

CHILD HEALTH

DIALOGUE

Issue 20 July-September 2000

Published by **healthlink**
WORLDWIDE

Promoting the care and rights of children

In the past, many individuals and organisations working in child health have focussed their efforts on trying to reduce child morbidity and mortality caused by the most common childhood illnesses. But equally important is the need to support the healthy growth and development of children. This means not only ensuring good nutrition during

adolescence, pregnancy and in early childhood, but also understanding and encouraging child development.

Social responsibility to ensure that each child reaches the highest possible standard of health is recognised in the Convention on the Rights of the Child. This issue of *CHD* looks at care practices that promote and support both child nutrition and

Contents Issue 20

- Page 2** Letters/Terms and definitions
- Page 3** Early child care
- Page 5** Responsive feeding practices
- Page 7** Understanding rights
- Page 9** Putting rights into practice
- Page 11** Fathers matter too
- Page 12** Learning exercise/
Useful resources

child development and also introduces child rights in terms of how health workers should be using them to guide their work.

Patrice Engle, Chief, Child Development and Nutrition, UNICEF, New Delhi, India



Kathryn Wolford/Lutheran World Relief

Ensuring good feeding and care practices in early childhood can help children grow into healthy adults.



Harvey Nelson



Men must be involved

I must say how much *CHD* has improved now that it includes safe motherhood issues as well... As for involving men in all to do with pregnancy and rearing children – I believe this is a key to healthy families. Each time I see a man coming with his child, with or without the mother, I compliment him and tell him how pleased I am to see him, as we want to encourage fathers' participation at every level.

Diana Rigby, PO Box 333, Tanga, Tanzania.

Editor's note: see page 11 for an article on this theme



Working together

I believe that the greatest challenge to improving health is to get different sectors to work more closely with each other. For years we have known that the most effective step to reduce child deaths, reduce malnutrition and improve child spacing is for the mother to have attended primary school. Recently, we hear that agricultural development which

involved building small dams near villages greatly increased the incidence of malaria in children. If only effective working between sectors could be achieved we could accomplish so much more.

David Morley, 51 Eastmoor Park, Harpenden, AL5 1BN, UK.

E-mail: david@morleydc.demon.co.uk



Breastfeeding and child rights

IBFAN has been advocating for the rights of the child and the mother by encouraging exclusive breastfeeding for up to six months. Governments are being urged to:

- recognise in national legislation that women and children have rights to food and health.
- ensure that there are no obstacles for women who choose to breastfeed.
- provide adequate maternity leave for working women, of at least four months, but preferably six months, after giving birth to facilitate exclusive breastfeeding. The aim is to match the period of maternity leave with the recommendations for exclusive breastfeeding. Also working and breastfeeding women should be provided with the right to one or more daily breaks for breastfeeding once the mother returns to work.

- provide information on the advantages of breastfeeding, particularly to pregnant women to enable each one to make informed decisions.
- prevent any form of promotion of breastmilk substitutes, bottles or teats to the public, but especially to women prior to or just after birth.

In March 2000, a meeting for the African Portuguese-speaking countries was held in Maputo, Mozambique. It aimed to impart knowledge and skills to health workers and policy makers to enable them to develop laws at national level and to effect the Code of Marketing of Breastmilk Substitutes. It was the first meeting of its kind.

Gertrude Phiri, (previously Information/Communication Officer, IBFAN), c/o UNISWA Luyengo Campus, PO Luyengo, Swaziland.

E-mail: phiritembo@hotmail.com

Editor's note: In early 2001 the World Health Assembly adopted a resolution urging governments to 'support exclusive

TERMS & DEFINITIONS

This box explains some of the technical terms used in this issue.

Care giver – person providing care to a child; can be mother, father, older member of the family, sibling, or paid person in a child care centre. Many people, other than the mother, provide care.

Care practices – the actions of mothers and other carers which ensure that food in the house and health care services actually reach the child. For example, taking a child for immunisation.

Child development – the process by which a child gradually learns more complicated levels of moving, thinking, speaking, feeling and relating to others. All children go through the same steps in development, but the rate varies tremendously between children. For example, all children learn to pull themselves to standing before they take their first step alone, but some children walk at eight months and others walk at 14 months, and both are normal.

Psychological development – refers to many different aspects of a child's development such as:

- cognitive – how children think, reason and solve problems
- language – ability to communicate and speak
- social – how children relate to other people
- motor – ability to move, coordinate using fine muscles (e.g. fingers) and large ones
- emotional – learning different ways of feeling and how to control these feelings.

Psychosocial care – actions and practices that affect a child's development. For example, giving attention and affection; encouraging play, exploration and learning; prevention of and protection from abuse, neglect and exposure to violence.

breastfeeding for six months'. For more information see www.ibfan.org

Early child care

Patrice Engle describes the important links between care, nutrition and development.

If someone asks you to look up to the sky and tell them what is between you and the stars, you might say nothing, because you cannot see air, and we often don't think about it.

