vi. Mosquitoes don't cause malaria.
- vii. Malaria is caused by eating mangoes or maize stocks.
- viii. Insecticide-treated mosquito nets are reserved for the father.
- ix. Insecticide-treated mosquito nets are used for fishing and other commercial purposes.

Rationale

Malaria is very dangerous to pregnant women and children. In malaria-prone areas, they should take anti-malarial tablets recommended by a trained health worker and by sleeping under an insecticide-treated mosquito net.

A child with a fever should be examined immediately by a trained health worker and receive appropriate anti-malarial treatment as soon as possible if diagnosed with malaria. Artemisinin-based combination therapies (ACTs) are recommended by the World Health Organisation (WHO) for treatment of plasmodium falciparum malaria. It is the most serious type of malaria and causes nearly all malaria deaths.

Supportive Scriptural Teachings

It is difficult to compare general health today with that of biblical times as a number of diseases in biblical times have gone down but at the same time others have surfaced. We read of a sick child in 2 Samuel 12:15, “The Lord struck the child that the wife of Uriah had borne to David, and it became desperately ill”.

Biblical references to specific diseases are usually general and vague. Even where concrete mention of a particular ailment is found, it is not always easy to determine their exact nature. Occasionally, symptoms are given but sometimes very indefinitely. In Deuteronomy 28:22, “The Lord will strike you with wasting and fever, with scorching, fiery drought, with blight and searing wind, that will plague you until you perish.” There are lists of diseases which resemble one another in that they are sudden, severe, epidemic and fatal. If in some of these places language is figurative, the imagery may even so be borrowed from these ailments.

- The first is “consumption”, which may include any wasting diseases such as pulmonary tuberculosis; the same word is used in Leviticus 26:16, “then, I in turn, will give you the deserts. I will punish you with terrible woes – with wasting and fever to dim the eyes and sap the life, you will sow your seed in vain, for your enemies will consume the crop.”
- The “fever” which is mentioned next would usually be malaria, especially prevalent in the Jordan Valley but which might include any other febrile illnesses such as typhoid. The inflammation of Deuteronomy 28:22 may be tertian malaria.
- Then comes “fiery heat”; some unspecified kind of irritating disease.

Causes of Disease

In the Old Testament times;

Disease was,

- Thought of as sent by God, either directly (Exodus 4:11, “The Lord said to him,” who gives one man speech and makes another deaf or dumb? Or who gives sight to one and makes another blind? Is it not I, the Lord?, Deuteronomy 32:39 “Learn then that I, I alone, am God, and there is no God besides me,”
- Or permissively by means of others as in Job 2:7, “So satan went forth from the presence of the Lord and smote Job with severe boils from the soles of his feet to the crown of his head”
- Disease could also be caused by human envy i.e. Job 5:2 “Nay, impatience

kills the fool and indignation slays the simpleton.”

- Disease was regarded popularly as punishment for wrongdoing. John 9:2, “His disciples asked Him, “Rabbi, who sinned, this man or his parents, that he was born blind?”. Jesus dispels this belief by saying in verse 3, “Neither he nor his parents sinned.” He thus criticizes this negative conception about sickness as he healed this man born blind. Christ by his suffering and the cross showed that these are not a curse but a source of life.

Modern thinking and interpretation of disease and disease-causing situations has changed. There is need to seek appropriate medical attention when in doubt about one’s health condition.

Malaria & pneumonia

These are life-threatening diseases for which individuals need immediate treatment.

- To forestall the onset of pneumonia, children should be well nourished and fully immunised as Christ himself healed many children.
- Scripturally there was a close relationship between the priest and the physician. This is in justifying the need for medical attention.
- Healing was treated as a token of divine forgiveness as well as showing that God is a healer as contained in Exodus 15:26 and in Mark 1:29 - 31, where Jesus is seen curing Simon’s mother in-law who lay sick with fever and immediately after the cure woke up and waited on Him and His companions.

Leviticus 14:54-57 the Bible emphasises the need to follow health laws for protection, “These are the regulations for any infectious skin disease, for an itch, for mildew in clothing or in the house, and for swelling, a rash or a bright spot, to determine when something is clean or unclean. These are the regulations for infectious skin diseases and mildew.”

God told the Israelites how to diagnose infectious skin diseases and mildew so they could avoid them and so treat them. These laws were given during Bible times for people’s health and protection.

They helped the Israelites avoid diseases that were serious threats in that time and place. Thought they would not have understood the medical reasons for some of

those laws, their obedience to them made them healthier. It is important to note that to avoid diseases like malaria and pneumonia we must deliberately live by the rules laid out, our obedience to them will mean keeping these diseases away from us.

Correct practices to be promoted

- i. Ensure that all pregnant women and children under five year old sleep under a treated net.
- ii. Ensure that all pregnant women in malaria endemic areas receive two doses of S.P (Fansidar)
- iii. In case of fever, take your child to the nearest health facility immediately.
- iv. All members of the family should always sleep under a treated net.
- v. Use wire mesh in buildings
- vi. Apply larvicides.
- vii. Indoor residual spraying (IRS).

Key Messages

- i. Use long lasting insecticide treated materials e.g. nets and curtains.
- ii. Drain all stagnant waters.
- iii. Cut long grass around the homes.

II) Pneumonia

Introduction

Pneumonia kills more children than any other illness in the world. It is a major problem in communities with a high rate of under-five mortality, and places a huge burden on families and the health system. Pneumonia is the largest single killer of children around the world, responsible for the deaths of more than 2 million children under the age of five every year, accounting for almost one in five under-5 deaths worldwide. In addition, up to 1 million more infants perish from severe infections, including pneumonia during the neonatal period. Pneumonia control is, therefore, a priority and is essential in achieving MDG4.

Current situation in Kenya

In Kenya, Acute Respiratory Infection is the second highest contributor to the burden of diseases, with a high prevalence in children six to 11 months of age (2003 KDHS). The prevalence in ARI is slightly higher (65.5 per cent) in urban areas compared to 54 per cent rural areas. Provincial variations exist, with Nairobi Province having the highest level (90 per cent) and Central the lowest level with 45 Per cent KDHS2008.

However, only about one in four caregivers knows the two key symptoms of pneumonia – fast breathing and difficult breathing – which indicate that a child should be treated immediately. More than half of under-fives with suspected pneumonia in the developing world are taken to the appropriate health providers, but this proportion has increased marginally since 2000.

Low birth weight, malnourished and non-breastfed children and those living in overcrowded conditions are at higher risk of getting pneumonia. These children are also at a higher risk of death from pneumonia.

The leading immediate causes of under-five deaths in Kenya are largely preventable.

Rationale

Pneumonia remains the leading killers of children globally, and in most countries, including Kenya. A National IMCI Health Facility Survey (HFS), conducted in November 2006 by the Ministry of Public Health and Sanitation, revealed that

pneumonia accounts for 20% of all deaths among children under 5 years in Kenya. It is also estimated that for each pneumonia child death, another 2-3 child deaths are associated with pneumonia. Case fatality rates may be up to 20% for pneumonia, and as high as 50% for meningitis. Other risk factors include HIV infection, sickle cell disease, chronic renal disease, and for infants, lack of breast-feeding, incomplete immunization with measles, Hib, pertussis, and smoke exposure.

Kenya plans to introduce a pneumonia vaccination for children under one year by 2011.

Correct practices to be promoted

- i. Preventing children from developing pneumonia in the first place is essential for reducing child deaths.
- ii. Promotion of adequate nutrition, including breastfeeding, vitamin A supplementation and zinc intake.
- iii. Reducing indoor air pollution.
- iv. Going for and completing immunization, including Haemophilus Influenza type B (Hib).
- v. Those children who are HIV positive should be given cotrimoxazole.
- vi. Promote handwashing. Exclusive breastfeeding and appropriate complimentary feeding.
- vii. Ensure you take vitamin A after every six months for every child older than six months.
- viii. Zinc supplementation.

