

Issue No.III September, 2006

Nurture

Pakistan's Pioneer Publication on Early Childhood Development

**Health & Hygiene
and Much More... *Page 03***

**Parent's Guide to
Common Illnesses... *Page 07***

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Motherhood... *Page 19***

PLUS Resources for Parents & Teachers

Nurture

Issue No. III September, 2006

Pakistan's Pioneer Publication on Early Childhood Development

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Nurture Magazine
Sindh Education Foundation
Plot 9, Block 7, Kehkashan, Clifton 5,
Karachi - 75600, Pakistan.
E-mail: nurture@ecd pak.com
Website: www.ecd pak.com

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EDITOR
Mashhood Rizvi

CONSULTING EDITORS
Somaiya Ayoob
Zahra Rizvi

EDITORIAL COORDINATOR
Youshey Zakiuddin

EDITORIAL SUPPORT
Ambreena Ahmed
Aziz Kabani
Tehreem Husain

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Yasmeen Bano
Aga Khan Education Services, Pakistan (AKES,P)

Dr. Camer Vellani
Human Development Programme, Aga Khan University (AKU-HDP)

**MARKETING & CIRCULATION
COORDINATORS**
Umme Salma Hamdani
Youshey Zakiuddin

CREATIVE ASSOCIATES
Tooba Fatima
Munim Khan
Zulfiqar Ali

PHOTOGRAPHS
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PHOTOGRAPHERS
Hakim Sons
Sindh Education Foundation

COVER IMAGE
Munim Khan

PUBLISHER
Sindh Education Foundation

Editorial

The 20th century has opened for humankind innumerable prospects for its growth and development. The fields of health and medicine are among those where tremendous progress has been achieved. A few of these major breakthroughs have been the discovery of antibiotics including penicillin in the 1930's-'40s, the production of polio vaccine in the 1950s and the expansion of immunization.

Yet, after having set foot in a new millennium, the goal of providing basic, reasonable and responsible public health services and provisions for all remains an elusive dream for majority of the world's population including Pakistan. Despite the tall claims (both at global and local levels) of economic growth and major advances in science, technology and medicine, there still exists gross inequities and social injustice access to affordable and quality social services like health and education, and access to basic human needs such as food, clothing and shelter.

Health is a profound indicator of a country's level of development and a reflection of the manner by which a country's resources are distributed to, and shared by, the population. The following statistics reveal the dismal and appalling state of the people's health in developing countries where majority of the world's population are found: (Heggenhougen, 1999; Health and Human Rights, 1998; Attaran 1999; Castelo, et. Al, 1995; Logie & Rowson, 1998)

- 10 million children under the age of 5 and 7.4% of adults between ages of 20 and 49 die each year, the majority of whom live in developing countries.
- In the developing world, 1.2 billion people lack access to safe water, adequate sanitation and poor housing; 800 million people lack access to health services.
- Over 99% of British children will survive to their fifth year, whereas 27% of Guinea children will not.

In simultaneity to old problems and obstacles, new ones emerge everyday. For the people in general and children in particular of Pakistan, economic growth and development entails a worsening of the present state of health of the people, malnutrition among children and high costs of drugs/medicines and health services. For those of us involved in the education and health sector, the struggle toward the realization of quality public and private education and health services continues. Sharpening and enriching existing forms of collective actions like advocacy and networking, education and information, work, lobby and active involvement in all levels of policy and decision-making processes, international solidarity work, are important tasks to accomplish. The road ahead is rough and stormy, but with our determined will and unity as a people, we will surely triumph. I hope this issue of Nurture serves as a meaningful attempt to join efforts to provide for better health welfare for the children of Pakistan.