Care is a little bit like this; people (especially mothers and older sisters) take care of children every day, but often people do not realise how much they are doing, and how important it is. When people think about how to improve a child's health, they may think about improving services at a health centre. This is important, but actually much of what really makes the difference for children's health happens at home. A health worker gives advice or a prescription; the mother has to get the medicine, follow the advice, all the while giving the child love and attention. These are examples of care: preparing and storing food, or feeding a young child.

Care practices are

the activities that carers do every day to make sure food in the house and health care services actually reach the child, such as taking a child for immunisation.

What is needed for good care?

Optimal growth and development depend on the availability and quality of four things: food, health care services, a healthy environment and care. The more difficult the circumstances, the more important care practices are for survival, growth and development.

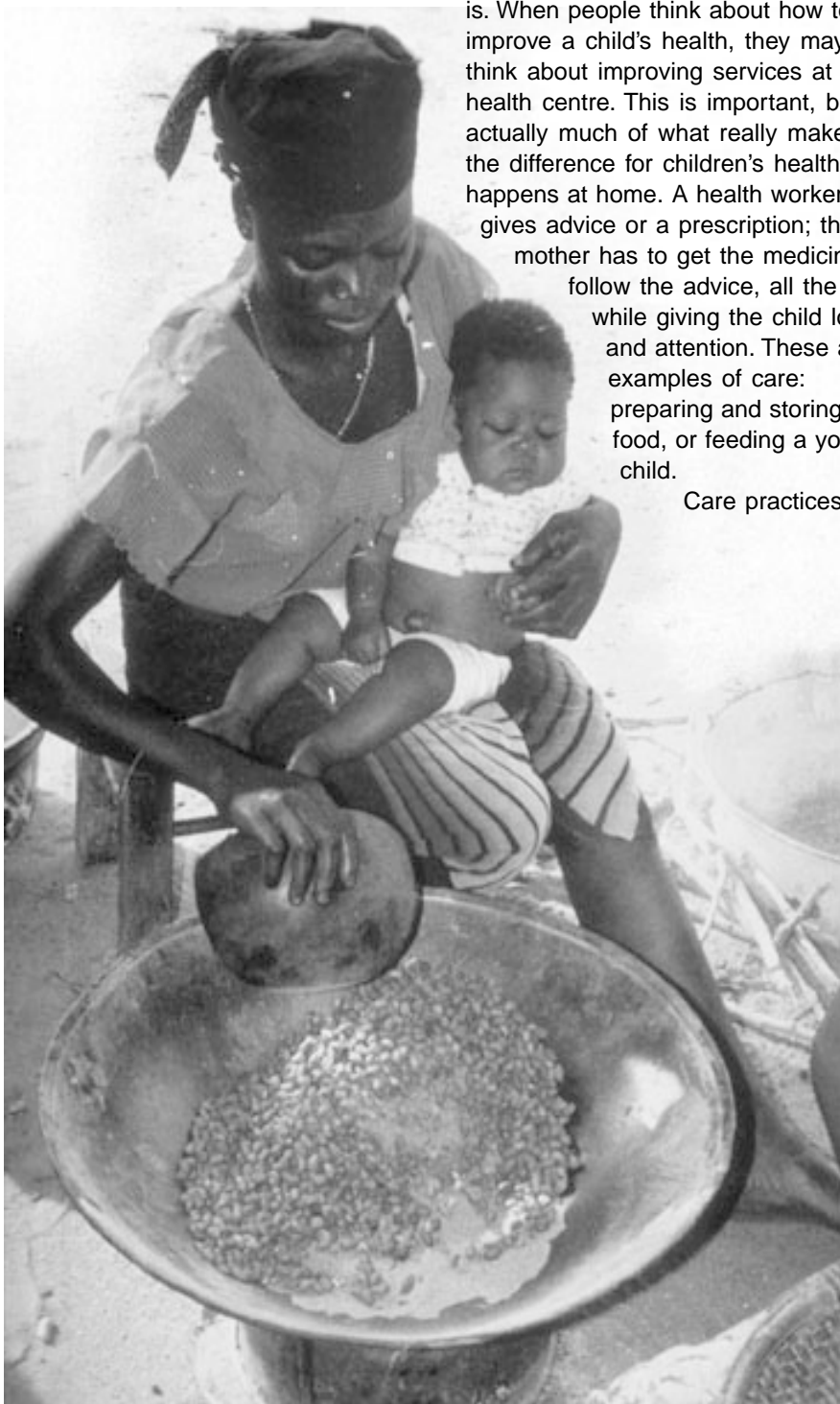
Within the family, children and women need six types of care:

- breastfeeding and feeding
- hygiene and sanitation, such as cleaning a child's hands
- home health care, such as giving a child medicine and preventing accidents
- food preparation and storage
- psychosocial care, such as talking and playing with the child, or giving the child love
- care for girls and women, by the family, such as making sure that they go to school or to literacy classes, encouraging good prenatal care and time for breastfeeding, or valuing them as people in their own right.