Key Messages

- i. Take your child for immunisation and make sure that they complete their immunisation.
- ii. As soon as your child has a cough or difficult breathing, they should be taken to a health provider for treatment. Pneumonia is a quick killer.
- iii. Reduce indoor pollution.

III) Diarrhoea

Introduction

Diarrhoea is the among the third most common cause of death in young children, after malaria and pneumonia. About four billion cases of diarrhoea are estimated to occur every year among children under five. It kills more than 1.5 million children under five years of age every year, representing 17 per cent of all deaths in children under five. Children are more likely than adults to die from diarrhoea because they become dehydrated and malnourished more quickly.

Diarrhoea is caused by germs that are swallowed, especially germs from faeces. This often happens in places where there is unsafe disposal of faeces, poor hygiene practices, lack of clean drinking water, or when infants are not breastfed.

Current situation in Kenya

The prevalence of diarrhoea is 16% and contributes to almost 20% of the under five mortality in Kenya. The main causes are poor hygienic practices, especially failing to wash hands with soap, inadequate water supply, inadequate safe drinking water and poor faecal and waste disposal. Children weakened by frequent diarrhoea episodes are more likely to be undernourished and suffer from opportunistic infections. Weakness and under-nutrition caused by frequent diarrhoea episodes and mineral deficiencies caused by worm infestation negatively affect the ability of the child to learn and retain information in school.

Diarrhoea is the third most common cause of mortality and morbidity with a case fatality of up to 21%. It accounts for 1 in five of all hospital admissions. The fourth most common cause of death contributing to 6% of all hospital deaths . Only 39% of children who have diarrhea receive the recommended Oral Rehydration Salts (ORS). Prevention and treatment of dehydration with ORS and fluids commonly available at home, breastfeeding continued feeding, selective use of antibiotics and providing treatment with zinc supplementation for 10 to 14 days are critical therapies to reduce mortality and morbidity due to diarrhoeal diseases.

Rationale

Diarrhoea kills children by draining liquid from the body. As soon as diarrhoea starts, it is essential to give the child extra fluids along with regular foods and fluids.

A child's life is in danger if she or he experiences several watery stools within an hour or if there is blood in the stool. Immediate help from a trained health worker is needed.

Supportive Scriptural references

Scripturally, hygienic observance was seen as a practical approach to reducing diarrhoeal diseases by promoting such practises as handwashing, water treatment, sanitation and safe disposal of faeces.

- Human excreta was a source of un-cleanliness. This is clearly illustrated in Deuteronomy 23:12-14, "... dig a hole and afterward cover up your excrement." As a result, sanitary disposal of excreta and sewage was the most important hygienic requirement then.
- In Deuteronomy 23:12-13, emphasis is placed on a clean environment in promoting health and preventing occurrences of diseases. In verse 13, "Outside the camp you shall have a place set aside to be used as a latrine"
- The case of Jehoram in 2 Chronicles 21:19, "... his bowels issued forth because of the disease, and he died in great pain." This was said to have been one case of chronic diarrhoea in its worst form. This reinforces the need to observe hygiene.

By observing the required standards of cleanliness and hygiene today, we would greatly reduce the chances of contracting diarrhoea causing illnesses in the community.

Further, the incident recorded in 2 Kings 2:19-22 was a case of contaminated water that was not fit for drinking, until the prophet of God intervened. Not all water that we come across is fit for drinking. More often than not, further intervention in the form of boiling, filtering or treating by use of various chemicals is usually necessary. Untreated water can cause serious illness and even death.

Correct practices to be promoted

As soon as diarrhoea starts, it is essential that the child be given extra fluids as well as regular foods and fluids

- i. Give children who have diarrhea ORS. ORS is available at the chemist, local shops and at the nearest health facilities
- ii. Continue feeding children who have diarrhea regularly and at least an extra meal everyday for at least two weeks.
- iii. Give additional fluids available at home e.g. soups, clean water, to all children who have diarrhoea.

- iv. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea
- v. Take children immediately to the health facility when
 - a. Have blood in stool.
 - b. Unable to drink or breastfeed.
 - c. They vomit everything or develop fever.
- vi. Parents and caregivers with children suffering from diarrhoea should ensure their children receive zinc tablets from the nearest health facility.
- vii. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea. Immunisation against rotavirus (where recommended and available) reduces deaths from diarrhoea caused by this virus. Vitamin A and zinc supplementation can reduce the risk of diarrhoea.
- viii. A child with diarrhoea needs to continue eating regularly. While recovering, she or he needs to be offered more food than usual to replenish the energy and nourishment lost due to the illness.
- ix. A child with diarrhoea should receive oral rehydration salts (ORS) solution and a daily zinc supplement for 10–14 days. Diarrhoea medicines are generally ineffective and can be harmful.
- x. To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried.
- xi. Good hygiene practices and use of safe drinking water protects against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after defecating and after contact with faeces, and before touching or preparing food or feeding children.

Key Messages

- i. Give children who have diarrhea ORS. ORS is available at the chemist, local shops and at the nearest health facilities
- ii. Give additional fluids available at home e.g. soups, clean water, to all children who have diarrhoea.
- iii. Good hygiene practices and use of safe drinking water protects against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after defecating and after contact with faeces, and before touching or preparing food or feeding children.





1) HIV and AIDS

Introduction

HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). HIV touches the lives of children and families in every country in the world. Over two million children under 15 years are living with HIV (infected with HIV). Millions more are affected by HIV (living in families with infected members). An estimated 17.5 million children have lost one or both parents to AIDS; more than 14 million of these children live in sub-Saharan Africa. (Latest data available, KAIS 2007)

HIV is transmitted through:

- i. Unprotected sex with an HIV-infected person;
- ii. HIV-infected woman to her baby during pregnancy, childbirth or breastfeeding;
- iii. Blood from HIV-contaminated syringes, needles or other sharp instruments and from transfusion with HIV-contaminated blood. HIV is not transmitted through casual contact or by other means. HIV is not transmitted through casual contact or by other means.

Current situation in Kenya

The 2007 KAIS indicates that 7.4 per cent of Kenyans aged between 15 and 64 years are infected with HIV. This means that about 1.4 million adults are living with HIV. More women are infected with HIV (8.7 per cent) compared to men (5.6 per cent). The number of people infected with HIV in Kenya is currently 2.2 million. Recent national surveillance data showed a prevalence of 6.1 per cent among adults, which indicated a decline from the previous figure of 13.5 per cent. In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection. Pregnant women form five per cent of the total population (KDHS, 2002). This translates to 1.2 million.

Families and communities, especially women and girls, are the first lines of protection and care for children living with or affected by HIV. Families should

receive the support they need to provide their children with a nurturing and protective environment. Keeping HIV-positive mothers and fathers alive and healthy is vital for children's growth, development and stability. Without the security of the family, children run a greater risk of being exploited and discriminated against.

Adolescents and young people of between 15–24 years old accounted for about 45 per cent of all new HIV infections among people aged 15 and older in 2007. HIV is more common among adolescent girls and young women than adolescent boys and young men. Life skills education is critical for children, adolescents and young people so that they acquire the knowledge and skills to make healthy life choices.

Myths and misconceptions

- Transmitted by casual contact e.g. shaking hands, or hugging.
- Use of public telephone, drinking containers, swimming, sharing a drink.
- Mosquito bite.
- Donating blood.

Rationale

Children are among the most vulnerable to HIV. But they typically receive the fewest services. The disease can progress rapidly in young children. Anti-retroviral drugs are used to treat HIV because they restore the immune system and delay progression to AIDS. However, most children infected with HIV do not begin taking these drugs until they are five to nine years old. If infected infants and children are diagnosed early, receive effective treatment and take antiretroviral drugs as prescribed, they have a better chance to grow, learn, develop and have dreams for the future

Although HIV is still incurable, it is a manageable condition. If infected infants and children are diagnosed early, receive effective treatment and take antiretroviral drugs as prescribed, they have a better chance to grow, learn, develop and have dreams for the future.