Mashhood Rizvi
Editor

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Letters to the EDITOR



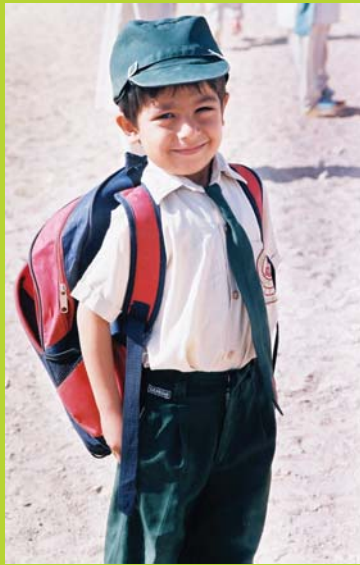
Nurture is Pakistan's pioneer magazine on Early Childhood Development. The magazine is published bi-annually and captures different themes on Early Childhood Development.

If you have a short message, critique, suggestions or any comments contact us directly by sending us an e-mail at: nurture@ecd pak.com



“I had the opportunity to read Nurture; the magazine is most commendable for the subject-matter it has chosen to address. Being a mother myself of a two and half-year old daughter I could relate well with the topics covered in the most simplistic and easy-to-read manner. I had long been looking for such material on Early Childhood Development (ECD). I sincerely hope that parents, especially young mothers, get to learn more about ECD through Nurture.”

Shazia Salim, Human Resource Development Officer, AKES, P, Chitral



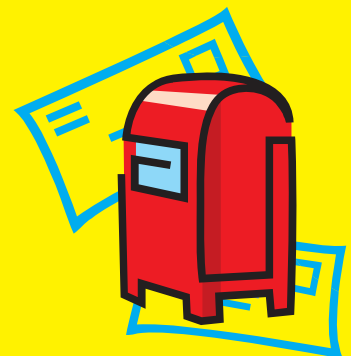
“No doubt your magazine is instrumental in increasing awareness regarding Early Childhood Development and drawing attention towards issues pertaining to children. The articles such as ‘Effects of Television on Children’, ‘Ten Signs of a Great Early Childhood Classroom’, ‘Classroom Organization’, and ‘Reflections from the Field’ featured in Issue II are indeed a valuable read for parents.

I hope you will continue your struggle for the cause of childhood development through your publication. I have also circulated the magazine among my colleagues.”

Dr. Muhammad Saeed Shahid, Associate Professor of Education, Institute of Education and Research, University of Punjab, Lahore

“It is an immense pleasure to hold in my hands the latest issue of Nurture. Nurture has created a remarkable opportunity for parents and practitioners alike to learn more about Early Childhood Development. I must say that Nurture is one of the most reliable and local information resources for enhancing awareness about the moral and physical aspects of Early Childhood Development in this changing world.”

Dr. Zahoor Ahmed Chachar, Islamia Public Higher Secondary School, Ghotki





Importance of a Hygienic Lifestyle

BY FARHAN NOOR



Many parents are aware that basic hygiene is not only a social necessity but also helps in reducing the spread of infectious disease.

Hygiene practices can protect our children from diseases that can be caused by germs. As parents we are aware that there are germs lurking out there ready to attack our children. But as much as we are obsessed with germs, infections and bacteria our children are equally obsessed and attracted to touch, feel and at times even taste it. Being the guardians, it is our responsibility to keep them healthy and safe but what we forget is that we too had a childhood playing in the dirt and we survived just fine.

So it doesn't make much sense to drive our kids insane by continuously telling them to wash their hands and avoid touching dirty-looking stuff. Some doctors even recommend that children should be allowed to play with dirt and soil as it helps their immune system get used to various kinds of germs. What we as parents have to do is learn to draw that line, be a little moderate and take things a little easy. The one thing we can continuously do is to keep educating them about good hygiene practices and how their body and different organs work. Read on and you'll learn a lot to pass on to your child.

Why do Children Need to Follow a Hygiene Routine?

Children's bodies work day after day — digesting food, pumping blood and oxygen, sending signals from the brains to the nerves and much more. But there is a group of tiny invaders that can make children sick — they're called germs. Germs are tiny organisms or living things that can cause diseases. Germs are found all over the world, in all kinds of places. There are four major types of germs: viruses, protozoa, fungi and bacteria. Germs are micro-organisms and they creep into our children's bodies without being noticed. When they get in the body, parents won't know what hit their children until children have symptoms that indicate that they have been attacked by germs!