Care givers cannot give all these kinds of care unless they have enough resources – enough time, knowledge, motivation, and access and control of resources such as money – to put these into practice. When care givers are told that they are doing well, and are given support both at home and from community services, their motivation increases. Some resources come from communities, such as availability of alternate care or safe places for children to play. Support of other family members, particularly men, can make a big difference.

How is nutrition linked to development?

A child's ability depends on the kinds of experiences a child has. Nutrition also plays a major role in a child's development. Breastmilk is the perfect food, since it contains all the nutrients needed for healthy development of the brain. Research



studies show that a child's nutrition during the first three years of life can have a significant effect on the child's abilities. For example:

- Children who are born with low birth weight are likely to develop more slowly unless they have good family support.
- Stunted children (short because of malnutrition) perform less well in school.
- Early nutritional supplementation in at-risk populations results in significantly higher IQ scores.
- Iodine deficiency in utero can result in reduced intelligence.
- Iron deficiency negatively affects a child's learning and ability to pay attention.
- Breastfeeding is associated with higher intelligence.
- High quality psychosocial stimulation during pre-school can improve a child's intelligence.
- Combined interventions to improve both nutrition and psychological stimulation have a greater impact on a child's development than either one alone.

What works best?

Here are some guidelines for successful interventions.

- Start early – improving nutrition during pregnancy, infancy and early childhood and providing responsive care during infancy and early childhood have most impact on growth and development.
- Give priority to poor families – poor children benefit most from interventions, as long as their families have at least some resources (time, effort, interest).
- Use more than one type of intervention (for example, parent education, nutrition education, supplementary foods) and way of delivering it (for example, through home visits, group counselling, mass media and child care programmes).

Why link nutrition, health and development?

Children gain more from a more responsive environment if they are healthy and well-nourished. If these children are provided with new

Activities to stimulate a child's development

Age	Play	Communication
Under six months	<ul style="list-style-type: none"> • provide ways for a child to hear, feel, see, touch and move • look at your child's eyes and smile at him or her 	<ul style="list-style-type: none"> • have large colourful things for a child to reach for • talk to your child and have a conversation with sounds and actions
Six months to two years	<ul style="list-style-type: none"> • give your child things to stack up, to put into containers and to take out • play simple games like 'bye bye' 	<ul style="list-style-type: none"> • tell your child the names of people and things • ask your child simple questions
Two to three years	<ul style="list-style-type: none"> • help your child count, name things and compare • make simple toys for your child 	<ul style="list-style-type: none"> • encourage your child to talk and answer your child's questions • teach your child stories, songs and games

experiences, they are more likely to have the energy and curiosity to explore than malnourished children. Well-nourished children also make better use of opportunities to learn how to solve problems and manipulate objects.

Children who are more active and responsive receive more care and therefore grow better. A happy smiling child will get more attention than one who is frequently irritable and upset.

A special kind of care: psychosocial care

About half of a child's eventual mental abilities depends on the kinds of psychosocial or psychological care that parents and other carers provide to that child. The largest impact occurs in the first three years of life. Care givers need to understand the importance of psychosocial care during this period. This care takes only time, and the reward is in the child's pleasure. For example, care givers can:

- give love and affection, can hold and touch
- encourage children to play and explore
- protect children from abuse, neglect and exposure to violence
- respond to a child's emerging abilities by encouraging new skills
- check for slow development and give extra stimulation.

The most important thing that a parent can do for a child in the first three years of life is to respond to what the child is trying to do – to follow the child's lead. This means that the parent has to pay attention to the child's activities, be aware of what the child is learning to do, and help

the child to take the next step. For example, if a child is beginning to make sounds, the parent can imitate the sounds and add some new ones.

The parent can also:

- recognise signs of hunger and feed the child before crying begins
- teach a child about basic sanitation, and find ways of encouraging defecation in the appropriate spot at the right moment
- understand what a child is trying to do, and provide support for learning attempts and praise the child for what he or she manages to do.

What can a health worker do?

Nutrition counselling of the family during adolescence, pregnancy and when children are young are most important. Health workers should also be aware of a child's development milestones (see *CHD7*) and provide guidance and counselling to a parent about care for development in addition to good nutrition. The box (above) provides age-linked recommendations to help carers learn to play and communicate with their child.

Patrice Engle, Chief, Child Development and Nutrition, UNICEF Country Office, 73 Lodi Estate, New Delhi 110-003, India.
E-mail: pengle@unicef.org

Key messages

- Children are capable of learning throughout life, but brain development is most rapid during the first months and years.
- The care and attention a child receives in the first eight years is more important than at any other time. It will influence a child's whole course of development.

Responsive feeding practices

Patrice Engle explains how good feeding practices not only help to make sure a child gets enough to eat, but also help a child to develop.

There are many things that influence how much a young child eats. Poor appetite is common and may be due to:

- illness, mouth infections, or deficiencies of micronutrients, such as zinc
- food that is not palatable
- the child being upset or unhappy.

There are many things a care giver can do to improve the amount of food a child eats. A child's development can also be stimulated at mealtimes. For example, during a meal, talking to a child about the food and about other things, encourages language development. Allowing a child to try to feed him or herself helps develop fine

motor skills. A peaceful and happy mealtime can also help a child feel good about him or herself (see box for other suggestions).