Supportive Scriptural References

In the bible the principles of knowing ones status in respect to diagnosis is emphasised in both the Old and New Testament .This is a practice that Christians

should uphold today. Under the Levitical law in the Old Testament this is indicated in Leviticus 13.

Jesus acknowledged the need for knowing ones status and encouraged it during his earthly ministry.

“As he was going into a village, ten men who had leprosy[a]met him. They stood at a distance and called out in a loud voice, “Jesus, Master, have pity on us!”

When he saw them, he said, “Go, show yourselves to the priests.” And as they went, they were cleansed.”Luke 17:12-14 (New International Version)

The Bible also indicates that infectious diseases are to be handled by the entire society through relevant and specific hygienic measures. In Leviticus 13-15

In this process, however, stigmatisation of those already infected is prohibited.

Jesus in the New Testament explicitly warns against stigmatization thus ***

Apostle Paul also affirms the need to empathise with those who are infected and affected or vulnerable in any case.

It is however recommended that in the process of taking care of those that infected affected the caregivers should exercise caution and self preservation...

Under both levitical law in the old testament and new testament dispensation knowledge of ones health status is explicitly stipulate.

Jesus acknowledged this principle and encouraged it during his earthly ministry.

The Bible emphasises the need for responsible sexual behaviour, especially in relation to those whose bodily condition and health by extension may make their partner vulnerable to physical discomfort and possible infections. By this principle the people living with HIV – AIDS should be helped to handle their sexuality responsible.

The New Testament also emphasises the need for sexual moderation and restraint for all intent and purpose and marital fidelity to sexual partners.

“Now for the matters you wrote about: It is good for a man not to marry.[But since there is so much immorality, each man should have his own wife, and each woman her own husband. The husband should fulfill his marital duty to his wife, and likewise the wife to her husband.

Marital fidelity is a biblical imperative to keep oneself safe from sexually transmitted diseases that can indeed lead to devastation of one health.”

-1 Corinthians 7:1-3 (NIV)

“But a man who commits adultery lacks judgment; whoever does so destroys

himself. Blows and disgrace are his lot, and his shame will never be wiped away;" Proverbs 6:32-33 (NIV)

The Church reaches out to people living with HIV and AIDs of all faiths or none in an integral, holistic and evangelical way. It appreciates their situation, values the potential of each sufferer, welcomes them and accompanies them however broken, guilty or excluded they may feel. This, the Church does in the Spirit of Christ who came that they may have life and have it to the full (John 10:10). As a thief comes only to steal and slaughter and destroy; I came so that they might have life and have it more abundantly."

The Old Testament provides minimal evidence on sexually transmitted infections and it is uncertain how much the Hebrews and their neighbours knew about venereal diseases.

However, discharges or issues of various kinds caused ceremonial impurity (Leviticus 15:2ff). Some of these were natural others could have been due to gonorrhoea and therefore found infectious. In the absence of any means of distinguishing between them, it was safest to impose precaution in the case of all.

Other prevention methods

In addition, the following should be considered as a pre-requisite to prevention of HIV AIDS:

Faithfulness and vigilance in marriage

1 Corinthians 7:2-5 emphasises return to one another, so that "Satan may not tempt you through your lack of self control". This is Paul's caution to the married.

Prayer

The fervent prayer of a righteous person is very powerful as exemplified in the Lord's Prayer "...and do not subject us to the final test, but deliver us from the evil one" (Matthew 6:13).

Unity and indissolubility

In Christian marriage these acquire a distinctive firmness, Matthew 19:3-9, "... He said in reply, 'have you not read that from the beginning the Creator 'made them male and female' and said ' for this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh; Therefore, what God has joined together, no human being must separate", This features the question of

the Pharisees regarding divorce to which He replied that the two in marriage are one flesh and that what God has joined together no one should separate. Marriage is a permanent union.

One man one wife

Jesus told the Pharisees that whoever divorces and marries another wife commits adultery (Matthew 19:9).

Abstinence

The voluntary abstinence from sexual activity gets its religious value from the importance human beings attach to sex. Different religions have varied attitudes toward procreation and existence in this world. Those religions that favour fertility and success in this world rarely practice celibacy. An ideal picture of refrain from sex was that of Joseph refusing the advances of Phutiphar's wife in Genesis 39:9, "...since you are his wife. How then, could I commit so great a wrong and thus stand condemned before God?"

Susanna Preferred to die than to commit adultery in Daniel 13:23, "Yet it is better for me to fall into your power without guilt than to sin before the Lord".

Adultery was repeatedly condemned in:-

Jeremiah 29:23, "For they are criminals in Israel, committing adultery with their neighbour's wives, and alleging in my name things I did not command";

Job 31: 9 -12, "If my heart has been enticed towards a woman and I have lain in wait at my neighbour's door, then may my wife grind for another, and may others cohabit with her! For that would be heinous a crime to be condemned";

Proverbs 2:1-16, "...saving you from the wife of another, from the adulteress with her smooth words"; is the function of wisdom.

In the beginning celibacy was linked to baptism as a gospel value and followed by many. Matthew 19:10, reads "His disciples said to Him, "if that is the case of a man with his wife, it is better not to marry'.

Religious prostitution common in Canaan was wrong;

Deuteronomy 23: 18-19, "There shall be no temple harlot among the Israelite women, nor a temple prostitute among the Israelite men. You shall not offer a harlot's fee or dog's price as any kind of votive offering in the house of the Lord, your God. Both these things are an abomination to the Lord, your God".

Other sexual deviations were condemned like homosexuality and sodomy.

Genesis 19:5, "... where are the men who came to your house tonight? Bring them out to us that we may have intimacies with them";

Leviticus 18:22, "you shall not lie with a male as with a woman; such a thing is an abomination";

Deuteronomy 22:5, " A woman shall not wear an article proper to a man, nor shall a man put on a woman's dress; for anyone who does such things is an abomination to the Lord, your God.";

Incest: Deuteronomy 27:20, "You shall therefore hearken to the voice of the Lord, your God and keep his commandments and statutes which I enjoin on you today."

Bestiality: Exodus 22:18, "Anyone who lies with an animal, shall be put to death."

Nudity was considered wrong. In Exodus 20:26, "You shall not go up by steps to my altar, on which you must not be indecently uncovered".

Paul taught that a celibate dedication to the Kingdom of God was more excellent than marriage but also that it was a gift not given to everyone, for some were not able to remain continent. 1 Corinthians 7: 7–9, reads "Indeed I wish everyone to be as I am, but each has a particular gift from God, one of one kind and one of another. Now to the unmarried and to widows, I say; it is a good thing for them to remain as they are, as I do. But if they cannot exercise self – control they should marry, for it is better to marry than to be on fire".

Care and Support

The church is given to the care and support of the sick.

James 5:13-15, "... And the prayer of the faith will save the sick person, and the Lord will raise him up" He here describes how the church should take care of the sick. "Is anyone among you sick?" He should sermon the Presbyters of the church and they should pray over him and anoint him with oil in the name of the Lord, and the prayer of faith will save the sick person and the Lord will raise him up". Prayer should thus supplement the attention provided by qualified medical practitioners in all cases of sickness and should not be regarded as wholly adequate. The infected spouse may be challenged in love to sacrifice for the sake of the uninfected spouse and the children.

Stigma Reduction

Despite many years of raising awareness, it is unfortunate that harsh prejudices and cruel discrimination, shame and fear continue to be closely associated with people who are HIV positive.

Jesus' attitude to leprosy at His time an almost equivalent condition to HIV and AIDS today, is one that is positive. For example,

In Luke 17:11-19, "... As he was entering a village, ten lepers met (him)... Jesus, Master! Have pity on us! ... Then he said to them, 'Stand up and go; your faith has saved you.'" He cured them and they glorified God. He did not abandon them or judge them. Jesus is our model regarding our attitude towards HIV and AIDS sufferers.