What do Germs do?

Once germs invade a child's bodies, they snuggle in for a long stay. They gobble up nutrients and energy, and can produce toxins. Those toxins can cause symptoms of common infections, like fevers, sniffles, rashes, coughing, vomiting, and diarrhea. Some of the likely infections that they can cause are tabulated below.

| Viral Infections | Parasitic Infections | Fungal Infections | Bacterial Infections |
|--|--|--|--|
| Chicken Pox Measles Flu Mumps Rubella Hepatitis | Malaria Tapeworm Hookworm Itch Mites Body Lice | Athlete's Foot Candidiasis (thrush) Ringworm | Sore Throats Ear Infections Cavities Pneumonia Whooping Cough Cholera |

Most germs are spread through the air by sneezing, coughing, or even breathing. Germs can also spread in sweat, saliva, and blood. Some pass from person to person by touching something that is contaminated, like shaking hands with someone who has a cold and then touching your own nose. As germs surround children everywhere they need to take certain steps to minimize the spread of infection in their bodies.

Ensure That Your Child Gets a Dose of Friendly Bacteria

Not all bacteria are bad. Some bacteria are good for children's bodies — they help keep things in balance. Good bacteria live in the intestines and help children use the nutrients in the food they eat and make waste from what's left over. Children can't make the most of a healthy meal without these important helping germs! A baby's digestive passageway receives its dose of bacteria from mother's milk. An infant's digestive passageway receives bacteria every single day from air and food. Traditionally, cultures throughout the world have been exposed to good bacteria through lacto-fermented foods e.g. yoghurt, cheese etc. An excellent source of friendly bacteria is healthy soil. Children are exposed to countless species of friendly bacteria when they are outdoors, playing.

How can Children be Protected against Harmful Germs?

Hygiene is a process by which children can stay away from harmful germs in order to stay healthy. Hygiene is defined as the science concerned with the prevention of illness and maintenance of health. It is important for

children to know about personal hygiene. After all, a clean kid is a healthier kid and since children are in contact with illnesses both at home and school, teaching your children proper hygiene will help reduce the spread of harmful germs.

Hygiene covers certain basic processes of remaining clean and healthy. The following are some of the many ways that your children can remain healthy:

Personal Hygiene Practices for Children

Hand Washing

Hands are the primary carriers of disease infection. A simple handshake transfers 71% of the cold virus from the initiator to the recipient. Children should be made aware of the importance of hand washing.

Bathing

Physical activity, lack of fresh air and pollution gives life to germs, making children's body a haven for germs. A daily shower is therefore a must for everyone. Make your child wash his/her hair at least once a week using mild shampoo massaging the scalp well and rinsing well with water. This will also prevent the formation of head lice and dandruff.

Oral Hygiene

Proper oral hygiene goes a long way in eliminating food particles stuck between teeth or the coating upon it, causing dental plaque and decay. Sugar and sweets especially encourage germ proliferation. You should thus



When To Wash Hands?

- * Before handling food/eating.
- * After coughing, sneezing, blowing nose, using a tissue or a handkerchief.
- * After touching hair, scalp, mouth, nose, ear canal or any other body part.
- * After a trip to the washroom.
- * After playing with pets.
- * After handling rubbish or other waste.
- * After handling money.
- * After play.
- * More frequently when someone in the house is sick.
- * When hands are dirty.

How To Wash Hands?

- * Wet hands with warm running water.
- * Apply soap – enough to work up a good lather (Any type of liquid hand soap is effective).
- * Wash hands (front and back) and wrists for a minimum of 20 seconds.
- * Clean under fingernails, using a nailbrush or by scrubbing your nails in the palm of your hand. Rinse hands thoroughly under warm running water.
- * Turn off the water and dry hands on a clean cloth towel or a single-use paper towel. When your hands are 97% dry the amount of bacteria you can transfer is around zero.

reduce sugar intake of your children and make your child visit a dentist regularly. Children ought to brush their teeth twice a day – after breakfast and before going to bed.