The role of health and nutrition workers

Support for the care giver is essential. Health and nutrition workers should learn how to talk to, and counsel, carers about nutrition and child feeding practices (see *CHD9*).

Try to find out who the decision-makers in the family are and involve them. Child feeding practices are determined by many factors other than food. For example, lack of time by mothers may prevent adequate child feeding.

Practical suggestions to encourage a child to eat

- ✓ Feed the child when he or she shows signs of being hungry, don't wait for a child to start crying to feed.
- ✓ Give small amounts at a time; use fingers or a spoon or utensil that provides small bites.
- ✓ Mix feeding methods. Children under two years old can often manage a few bites with a spoon, but may also need to be fed.
- ✓ Encourage a child's eating in ways that are appropriate to the local situation. For example:
 - comment on how good the food is;
 - comment on how well the child is eating;
 - eat yourself and show that you like the food;
 - allow the child to eat in company with others, but make sure that the child has her or his own separate plate;
 - offer an additional few bites after a child has stopped eating;
 - use games and play involving feeding, such as pretending to feed a doll or an older child.
- ✓ Feed the child at consistent times each day, if possible.
- ✓ Seat the child, give her or him attention and try to minimise distractions.
- ✓ Talk to the child at mealtimes. Describe the food, the situation, name people who are around. Even if the child cannot answer he or she is learning names and meanings of things.
- ✓ Give the child the opportunity to learn with his or her hands, fingers and senses. This may mean letting a child pick food up with their hands, getting some food in their mouth and some on their face.
- ✓ Do not force the child to eat – make mealtimes happy.



Learning exercises

Read each story below and identify the care practices mentioned. Which ones will improve the child's growth and development? Which ones are not recommended?

1 KAMAU

Kamau's mother is away at work, but he is being cared for by his aunt. She prepares a lunch of maize and beans for Kamau (aged two years) and her own two children (aged four and seven years). She spreads a mat on the ground outside the door of their small home, and asks them to sit together and places a bowl in front of each child. She watches the children starting to eat. She notices Kamau is not eating and therefore picks him up and puts him on her lap and helps him with his food. The others giggle and laugh together, eating spoonfuls and playing with the food.

Care practices: Food preparation, feeding, psychosocial care.

Actions helping growth and development: Kamau's aunt has provided a good situation for feeding; children do better eating together and having their own bowls. She is paying attention to their eating. She is flexible, responding to the child's cues of not eating, changes what she is doing to feed the child herself. Happy situation during meal.

Not recommended: none

2 MAMUSH

Two-year-old Mamush's mother greets a visitor at the door. Before she sits down to talk to her friend, she enters the house and reaches for a basket containing a sturdy glass jar, a number of medium-sized pebbles and a plastic bottle with a small neck. She places the basket in front of Mamush asking him, 'How many of these can you put in the bottle?' Mamush eagerly grasps a pebble and drops it into the bottle, fascinated with the sound. He continues to play in absorption for some time while his mother sits nearby talking to her friend. Occasionally, she looks over at him and comments, 'Look at what you are doing. You are putting the pebbles in the bottle.'

Care practices: psychosocial care.

Actions helping growth and development: Mamush is given no-cost materials that are appropriate to his developmental level to explore. His mother responds to what he is doing and extends his learning by telling him what he is doing.

Not recommended: none.

3 USHA

Usha is three years old. She is in the courtyard looking after her one-year-old baby sister Margaret, and playing a clapping game with her. Margaret gets tired and starts to fuss, so Usha takes a cloth and hides her face behind it, then drops the cloth and says 'Oooo!' Margaret laughs and grabs at the cloth. Usha's mother comes to the door and says, 'You must be quiet. Your father is trying to sleep.' Usha picks up her sister and cuddles her and sings her a song.

Care practice: psychosocial care.

Actions helping growth and development: playing peekaboo improves Margaret's ability to communicate, reaching for the cloth stimulates her motor development.

Not recommended: Is Usha (the care giver) too young not to be supervised? Also, asking a child to be quiet may limit development; better to ask Usha to move farther away or talk quietly.

Now read the following story. Think about how you would talk to the carers about feeding and care practices.

4 AMANITA'S STORY

Amanita has a son of eight months. Since he was four months old, she has given him maize porridge in a feeding bottle and breastmilk. He still gets only breastmilk and liquid food, but his bottle got broken. So now Amanita holds him flat on her lap and pours a watery porridge into his mouth once a day. He coughs and splutters and complains, but tradition says she must feed him this way until he has six teeth. Amanita does not talk to him while she is doing this; she has a great deal to do and is usually preparing maize and beans for the other children at the same time. Sometimes her baby cries for that food, but she is too busy to sit and feed him maize and beans.

First look at the *positive* practices. What is Amanita doing well? Don't criticise Amanita's present practices or her earlier decisions. Tell Amanita at least one thing she is doing well for her child's care and development. For example, she is feeding her child and trying to care for him.