Christ was merciful to sexual sinners as depicted in

- Luke 7:36–50 where Jesus forgives a sinful woman. The point Jesus is making concerns the one who is more willing to love! The one who has been forgiven much or the one who has been forgiven little.
- John 4: 7-45; In this episode, though married to many husbands, the Samaritan woman became a witness of Christ and many of the Samaritans of that town began to believe in Jesus because of the word of the woman who testified that Jesus had told her everything she had done.
- In Jn. 8:1-11 Jesus tells the woman caught in adultery "neither do I condemn you, go and sin no more" but on the other hand he condemned adultery and divorce.

Discrimination is further discouraged in Romans 14:13, where Paul says, "Then let us no longer judge one another, but rather resolve never to put stumbling blocks or hindrance in the way of a brother". Once someone is infected, the right question to ask is not "why?" or "how" but "Can we help?"

Correct practices to be promoted

- i. Everybody take tests to establish their status.
- ii. If tested positive, initiate early care.
- iii. If negative, stay negative.
- iv. All pregnant women and their partners should be tested for HIV.
- v. All children born to HIV positive mothers should be tested at six weeks.
- vi. All suspected patients should be tested.
- vii. All HIV positive mothers should exclusively breastfeed for six months, then stop gradually except for those who meet the AFASS criteria

(Those who can Afford, Feasible, Acceptable, Sustainable and Safe replacement feeds).

- viii. All pregnant women should talk to their health-care providers about HIV. All pregnant women who think they, their partners or family members are infected with HIV, have been exposed to HIV or live in a setting with a generalised HIV epidemic should get an HIV test and counselling to learn how to protect or care for themselves and their children, partners and family members.
- ix. Parents or other caregivers should talk with their daughters and sons about relationships, sex and their vulnerability to HIV infection. Girls and young women are especially vulnerable to HIV infections. Girls and boys need to learn how to avoid, reject or defend themselves against sexual harassment, violence and peer pressure. They need to understand the importance of equality and respect in relationships
- x. Parents, teachers, peer leaders and other role models should provide adolescents with a safe environment and a range of life skills that can help them make healthy choices and practice healthy behavior.
- xi. Children and adolescents should actively participate in making and implementing decisions on HIV prevention, care and support that affect them, their families and their communities.
- xii. All people living with HIV should know their rights

Key Messages

- i. Anyone who wants to know how to prevent HIV or thinks he or she has HIV should contact a health-care provider or an AIDS centre to obtain information on HIV prevention and/or advice on where to receive HIV testing, counselling, care and support.
- ii. All children born to HIV-positive mothers or to parents with symptoms, signs or conditions associated with HIV infection should be tested for HIV. If found to be HIV-positive, they should start follow-up care and treatment and be given loving care and support.
- iii. No child or adult living with or affected by HIV should ever be stigmatised or discriminated against. Parents, teachers and leaders have a key role to play in HIV education and prevention and in reducing fear, stigma and discrimination.

II) Prevention of mother-to-child transmission

Introduction

Prevention of mother-to-child transmission services are delivered through antenatal care services and are available in 60 per cent of health facilities. In many countries, pregnancy is the only time when women seek health services. This provides them an important opportunity to receive an HIV test and counseling whether in high- or low-level epidemic areas.

If a woman is found to be HIV-positive, she should have access to counseling, referrals, HIV care and treatment, and other health-care services. Health-care and support services for the mother will help reduce the risk of HIV transmission to the baby. A pregnant woman infected with HIV can take anti-retroviral drugs. This can help improve her own health and also reduce the chances of her child becoming infected.

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counseling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of a comprehensive programme called Prevention of Mother-to-Child Transmission (PMTCT).

An HIV-positive mother of a newborn should be provided with information and skills to select the best feeding option for her baby. She should receive nutrition and health-care counseling for the newborn and herself and be supported in having her child tested and treated for exposure to HIV. She should be informed that babies born to HIV-positive women who have not taken antiretroviral medicines during pregnancy have about a one in three chances of being born with HIV. Without intervention, half of the babies infected with HIV die before they are two years.

Situation

Initially, the uptake of PMTCT services was low, but since the opt-out strategy was adopted, 86 per cent of women now accept testing. However, the follow-up of mothers found to be HIV positive is still low, partly due to the late attendance of ANC and the low numbers of women who deliver under skilled attendance.

Current situation in Kenya

Most mothers in Kenya begin their ANC visits in the third trimester. The late ante-natal clinic attendance limits the benefits that can be gained from various interventions provided. These interventions within the focused ante-natal care package are iron and foliate supplementation, intermittent presumptive treatment for malaria, provision of insecticide treated nets, early recognition and management of maternal danger signs and management of conditions, such as pre-eclampsia, anaemia, ante-partum haemorrhage, screening for TB, syphilis and HIV counselling and testing to prevent mother-to-child transmission. All this would significantly impact on not only maternal, but also newborn and child survival.

In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection. Pregnant women form five per cent of the total population (KDHS, 2002). This translates to 1.2 million. The programme is targeting 80 per cent that is one million to access PMTCT services. According to NASCOP sentinel surveillance of HIV and STDs in Kenya, 2005, HIV prevalence among pregnant women attending ANC is estimated to be 7.8 per cent. This translates to 78,000 HIV positive women annually and infection among infants is estimated at between 50,000-60,000 annually as a result of mother-to-child transmission. The status requires availability of effective and more accessible HIV prevention, care and treatment services in the country.

Rationale

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counseling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of a comprehensive programme called Prevention of Mother-to-Child Transmission (PMTCT)

Supportive Scriptural References

Mothers who show signs of illness should seek testing and medical attention. Leviticus 13 is emphatic on the need for those suffering “certain symptoms” to show themselves to the priest (who was also the physician in most cases) for relevant attention.

Key Messages

- i. Every pregnant mother should go for ante-natal care early in pregnancy. First check-up should be done within three months of pregnancy and a HIV test taken.
- ii. If found positive, she should take anti-retrovirals as advised to prevent transmission of HIV infection to the baby.
- iii. The mother should also seek guidance on feeding of the baby from health staff. The baby should be tested for HIV.
- iv. It is now recommended that all HIV positive mothers should exclusively breastfeed for 12 months while taking medicines and their babies also taking medicines. This program when started early in pregnancy, can reduce the transmission of HIV to the baby more than before. Therefore early attendance of ANC is of immense benefit to all pregnant women. It is only then when they can access all the important interventions for themselves and their babies





I) Good Nutrition

Introduction

More than one third of all child deaths every year around the world are attributed to malnutrition, specifically under nutrition, which weakens the body's resistance to illness.

If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and mental growth and development will be slowed. This cannot be corrected when the child is older – it will affect the child for the rest of his or her life.

Malnutrition develops when the body does not get the proper amount of energy (calories), proteins, carbohydrates, fats, vitamins, minerals and other nutrients required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being undernourished or over nourished.

Situation

In most parts of the world malnutrition occurs when people are undernourished. Primary reasons for undernourishment, especially of children and women, are poverty, lack of food, repeated illnesses, inappropriate feeding practices, lack of care and poor hygiene. Undernourishment raises the risk of malnutrition. The risk is greatest in the first two years of life. The risk further increases when diarrhoea and other illnesses sap the body of the proteins, minerals and nutrients required to stay healthy.

Current situation in Kenya

More than half of all child deaths are associated with malnutrition, which weakens the body's resistance to illness. Poor diet, frequent illnesses or inadequate care of young children can lead to malnutrition. If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and

mental growth and development may be slowed. This cannot be made up when the child is older; it will affect the child for the rest of his or her life.

Malnutrition is an underlying cause in up to 55 per cent of all childhood deaths, Stunting is 35 per cent (KDHS 2008), underweight is 16 per cent (KDHS 2008). The national prevalence of low birth weight babies (birth weight < 2500g) is estimated at 11 per cent (KDHS 2003), Overall 84 per cent of children below five years are Vitamin A deficient (1999 National Micronutrients Survey).

Rationale

If a child is malnourished during the first two years of life, their physical and mental growth and development are slowed. This cannot be corrected when the child is older – it will affect the child for the rest of his or her life. Malnutrition develops when the body does not get the proper amount of energy (calories), proteins, carbohydrates, fats, vitamins, minerals and other nutrients required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being undernourished or overnourished.

Supportive Scriptural References

What one should or may eat depends entirely on the demands of temperance, the concrete requirements of health, hygiene and the demands of love. St Paul in Romans 14:14 declares, “I know and I am convinced in the Lord Jesus that nothing is unclean in itself; still, it is unclean for someone who thinks it unclean.”

The human person is made up of body and soul. It is through the body that a person experiences the material world. To sustain life there must be made available to all everything necessary for leading a life truly human such as food, clothing and shelter.

Weaning

Although breastfeeding is expected to continue through to the child’s second year, the need for a variety of additional foods is in line with the increased growth and developmental needs as shown in Hebrews 5:14. “But solid food is for the mature, for those whose faculties are trained by practice to discern good and evil.” Figuratively, solid food is mentioned as fit for the mature.

Weaning is further described as a celebrated phase of an infant’s life in Genesis 21:8, “Isaac grew, and on the day of the child’s weaning, Abraham held a great

feast.” And in 1 Samuel 1:24, “Once he was weaned, she brought him up with her, along with a three-year-old bull, an ephah of flour, a skin of wine, and presented him at the temple of the Lord in Shiloh where it was accompanied by an offering. In addition God provided man with alternative foods over and above the breast milk as in Gen. 9:3 “Every creature that is alive shall be yours to eat; I give them all to you as I did the green plants.”

Malnutrition

To serve and develop bodily life one should take right amounts and forms of food. It is a sin against the virtue of moderation to over-eat or over-drink. This is not required for health. Likewise it is a sin to seek pleasure in foods or drinks which injure one’s health. One should not indulge in wasteful luxury especially if other family members have to suffer from it or one’s economic security is endangered by it, or if other people in the surroundings are starving at the same time, as exemplified by the parable of the rich glutton and poor Lazarus in Lk. 16: 19-21, “... the rich man dined sumptuously ... and lying at his door was a poor man named Lazarus, covered with sores who would gladly have eaten his fill of the scraps that fell from the rich man’s table. Dogs even used to come and lick his sores.”

In the scene of the last judgement those who gave food to the hungry will be rewarded because by so doing, they did it to Jesus Christ. Matthew 25:40 reads, “truly I say to you, as you did it to one of the least of these my brethren, you did it to me.”

Food Groups

Food may be divided into classes according to the nutrients they contain. Such references are found in the scriptures; for example,

- Ezekiel 4:9 “Again, take wheat and barley, and beans and millet and spelt; put them in a single vessel and make bread out of them. Eat it for as many days as you live upon your side, three hundred and ninety”.
- Genesis 30:14 “One day, during the wheat harvest, when Reuben was out in the field, he came upon some mandrakes which he brought home to his mother Leah. Rachel asked Leah, Please let me have some of your son’s mandrakes.” And,
- 2 Samuel 17:28 David brought those who were with him “...brought couches, coverlets, basins and earthenware, as well as white, barley, flour, roasted grain, beans, lentils, honey, butter and cheese from the flocks and herds. They said, “The people have been hungry and tired and thirsty in the desert.” This is just but to cite a few.

Food classes as some scripturally indicated above, include:-

Energy giving foods: These contain carbohydrates and provide the body with heat and energy. Excessive amounts may be converted into fats. Scripturally; such included cereal grains such as wheat, barley, millet and spelt; honey, bread, cakes and manna.

Protective foods: These keep the body in good working order and safeguard it against infection. They contain vitamins, mineral elements and water. Scripturally, they included varieties of vegetables such as leeks, onions and cucumber; garlic, fruits such as pomegranates, grapes, apples, dates, raisins, olives and garden plants such as mint, dill and cumin.

Body building foods: These build up cell tissues and repair them because they contain a nutrient called protein. Under some circumstances, they provide energy although this is a secondary function. Scripturally such foods included meat from domesticated as well as wild animals such as oxen, sheep, goats and gazelles, fish; dairy products such as milk, curd (butter) and cheese; fowls such as the partridge, quails, turtledoves, sparrows, chicken and pigeons; insects such as locusts and plant products such as pulses, beans and nuts.

Sources of food

The sources of food supply for the Hebrews were mainly:

Self – Generated: The householder's own herd (Genesis 14:7 or flock (Genesis 27:9 "Go to the flock and get me two choice kids. With these I will prepare an appetizing dish for your father, such as he likes.");

His vineyard and olive yard or his vegetable garden (1Kings 21:2 "Ahab said to Naboth "Give me your vineyard to be my vegetable garden, since it is close by, next to my house. I will give you a better vineyard in exchange, or, if you prefer, I will give you its value in money."

This then reinforces the need to make responsible use of the natural resources provided to man by God in generating our own food.

Commercial: As they became more of city dwellers, the Jews gradually commercialized their foodstuff. For example, the disciples of Jesus were accustomed to buying provisions as they journeyed through the land, (Jn.13:29) "Some thought

that Judas kept the money bag. Jesus had told him,” Buy what we need for the feast,” or to give something to the poor.” This on the other hand emphasizes the need to supplement what we have by purchasing from elsewhere in ensuring that all our dietary needs are adequately catered for.

Foods

The food of a typical Hebrew household in historical times was almost entirely vegetarian. Except for the very rich, the eating of meat was for special occasions such as family festivals, the visit of an honoured guest or a sacrificial meal at the local sanctuary.

Before the deluge, the food of men and beasts was exclusively vegetarian (Genesis 1:29- 30 “God also said: “See, I give you every seed bearing plant all over the earth and every tree that has seed bearing fruit on it to be your food: and to all animals of the land, all the birds of the air, and all the living creatures that crawl on the ground. I give all the green plants for food.”).

Regardless of the numerous ritual regulations that tended to govern the Israelites on food, Jesus declared all foods clean. There are no longer any “unclean” foods in the New Testament. The Old Testament is also positive about food for example, Genesis 2:9, “out of the ground the Lord God made various trees grow that were delightful to look at and good for food”;

Genesis 1:31, “God looked at everything He had made and found it very good.” God was pleased with His work because it conformed to his wisdom and purpose.

Mark 7:19, Jesus says “everything that goes into a person from outside cannot defile him since it enters not the heart but the stomach and passes out into the latrine”;

In 1 Timothy 4:4 Paul says that everything created by God is good and nothing is to be rejected if it is received with thanksgiving.”

Eating and drinking have to be morally ordered because self – preservation requires adequate nourishment. The amount and type of food is right when it preserves and develops bodily life.

Correct practices to be promoted

- i. Breast milk alone is the only food and drink an infant needs in the first six months of life. After six months, a baby needs a variety of other foods in addition to breast milk to ensure healthy growth and development.

- ii. Pregnant and breastfeeding mothers should eat adequate and balanced diet.
- iii. Introduce balanced locally available foods at six months.
- iv. Continue breastfeeding up to two years and beyond.
- v. All post natal mothers should be given vitamin A immediately or within 1 month of delivery.
- vi. All children from five months to six years should be given vitamin A every six months.
- vii. All children age one to five years should be dewormed every six months.
- viii. A young child should grow and gain weight rapidly. From birth to age two, children should be weighed regularly to assess growth.
- ix. From the age of six to eight months a child needs to eat two to three times per day and three to four times per day starting at nine months – in addition to breastfeeding.
- x. Feeding times are periods of learning, love and interaction, which promote physical, social and emotional growth and development.
- xi. Children need vitamin A to help resist illness, protect their eyesight and reduce the risk of death.
- xii. Children need iron-rich foods to protect their physical and mental abilities and to prevent anaemia.
- xiii. Iodine in a pregnant woman’s and young child’s diet is especially critical for the development of the child’s brain.
- xiv. As the child’s intake of foods and drinks increases, the risk of diarrhoea substantially increases.
- xv. During an illness, children need additional fluids and encouragement to eat regular meals, and breastfeeding infants need to breastfeed more often.
- xvi. Very thin and/or swollen children need special medical care. They should be taken to a trained health worker or health facility for assessment and treatment.