Now consider what is *negative* about her feeding practices and what advice you would give her? Talk to her about how she might feed the child more frequently, with thicker food and talk to the child while feeding. What possibilities might she have? Ask her for suggestions. These might include trying to get help from others to feed the child and using a spoon instead of the feeding bottle or sitting the child up to feed. Suggest that new beliefs permit feeding children with spoons before they have six teeth.

Thanks to Patrice Engle, see page 4 for contact details.

Understanding rights

Marcus Stahlhofer and Margaret Reeves give an overview of the Convention on the Rights of the Child.



Heather Payne/Healthlink Worldwide

Two girls with hearing impairments, refused places in schools, attend a day school run by an NGO in Delhi slums.

Every man, woman and child has a value just because they are human beings. For many health workers this is the reason that they want to give service to their patients and communities. It is also the foundation of the idea of Human Rights.

Every person has rights, and no one person has more rights than any other person. You cannot take a person's rights away from them. Even if, for example, a child cannot go to school because he is made to work in the fields all day or because there is no teacher at the school, that does not change the fact that the child has a right to have an education.

Given that everybody has rights, this means that there is an obligation or a responsibility to that person to make sure that they receive what they have a right to. For example, if the child has a right to an education then the family has a responsibility to send him or her to school rather than keep them in the fields all day, and the government has a responsibility to provide a school and teacher for the school.

Rights became international law in 1948 when almost all the countries in the world agreed to the Universal Declaration of Human Rights. This very important declaration is meant to help countries to follow standards about the way that people should be able to live. It talks about the right to life and freedom from war and persecution, to protection in the law, to free speech, to freedom of movement and to the freedom of people to live following their cultural and national traditions. Since then, there have been other declarations or conventions about the special rights of particular groups of people. One of these is the Convention on the Rights of the Child, which became law in 1990 and has been agreed to by almost every country.

The Convention on the Rights of the Child (CRC)

The CRC describes the rights of children and adolescents up to the age of 18. It takes account of the fact that children not only have rights like every other person, but that they also have special needs. They are more vulnerable and dependent on their families and others, so they need special protection against being abused and exploited. They need education, play and have the right to be listened to, because they need to learn and develop. The Convention is built on four principles, and these are excellent guiding rules for all of us working with children:

- Every child has the right to survive and to develop to the best of his or her ability.
- All children have the same rights. There should be no discrimination among children.
- All decisions about a child should be guided by what is in the best interests of the child.
- The views of the child on matters that concern him or her should be considered, taking into account how old and mature the child is.

For the purpose of implementing the CRC, eight groups of rights and responsibilities have been identified, five of which are particularly relevant to children's health. Some rights, like the right to health care, depend on other rights such as the right to be cared for in a suitable family setting or to be listened to, or the responsibility of governments to make sure that families can afford to provide the essentials of life. For a child to be able to enjoy some rights fully, other rights need to be met as well. It is not enough to meet only one right at a time whilst ignoring others.

As you read the next paragraphs ask yourself the question, 'What difference would this right make to the health of the children that I look after?'

1 Civil and political rights

Children have a right to be legally recognised – to have a name and a nationality and to have their birth registered. In many countries you cannot get health care or education unless you have papers to show that you have been registered. Street children or refugees, for example, may not be able to get treatment when they need it.



Elizabeth Kogolo, Information Officer for Save the Children, demonstrates the equipment for disabled children in their resource centre.

things can happen. As children get older so they take more responsibility for decisions that affect them.

Of course, most countries cannot carry out everything that the Convention asks for straight away, but by making the Convention legally binding, they have agreed to do their best for their children. They have said that they will work towards making it possible for all children to have all their rights. The Convention is a way of helping countries and people responsible for children to see what is best for them and to plan for the wide range of different activities that need to be brought together for the child.

For health workers, the Convention is a useful way of considering the needs of children and young people more broadly. It suggests ways not only of making the health services more effective, but also of looking at other things that affect the health and well being of the child.

Marcus Stahlhofer, Child and Adolescent Health Division, World Health Organization, 20 Ave Appia, Geneva-27, Switzerland, and Margaret Reeves, Linacre College, St Cross Street, Oxford OX1 3JA, UK. Thanks also to David Robinson, Top Flat, 1 Higher Street, Kingswear, Devon TQ6 OAG, UK.

2 Family environment and care

These rights are about the responsibility of the family and the community for bringing up children. They describe the things that governments must do to make this possible. They deal with the special protection that children need if, for any reason, they have to live outside their own families. This has become especially important in those parts of the world where many children are orphaned due to diseases, such as AIDS.

3 Basic health and welfare

The Convention says that a child has the right to the highest possible standard of health and health care. It talks about: the importance of primary health care; disease prevention and health promotion; the importance of maternal health; health information; the special needs of children with disabilities; and about the part that the community should play in making sure that children can grow up healthy in every way.

4 Education, leisure and cultural activities

This aspect says that children have a right to suitable education as well as the right to have time off and to play. They should be able to meet with their friends and grow up in their own culture.

5 Special protection

Some groups of children need protection from drugs, violence or being sold and used for sex or other purposes.