Key Messages

- i. Breast milk alone is the only food and drink an infant needs in the first six months of life. After six months, a baby needs a variety of other foods in addition to breast milk to ensure healthy growth and development.
- ii. Pregnant and breastfeeding mothers should eat adequate and balanced diet.
- iii. From the age of six to eight months a child needs to eat two to three times per day and three to four times per day starting at nine months – in addition to breastfeeding.

II) Exclusive Breast Feeding

Introduction

Babies who are breastfed are generally healthier and achieve optimal growth and development compared to those who are fed formula milk. If the vast majority of babies were exclusively fed breast milk in their first six months of life – meaning only breast milk and no other liquids or solids, not even water – it is estimated that the lives of at least 1.2 million children would be saved every year. If children continue to be breastfed up to two years and beyond, the health and development of millions of children would be greatly improved.

Breastfeeding is the natural and recommended way of feeding all infants, even when artificial feeding is affordable, clean water is available, and good hygienic conditions for preparing and feeding infant formula exist.

Almost every mother can breastfeed successfully. All mothers, particularly those who might lack the confidence to breastfeed, need the encouragement and practical support of the baby's father and their families, friends and relatives. Health workers, community workers, women's organizations and employers can also provide support.

Current situation in Kenya

Exclusive breastfeeding rate is at 13 per cent Nationally (KDHS 2008). Only 32 percent of babies are exclusively breastfed at six months. Therefore the majority of infants are being exposed daily to an increased risk of disease and have lowered immunity because they are given foods and drinks other than breast milk before six months.

Over the last 20 years, Kenya lost the gains that had been made to promote, protect and support breast feeding, with a dramatic decline in facilities that were baby friendly and existing confusion regarding the best source of infant feeding options for babies born to women who are HIV infected. Kenya is also one of the few countries that have not ratified the 1983 code for marketing of Breast milk substitutes.

Rationale

Breastfeeding is the natural and recommended way of feeding all infants, even when artificial feeding is affordable, clean water is available, and good hygienic conditions for preparing and feeding infant formula exist.

Supportive Scriptural Teachings

Right from childbirth the infant is entitled to exclusive breastfeeding for its nutritional value as figuratively expressed in 1 Peter 2:2, “Like newborn infants long for pure spiritual milk...” Peter is telling newly baptised Christians to show toward Christian truth the intense eagerness that infants show for food which promotes growth and maturing development.

Breastfeeding creates a special bond between the mother and child. It is also delightful and comforting to the child. This is figuratively expressed in Isaiah 66:10-13 “...Oh, that you may suck fully of the milk of her comfort, that you may nurse with delight at her abundant breasts! For thus says the Lord: Lo, I will spread prosperity over her like a river and the wealth of the nations like an overflowing torrent. As nurselings, you shall be carried in her arms, and fondled in her lap; as a mother comforts her son so will I comfort you; in Jerusalem you shall find your comfort.”

In Psalms 131:2 “Rather, I have stilled my soul, hushed it like a weaned child. Like a weaned child on it’s mother’s lap, so is my soul within me.” A child is quietened at the mother’s breast in this figurative expression.

Correct practices to be promoted

- i. Initiate breastfeeding of the baby within one hour of birth. Do not provide water, herbs, animal fats.
- ii. Give babies breast milk only for the first six months.
- iii. Timely introduction of appropriate complementary foods at 6months.
- iv. Continue breastfeeding up to two years and beyond.
- v. Promote growth monitoring and promotion at all levels of service delivery.
- vi. Newborn babies should be given to the mother to hold immediately after delivery.
- vii. Almost every mother can breastfeed successfully. Breastfeeding the baby

- frequently causes production of more milk.
- viii. If a woman is infected with HIV, there is a risk that she can pass the infection to her infant through breastfeeding. In the first six months, this risk is much greater if the infant is fed both breast milk and other liquids and foods than if fed breast milk alone. Therefore, it is recommended that the baby receives breast milk alone for the first six months, unless it is acceptable, feasible, affordable, sustainable and safe to give breast milk substitutes (infant formula) exclusively.
 - ix. A woman employed away from her home can continue to breastfeed her child. She should breastfeed as often as possible when she is with the infant and express her breast milk when they are apart so that another caregiver can feed it to the baby in a clean and safe way.

Key Messages

- i. All mothers should start breastfeeding immediately after giving birth.
- ii. Continue breastfeeding exclusively for the next six months (give breast milk only for the first six months).
- iii. After six months of exclusive breastfeeding, the infant needs other nutritious foods in addition to breastfeeding up to a period of two years.





Early stimulation and child protection

Introduction

Parents are their children's primary and most important educators and caregivers and therefore play a significant role in providing care and safeguarding the rights' of young children. Early stimulation & care sets the stage for how children will learn and interact with others throughout life and is required for brain development. Newborn babies can see, hear, taste, smell and feel and early stimulation builds on these basic facts.

Early stimulation occurs when adults (parents or other care givers) provide materials, experiences, language and love to a child. The way parents interact with their young children and the experiences they provide them have a big impact on their youngster's emotional development, learning skills, and how they function later in life. Touching, holding, rocking, talking, listening and reading, or just playing with a child dramatically influences the youngster's brain development.

A child needs to feel safe, know that they are special and feel confident about what to expect from their environment. A child also needs discipline, a balanced experience of freedom and limits, and be exposed to a diverse environment filled with books, music and appropriate toys.

Parents can best meet these needs by providing a healthy, loving, safe, and emotionally balanced home environment. Children raised by caring, attentive parents in predictable environments are better learners than those who experience less attention in less secure settings.

Current Situation in Kenya

In Kenya very few children have birth certification, meaning they are not legally registered, especially in rural areas. Children are involved in labour in houses and farms.

- Most children are not protected from violence – including defilement,

- sexual abuse, physical injuries
- Some children are not taken to health facilities for diseases and preventive measures e.g. immunization
- Late enrolment of children in school
- Preference of male child for schooling in some communities
- Introduction to early schooling before the recommended age e.g at 2 years.

Rationale

The family has a primary and a role that cannot be replaced, in raising children. The parent's love for their children draws from them what is best. The fullest expression of the parents' love for the children is the task of educating. The love of parents to their children is the source of all educational activity.

Fatherhood and motherhood represent a responsibility which is both spiritual and physical. Parents should develop a profound esteem for the dignity of the child and a great respect for their rights. The smaller the child is, the more it is in need of everything, when it is sick, suffering or handicapped.

Supportive Scriptural References

Social Security

The first right of the child is to be born in a real family. This right has not been respected. Today it is subject to new violations because of development of genetic technology. Malachi urges the safeguard of marriage for its benefits to the offspring (Malachi 2:15, "Did he not make one being, with flesh and spirit; and what does that one require? But godly offspring? You must then safeguard life that is your own and not break faith with the wife of your youth").

A son who could defy his father and move away from his home life was no longer worthy to be called a son (Luke 15:19) The prodigal son here tells the father that "I no longer deserve to be called your son: treat me as you would treat one of your hired workers."

Education

Parents should exercise responsibly the educational activity of their children in close and vigilant cooperation with civil and ecclesial agencies. Parents also have the right to choose how their children are formed according to their convictions. They should look for means that would help them best to fulfil their duty as educators in the spiritual and religious sphere. Parents have the right to choose the best way to fulfil their duty as educators.

Public authorities have the duty to guarantee this right and to ensure the concrete conditions necessary for it to be exercised.

Protection

The human person was created by God in unity of body and soul and is called upon to safeguard these. Every child is a gift to its brothers, sisters, parents and the entire family. The family therefore works to ensure that the right to life from conception to natural death is protected and promoted.

This is clear in Matthew 2:13-15, "... rise, take the child and his mother, flee to Egypt, and stay there until I tell you. Herod is going to search for the child to destroy him..." Joseph and Mary, the parents of Jesus heed the angel's advice and flee to Egypt to secure the life of baby Jesus from being murdered by Herod.

Positive Socialisation

The family is the community of love and solidarity. In a very unique way it is suited to teach and transmit cultural, ethical, social, spiritual and religious values essential for development and of the well-being of its own members of society. It is the first school of social virtue which all societies need. In the family, persons are helped to grow in freedom and responsibility which are indispensable prerequisites for any function in the society. In addition, certain fundamental values are imparted and assimilated.

Parents must work together exercising authority with respect and gentleness but also when necessary with firmness and vigour.

St. Paul in Ephesians 6:4, says "fathers do not provoke your children to anger, but bring them up with the training and instruction of the Lord". Parents should create a spiritual atmosphere of love, gentleness, trust, friendship, peace and understanding.

Parents should guide and inspire all concrete educational activity of their children, enriching it with the values of kindness, constancy, goodness, service disinterestedness, and self-sacrifice that are a fruit of love. The target is integral education. This is reinforced further in:-

- 1 Corinthians 15:33, "Do not be led astray: bad company corrupts good morals." Paul's challenge here is a call to sober thinking, holiness and recognition of false teaching.
- Proverbs 1:8-19, talks about resistance to bad company. It urges sons to listen to their parents' instructions.

Role Modelling

The right and duty of parents to educate their children is essential because it is connected with transmission of human life. This is because of the unique loving relation between parents and children. It is a duty which is irreplaceable, inalienable and cannot be entirely delegated to others or taken up by others.

Children were expected to follow in the footsteps of their parents and to resemble them. Proverbs 22:6, "Train a boy in the way he should go; even when he is old, he will not swerve from it". Training one in wisdom leads one to the right path of life.

Religious and Moral Development

- i. Parents have the duty and right to impart religious education and moral formation to their children.
 - In Judges 13:8-12, Manoah is here praying to the Lord "Oh Lord, I beseech you, he said, may the man of God whom you sent return to teach us what to do for the boy who will be born." The text points out the need for parents to rely on Godly principles in instructing their young ones.
- ii. The bible urges care in the rearing of children, as exemplified in,
 - Proverbs 13:24, "He who spares his rod hates his son, but he who loves him takes care to chastise him." For the author here strict discipline is an expression of love.
 - Proverbs 29:15, "The rod of correction gives wisdom, but a boy left to his whims disgraces his mother." This includes constant religious nurturing and parental justice.
 - Deuteronomy 6:6, "Take to heart these words which I enjoin on you today. Drill them into your children. The Lord is enjoining the teaching of his law to parents in turn to teach their children. Speak of them at home and abroad whether you are busy or at rest..."
 - Deuteronomy 11:19, "teach them to your children..."
 - Deuteronomy 24:16, "Fathers shall not be put to death for their children, nor children for their fathers; only for his own guilt shall a man be put to death"
- iii. On their part, children should revere and obey their parents for this is right. Ephesians 6:1-3 says "Children obey your parents (in the Lord) for this is right. Honour your father and mother, this is the first commandment with a promise, that it may go well with you and that you may have a long life on earth."

- Exodus 20:12, “Honour your father and your mother; that you may have a long life in the land which the Lord, your God, is giving you”;
- Leviticus 19:3, “Revere your mother and father, and keep my Sabbaths. I the Lord, I am your God.”
- Proverbs 1:8, ‘Hear, my son your father’s instruction and reject not your mother’s teaching’;
- Proverbs 3:1–18, “My son, forget not my teaching keep in mind my commands; for many days and years of life, and peace, will they bring you ...”
- Colossians 3:20, “Children obey your parents in everything, for this is pleasing to the Lord”

Correct practices to be promoted

- i. All children should be legally registered
- ii. All children have a right to health care, good nutrition and education
- iii. All children have a right to be protected from harm, abuse and discrimination.
- iv. Other practices include:
 - Being compassionate to children
 - Providing parental love
 - Integral formation: a) Honesty b) Integrity c) Humility d) Fair play e) Obedience d) Courtesy e) Religious practice (holistic growth)
 - Getting time to play with children
 - Creating time to listen and talk to children
 - Providing education for children
 - Avoid disagreements and arguments before children
 - Avoid non-verbal cues

Key Messages

- i. Parents should ensure that their children are legally registered
- ii. Parents should ensure their children eat nutritious locally available foods, have access to health care and education.
- iii. Parents /caregivers should ensure their children are protected from any harm, abuse and discrimination.





Health Seeking Behaviors

Introduction

Health Seeking Behaviour (HSB) are the practices that promote the enjoyment of good health for the wellbeing of an individual. This realization contributes to making good health valued as an asset for all. HSB contributes to making good health valued as an asset. HSB are the lifestyles that promote hygiene, keeping physically and mentally fit and also avoiding environment that would foster the spread of the disease among the community.

Situation

- People go for self medication or over the counter prescriptions.
- Seek care late from health facilities.
- Have poor compliance to treatment.
- Resort to alternative medical care e.g. herbalists, witchdoctors.
- Some people believe that herbal medicine work better than conventional medicine.
- Cultural/ religious beliefs e.g. no blood transfusion even when needed.
- Some people believe that certain diseases e.g. measles should not be taken to hospital because if given injections they die.

Myths and misconception

Include food taboos not seeking medical health because of religious and cultural beliefs, ignorance to seeking quality health care services.

Rationale

The bulk of disease burden can be reduced by simple household practices e.g. hand washing with soap, boiling water and exclusive breastfeeding.

Supportive Scriptural References

Bodily life and health are gifts entrusted to man by God and are considered a blessing by the Holy Scripture; in,

- Psalm 91:16, ““With long life will I satisfy him and show him my salvation” God intends to give us long life. But sometimes our behaviour may shorten that life.
- Exodus 20:12, “Honour your father and your mother so that you may have a long life in the land which the Lord, your God, is giving you”;
- Proverbs 10:27 “The fear of the Lord prolongs life, but the years of the wicked are brief”

Everyone is bound to maintain life, health and integrity of self and others by providing necessities such as for this like food, clothing, housing and recreation. Each one has to avoid whatever might injure life and health.

Nourishment

In contrast to the Old Testament and some other religions, there are no longer “unclean” foods in the New Testament. According to Mark 7:14 -19 nothing defiles a man which enters his stomach from the outside. Nutritious food should not be rejected by reason of taboos or ceremonial practices.

The decision as to what one should or may eat is based solely on the demands of temperance, concrete requirement of health and hygiene and the demands of love. In 1 Corinthians 8: 8-11, “But Now food does not bring us near to God, we are no worse if we do not eat and nor better if we do. Be careful however, that the exercise of your freedom does not become a stumbling block to the weak, for if anyone with a weak conscience sees you who have this knowledge eating in an idols temple wont he be emboldened to eat what has been sacrificed for idols? So this weak brother for whom Christ died is destroyed by your knowledge”

Hygiene

All effort to remedy the sanitary as well as water shortage merit the support of state and church, as well as individuals and community groups. It is also a responsibility for all. (Leviticus 14 and 15)

Rest and recreation

Recreation and sufficient sleep are necessary to restore energy. They are a demand and command of nature.

- The church therefore values physical exercise and sporting events as a help to preserve emotional balance even at community level and to establish fraternal relations among people of all conditions dualism. , nations and races.
- Christian virtues are exercised through sports and especially by team sport: Solidarity, respect for others, loyalty, trust, subordination of desires to dominate,

acceptance of limitation and defeat. Sport disapproves meanness and individualism. Use of Stimulants and Drugs

The church advocates temperance in the intake of stimulants and drugs. Temperance in stimulants is a much stronger obligation than temperance in eating as they damage health more easily and can lead to addiction. Everyone is seriously obligated to be cautious in consumption of alcohol. One should practice moderation and not allow oneself to be drawn into addiction. Proverbs 23: 20 – 21 “Do not join those who drink too much wine or gorge themselves on meat for drunkards and gluttons become poor and drowsiness clothes them in rags”.