Rights and responsibilities

The CRC talks about whose responsibility it is to make sure that children are able to enjoy their rights. By accepting, signing and making the Convention legally binding, governments accept a legal responsibility for enabling children to enjoy their rights. The convention says that parents have responsibilities for bringing up children and for providing the right living conditions at home. Communities must help families with this task. Governments have a duty to provide the conditions in which all these

Disabled children have rights too

Society as a whole often makes little effort towards integrating children with disabilities and giving them equal opportunities. Sometimes disabled children are hidden or segregated, which reinforces the idea that they are different. The result is often to forget the child as a person and neglect their social needs, seldom seeing the child behind the disability.

A child with a disability is first and foremost a child, who has the right to experience stimulation, security and friendship as a basis for his or her development. This means making sure that disabled children are included in family life and have opportunities to play with other children. By attending schools they can achieve their right to education. Providing appropriate aids and equipment can give disabled children a measure of independence and the ability to play and move.

Source: CBR News No.23 May-August 1996



Winnie from Zimbabwe, belongs to a parents' association in Harare, Zimbabwe which works to empower disabled people and their families.

Putting rights into practice

How can health workers use children's rights to help them respond better to children's needs?

HARJEET'S STORY

Harjeet brings her son to the clinic. He is 10 months old. He is lethargic and has had diarrhoea for several days. He is dehydrated and wasted. As the health worker, you are surprised to see Harjeet and her son. For months the little boy has suffered from recurrent diarrhoea. On Harjeet's previous visits to the clinic, you have explained the importance of continued breastfeeding, and the importance of drawing clean water carefully and boiling it before her son drinks it, or before it is used to prepare food.

You ask Harjeet if she is following the advice you gave her. She tells you that it is very difficult to follow the advice even though she knows how important it is for her son's health. She tells you that she is from a low social group. Her family and others like hers in the village are prevented from using the village standpipe by other villagers who say her people are 'unclean'. She has to collect water for her family from a pond at the edge of the village. The water in the pond is stagnant, women wash their clothes there, and children and animal play in the water. She knows the water is not clean, but what can she do?



Using rights to analyse problems

You can use the articles and principles in the Convention on the Rights of the Child to analyse a problem systematically, to gain a deeper understanding of the situation than you would get if you only focussed only on the medical history.

Harjeet's son (see story) is unwell, because of the conditions in which his family lives. Thinking about rights helps to think about how and why. Harjeet and her son are being discriminated against by the community. Harjeet's son is not able to enjoy a name and a nationality like other citizens because of the social group he belongs to. Harjeet cannot receive help from the state to bring up her family because of her social group, and as a result she is unable to provide properly for her son and her family. She does not have access to education to learn about nutrition, health and hygiene, and because she has not had any education, her chances of earning a living are less. All these factors will make her and her children particularly vulnerable to dangers in the environment.

Using rights to identify solutions

Thinking about rights can help you to identify different ways to help with the sort of problems that Harjeet and her son are facing. By raising new questions, rights can help health workers to think about changes that might need to be made in the way they plan and carry out their work. Let's look at Harjeet's story from the point of view of her rights and those of her son.

How are local health facilities organised?

Are there other women coming to the clinic who face the same situation as Harjeet? If not, is it because their children are well, or is it because they feel that they cannot use the clinic's services? Perhaps all women who belong to Harjeet's social group work too far away to be able to visit the clinic when it is open? Perhaps they experience discrimination from some of the clinic staff as well? Does the clinic need to change the way it responds to patients from a low caste so that these people feel more able to seek care there? Maybe the clinic should consider holding a meeting with members of these groups to find out more about their health concerns and their health care needs.

What activities could take place?

In Harjeet's village, is there anything the clinic can do to address the problem of sharing the standpipe? *Can a public meeting be held at the health centre to talk about it? Can the health care staff raise the issue with the community leaders?*

How are services monitored?

How does the health centre collect data and keep records? *Simple steps like keeping a tally of where people come from to get help from the clinic and what their needs are can be helpful. Collecting information about the patterns of illness and relating this to where people live or their social group, can often point to new health concerns and solutions.*

Bringing about change

Thinking about the rights of children may raise issues that you or even the health services cannot solve on your own. Some of the other features of human rights that have been mentioned already

can be useful in strengthening actions to bring about changes. For example, the countries that have accepted the Convention on the Rights of the Child have legal obligations to respond where rights are not being met.

The Convention also calls for many different people to take part in enabling children to enjoy their rights. A health worker can ask for help from other parts of the community to respond to people's difficulties. In Harjeet's village, the village leaders and the other organisations there, such as the women's association or church group, share responsibility with the clinic staff to respond to the situation. They will only be able to make a difference if they act together.