Medical Treatment

Bodily life is a gift of God entrusted under the custodianship of the human person. God created it and is the owner. The human person is not allowed to use or damage his life and the integrity of his life arbitrarily. The human being is obliged to restore the injured health in a responsible way.

- From the point of view of belief, the profession of medicine is a calling to share in the healing ministry of Jesus Christ who came among us to cure man’s bodily as well as spiritual ills. Today as in biblical times health professionals need to be supported by the entire church community.
- When sick the responsibility for care seeking and the compliance with the treatment given lies with the patient. The task of health care professionals is to provide timely and good quality care.
- Patients have a right to receive sufficient information on their health condition and needs in order to be able to give an informed consent.

In the consultation called upon all international organizations, governments, voluntary and nongovernmental organizations working in the region to promote health by encouraging positive lifestyles, correct practices to be promoted:

1. introducing the health-promoting Islamic lifestyles, and advocating them through proper channels, as befits the circumstances of each country.
2. Providing conditions that are conducive to promotion of health and healthy lifestyles; and not contradicting such through advertising unhealthy lifestyles, supporting the production of materials harmful to health, or promoting unhealthy behavior.
3. encouraging the comprehensive development of local communities and supporting them in attaining their basic needs through self-reliance, this being a practical introduction to the implementation of healthy lifestyles.

4. Reorienting health, educational, instructional and public information institutions, in such a manner that promote health and encourages healthy lifestyles, especially those mentioned in the document appended to this Declaration.
5. Re-orienting educational institutions in the health field, in such a way as to give a human dimension to the health professions, and to make each of these professions a vocation rather than a mere occupation.
6. Declaring a decade dedicated to promoting efforts to implement the action plan agreed upon by the concerned parties, for adoption and application of Islamic lifestyles.(Amman Declaration recommendations)

Correct practices to be promoted

- i. Promote child's mental and social development by being responsive to the child's needs for care and by encouraging the child's development through talking, playing, and providing a stimulating environment.
- ii. Ensure sick children receive appropriate and timely treatment.
- iii. Take appropriate actions to prevent and manage child injuries and accidents
- iv. Dispose human and animal wastes safely and wash hands with soap and water after defecation and before preparing meals and feeding children.
- v. Avoid eating meat from dead or sick animals
- vi. Ensure that drinking water is safe.
- vii. Protect your child from indoor (household) air pollution.
- viii. Follow recommendations given by health workers in relation to treatment, follow-up and referral
- ix. Ensure that every pregnant woman receives the recommended ante-natal visits, recommended doses of tetanus vaccination, and is supported by family and community in seeking appropriate care especially at delivery and during post partum and lactation period
- x. Involve fathers in the care of the child and in Reproductive Health of the family

Key Messages

- i. Ensure the child complete all vaccinations before their first year of life.
- ii. The whole family should observe the child for any unusual behaviours that could lead to illnesses and seek help from a trained health worker
- iii. Ensure that your child's growth and development are monitored monthly for two years from birth then regularly thereafter up to five years of age or as may be advised by Health care provider.



Faith for Life is a handbook of essential information religious leaders and faith communities need to know to intervene on maternal and child survival. It has scriptural references and support that emphasise on interventions on; mother and child health care, common childhood diseases, safe drinking water and cleanliness, nutrition, HIV and AIDS, Child protection and health seeking behaviours.

The handbook supports the Child Survival and Development strategy (CSD 2009-2015) by the government of Kenya and it is aimed at complimenting efforts by the Ministry of Public Health and Sanitation in implementing it. It contains latest evidence and recommended actions that are applicable at community level aimed at reversing the alarming trends in maternal and child health. The engagement of faith communities is thus necessary to achieve the objective of reducing maternal and child deaths.

Each chapter based on the particular intervention, outlines: the situation of the particular intervention, the myths, misconceptions and wrong practices that have been associated with the intervention, the rationale behind the involvement and highlighting of the intervention, the scriptural reference that recommends the correct practices to be adopted and finally key messages that are to be emphasized on.

Faith for Life is a co-publication of UNICEF, Inter-Religious Council of Kenya partnering with the Ministry of Public Health and Sanitation.

Who should use Faith for Life?

Everyone who belongs to a particular faith community or identifies with its teachings. Religious leaders use it to help their congregations learn the basic interventions for child and maternal survival. Congregational members use it to teach each other and learn life skills. Health workers can use it to emphasise on the interventions in the communities they serve.

Faith for Life handbook has information that empowers families and communities with knowledge that can help them realize the rights of children and women.

Role of Religious Leaders

The role of religious leaders in social and moral development:

- i. Using their pivotal role, religious leaders should convince the country's highest authority and people in power about the need to focus on improving maternal and child survival through practical steps.
- ii. Discuss the problem in religious institutions and ensure that the reaction and outcome of this discussion is based on sympathy, spiritual values and tolerance and a favourable/supportive attitude instead of condemnation.
- iii. Religious organizations should analyze the effects of maternal and child mortality on different segments of the population. Information should be exchanged on interventions to reverse the alarming trends. The outcome in terms of spiritual and physical reactions should be documented.
- iv. On the occasion of International Women's Day, Day of the African Child or any other relevant occasion, awareness should be created in the light of faith teachings amongst religious circles to influence public opinion.
- v. Budget allocations by the government for health, education, consultation etc. should be reviewed carefully and efforts be made to extract extra funds for messaging and awareness campaigns.
- vi. As far as possible, assume the role of a leader, using your status and position as preacher and guardian; think how you can plead the case effectively.
- vii. In creating awareness, religious gatherings and congregations, marriage, funeral ceremonies, on child birth and other festive occasions and events of jubilation, the topic of maternal and child survival should be discussed.
- viii. Discuss issues related to maternal and child survival during religious, social and other functions such as weddings, birthdays, etc.
- ix. Lead the discussion on maternal and child survival, talking about the interventions and key messages and solicit public opinion.
- x. On all religious occasions, subjects related to the intervention areas should be discussed in the light of scriptural teachings.
- xi. Concerned people including non-government, government and business groups should be encouraged to cooperate with each other.

Proposed Activities for Religious Leaders

- i. Raise awareness on maternal and child survival in prayers, speeches and administrative gatherings.
- ii. Arrange for the training of social and welfare organizations in the light of religious teachings. (explore ways of cooperation)
- iii. Encourage the formation of social and welfare organizations through which health facilities, education and consultation should be offered to mothers and fathers, young men, pregnant and lactating women.
- iv. Raise the profile of maternal and child survival issues with the help of local and national leaders including politicians, eminent personalities and opinion formers of the community and create an effective strategy to prevent maternal and child survival in the light of the scriptures.
- v. Play an effective role in formulating national policies on maternal and child survival. Guide national, international and non-governmental organizations as to how to create awareness and provide necessary information in accordance with faith teachings.
- vi. Discuss maternal and child survival interventions in the electronic and print media.
- vii. Make an effective use of mass media in raising awareness on maternal and child survival interventions
- viii. Write letters to editors or contribute to religious magazines along with articles in the national press.

Where is Faith for Life handbook used?

The content in the handbook applies to congregational members in any faith community setting based on their faith specific books. It can be used by any leader who has a congregational or other platform and is concerned with health, growth, learning, development, protection, care and support of children and families.

The Messages can be shared through all engagements the religious leaders attend e.g. congregational days of worship, group meetings for youth and women, wedding ceremonies, burials, parties, special days of prayers, fasting etc

It can also be shared through radio and television shows, interviews, announcements, internet, community theaters in other words, anywhere where there is a group of people who can give you an ear!



Handbook



Ministry of Public
Health and Sanitation



INTER-RELIGIOUS COUNCIL of KENYA