Monitoring progress

Health workers can help to monitor progress in meeting children's rights. District health officials can make sure that the information they collect will be included in the report the government makes about

Key messages

- Thinking about health problems from a perspective of children's rights can help you to analyse problems more deeply and see new or different ways of responding.
- Using the Convention on the Rights of the Child can bring different groups or sectors together.

children's rights in a country, giving a clear account of children's health and needs there. Most governments ask non-government organisations (NGOs) and civil society groups to contribute information too. Health workers may have concerns about the health rights of children that they want the CRC committee to hear about independently of the government's report. Groups of health workers or NGOs can be encouraged to contribute independent reports to the CRC Committee as well. *Thanks to Marcus Stahlofer and Margaret Reeves (see page 8 for contact details)*



By looking at the wider situation, rather than just focussing on health, health workers may be able to help people to access their rights.

LEARNING EXERCISE

answers from page 12

1. 12 months
2. 24 months
3. 3 months
4. 12 months
5. 3 months
6. 3 months
7. 24 months
8. 12 months
9. 24 months
10. 12 months
11. 12 months
12. 24 months
13. 12 months

Fathers matter too

Bame Nsamenang explains why fathering is important in the healthy development of children and adolescents.

A child's road to healthy development involves physical, mental and spiritual health, the learning of social skills, personal identity and knowledge and understanding. This development requires the affection and attention of both parents. However, many children learn that their fathers are much less involved in caring for them than their mothers, but that fathers enjoy higher social status than mothers.

Health workers too often focus greater attention on the mother's role in child care and domestic routines than on the father's. Although fathers are generally not as involved or as available as mothers, fathers do contribute significantly to children's healthy development, even when absent.

In West Africa, for example, a study showed that when fathers are absent or uninvolved children may achieve less at school and may have behavioural problems. Our intervention focused on getting fathers interested and involved in their children's treatment (see box).

Liz Gilbert, Courtesy of the David and Lucile Packard Foundation



What defines a good or competent father varies from culture to culture; there is no single role model of fathering that fosters healthy development and psychosocial well being. In every culture some children enjoy the benefits of an affectionate father, while others do not. For example, the homecoming of a supportive and caring father brings joy to his children, but that of an uncaring or even abusive father brings sadness, regret and fear.

Similarly children's experiences with their fathers vary. Every child wants loving care from their father. While some fathers are caring and supportive, others regard love and support of children as the mother's responsibility. Many researchers have found that fathers offer little assistance to mothers of their children, even when a child is sick or disabled.

Quite often in developing countries, only mothers bring sick children to hospital. Once, in Cameroon, a nurse asked a father the age of his son, but he did not know it. If fathers do not know their children well, they are unlikely to provide for their needs. When a father has concern for his children and attends to their needs, the children feel loved. Children who do not experience paternal love and support may find it hard to form good relationships with their own children.

Children imitate the behaviours of adults. The example a father sets is more influential than his commands in shaping a growing child's behaviour and personality. Children need frequent approval and encouragement. Corporal punishment is bad for a child's development. If fathers show their anger by shouting, brutality, and aggression children will believe that this is the right way to behave. If fathers treat children and others with kindness, fairness and patience, children will follow their example. A good father nurtures and lovingly raises his children, teaching by example, and correcting them whenever they make a mistake with sensitivity and loving tenderness, but with firmness.

Dr A. Bame Nsamenang, HDRC, PO Box 271, Bamenda, Cameroon, West Africa. E-mail: alliedbda@bdanet.com

Father involvement training

At the psychology clinic of the University of Ibadan, Nigeria, we saw and treated emotionally disturbed and underachieving pupils. We observed considerable improvement in the condition of the children who had poor and difficult relationships with their fathers after fathers showed interest and became actively involved in their treatment. This led to a project in Bamenda, Cameroon, where a group of fathers of 'normal' adolescent students were involved in training sessions for three hours per week for five weeks. The training covered the role of fathers, the needs of children and adolescents, techniques for the control and discipline in positive parent-adolescent relationships.

Fathers who participated in the training reported closer attachment and greater sensitivity to children's needs, which resulted in an improvement in their children's emotional adjustment.

Key messages

- Fathers as well as mothers can significantly contribute to a child's healthy development. Include them whenever possible in order to prevent the potential psychosocial and emotional difficulties which their exclusion often causes.
- Design programmes to encourage fathers to enjoy their children by becoming sensitively involved and affectionately committed to their care and needs.

Learning exercise – questions and answers

Check your understanding of the developmental milestones of a child.

At what age can **most** children do each of the following?

Choose **one**: at 3, 12, or 24 months?

Answers on page 10

Milestone	Age		
	3 months	12months	24months
1. Crawl on hands and knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use two or three- word sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wiggle and kick with legs and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Get up to standing position (with support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Smile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Make cooing sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Repeat words that others say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sit without support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feed himself or herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Say two or three words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Follow simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carry an object while walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pick things up with thumb and one finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Useful resources



A critical link: interventions for physical growth and psychological development is a detailed review of the important relationship between nutritional status and psychological development. Available free from: Child and Adolescent Health, WHO, CH-1211 Geneva 27, Switzerland. (WHO/CHS/CAH/99.3).



Care and nutrition: concepts and measurement. Price: US\$7.50. Available from: IFPRI, 1200 17th St NW, Washington DC 20036-3006, USA. E-mail: ifpri@cgjar.org



Listening to children Price Swfr25 (plus postage). Available from: BICE, 11 rue de Cornavin, CH -1201 Geneva, Switzerland.



The Care Initiative - Assessment, Analysis and Action to Improve Care for Nutrition. Available free from: Nutrition Section, UNICEF, New York, 3 UN Plaza, NY10017, USA.

Child Rights Information Network (CRIN)

CRIN is a global network of organisations working within the field of child rights that strives to improve the lives of children by: exchanging information about child rights; promoting the UN Convention on the Rights of the Child; developing networking tools and capacity building. The Coordinating Unit is based in London, UK. A Regional Programme is currently being developed for which CRIN is working with partners in Africa, the Americas, Asia, the Arab World and Europe in order to increase relevancy in these areas and to promote child rights worldwide. CRIN offers:

A website Updated daily, the website, which is a leading resource on child rights issues, contains references of hundreds of publications, recent news and coming events, as well as details of organisations working worldwide for children. Theme desks include child labour, HIV/AIDS, and the UN Special Session on Children. The site also includes reports submitted by NGOs to the UN Committee on the Rights of the Child.

An E-mail list service Distributed more than twice a week, CRINMAIL provides regular news information about child rights issues, as well as announcements on new publications and upcoming events. CRIN also has an e-mail service on Children and Armed Conflict.

A newsletter Published three times a year, the CRIN Newsletter is a thematic publication that examines a specific issue affecting children. It also summarises news, events and campaigns, and publications. Available in English, French and Spanish from the website.

For more information contact: CRIN, c/o Save the Children Fund, 17 Grove Lane, London SE5 8RD. UK. Tel: +44 20 7716 2240 Fax: +44 20 7793 7628 E-mail: info@crin.org Internet: <http://www.crin.org>

Child Health Dialogue provides a forum for the exchange of information about the prevention and treatment of five key childhood illnesses – acute respiratory infections, diarrhoea, malaria, malnutrition and measles.

The international English edition is published by Healthlink Worldwide in the UK. Together with 7 regional editions and an electronic edition, it has a worldwide circulation of 90,000 copies with an estimated readership of over half a million.

An electronic text edition is available via SatelLife's computer network, HealthNet.

Contact: hnet@usa.healthnet.org

Publishing partners for regional editions

Bengali Child in Need Institute, Calcutta

Chinese Institute of Medical Information, China

English for India Christian Medical Association of India

Gujarati and Hindi Centre for Health Education, Training and Awareness, India

Portuguese Consultants at University Eduardo Mondlane, Mozambique

Tamil Rural Unit for Health and Social Affairs, India

Scientific editor Dr Harry Campbell

Executive editor Coral Jepsen

Guest editor Patrice Engle

Design and production Ingrid Emsden

Editorial advisers Dr Astier Almedom (UK)

Dr David Alnwick (UNICEF)

Dr Paul Arthur (UK/Ghana)

Ann Burgess (UK)

Dr David Bratt (Trinidad and Tobago)

Dr Adriano Cattaneo (Italy)

Dr Anthony Costello (UK)

Dr William Cutting (UK)

Dr Elvira Dayrit (The Philippines)

Dr Shanti Ghosh (India)

Dr Adenike Grange (Nigeria)

Dr Gillian Lewando-Hundt (UK)

Professor Zai-fang Jiang (China)

Dr Ivan Lejnev (WHO)

Professor Mushtaq Khan (Pakistan)

Dr Nagwa Khallaf (Egypt)

Dr Kevin Marsh (Kenya)

Professor Francis Onyango (Ethiopia)

Dr Vincent Orinda (UNICEF)

Dr Connie Osborn (Zambia)

Dr Antonio Pio (Argentina)

Suzanne Prysor-Jones (USA)

Catherine Reed (UK)

Dr David Roberts (UK)

Dr David Robinson (Switzerland)

Dr Felicity Savage (WHO)

Dr Mohammed Abdus Salam (Bangladesh)

Dr Frank Shann (Australia)

Dr Pham Ngoc Thanh (Vietnam)

Dr Cesar Victora (Brazil)

Child Health Dialogue is supported by the UK Department for International Development (DFID), European Union, UNICEF, WHO

Reproducing articles

Healthlink Worldwide encourages the reproduction of articles for non-profit uses. Please clearly credit *Child Health Dialogue/Healthlink Worldwide* as the source and send us a copy of the reprinted article.

ISSN 1363-2094

Printed by Russell Press, Nottingham

SUBSCRIPTION DETAILS

To receive *Child Health Dialogue* write to:

Healthlink Worldwide, Cityside, 40 Adler Street, London E1 1EE, UK

Telephone +44 20 7539 1570

Fax +44 20 7539 1580

E-mail publications@healthlink.org.uk

<http://www.healthlink.org.uk>

Registered charity no. 274260

Annual subscription charges

Free Readers in developing countries and students from developing countries

£6/\$12 Other students

£12/\$24 Individuals elsewhere

Healthlink Worldwide works to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information.