Trimming Nails

Children should be asked to regularly trim nails. Nails can store germs that can be transferred into the children's body when they are eating or touching their face. Trim your children's nails on a weekly basis.

Clothing & Toiletries

Make your child wear clean clothes. Your children's shoes may often get very smelly put them outside in the sun to dry this will not only get rid of the smell but will also completely kill the bacteria in them. Ask your child to dry his/her feet carefully, especially between the toes where more bacteria collect than anywhere else on the skin. This can in turn cause fungal infections or other problems such as warts on the feet.

Children should not share personal toiletries such as toothbrush, nail cutters, hairbrush etc. and beddings should be changed once a week.

Personal Hygiene Practices for Care Givers

The health, cleanliness and hygienic habits of caregivers are important because their interaction with children can spread germs if left unchecked and unattended. These germs are present on their hands, face, hair, and nose and in the mouth.

Caregivers should practice the following hygienic habits to ensure a healthy environment for themselves and their children:

Hygiene Tips for Care Givers

- * Shower or bathe daily.
- * Practice good, frequent hand washing.
- * Wear clean clothing.
- * Keep hair confined.
- * Keep fingernails clean and avoid wearing nail polish or jewelry.
- * Avoid touching their face, nose or mouth while preparing food.
- * Avoid preparing food when ill.
- * Avoid coughing or sneezing around food.
- * Wash your hands regularly i.e. before feeding your child, before handling food, after changing nappies or toileting your child.

Source: www.publichealthgreybruce.on.ca/

Food Hygiene Practices



A contaminated food item is one which has germs or a toxin (poison) in it. When a child consumes contaminated food s/he is liable to feel sick, vomit, and have abdominal pains and/or diarrhea. You cannot tell if a food item is contaminated as the germs don't necessarily make the food smell or taste different. Parents should exercise care when handling food for children.

Foods that are most likely to cause food-borne illnesses include eggs, meats, poultry, fish, baked or boiled potatoes, milk or milk products and garlic and oil mixtures. Bacteria need food to grow on, particularly protein and carbohydrates. If parents and care givers practice the following steps they can ensure prevention of food borne illnesses in children:

Few Primary Guidelines for Ensuring Food Safety

- * Use safe water or treat it to make it safe by boiling and straining it.
- * Select fresh and wholesome foods.
- * Wash fruits and vegetables, especially if eaten raw.
- * Do not use food beyond its expiry date.
- * Keep food items covered.
- * Wash hands, utensils, and surfaces with hot, soapy running water before and after handling food. Use a clean towel to wipe hands dry.
- * Cook foods to proper temperature. A safe internal temperature for cooking food is ($= 74^{\circ}\text{C}$).
- * When reheating foods, make sure the food gets hot right through.
- * Keep perishable food, such as fresh meat, milk and vegetables, refrigerated.
- * Keep raw meats away from ready to eat food.

Source: www.health.act.gov.au

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A Parent's Guide to COMMON ILLNESSES

BY YOUSHEY ZAKI UDDIN



It's only natural to worry about your child's health...learn how to help your child during times of illness.



Is your child falling sick more frequently? Has s/he ever developed a severe chill or a stomach ache in the middle of the night? These are some common questions which arise in parents' minds or which parents have to deal with frequently. It would, therefore, be beneficial if parents knew more about preventive measures to avoid common ailments.

Although in most cases there is no substitute to a good doctor's advice or prescriptions, it's always best if parents knew more about common illnesses that can affect their children. After all, all children are likely to have many different health problems during their infancy and childhood.

If your child is sick with minor ailments such as the common flu, abdominal pain, coughs etc. read on and learn how you can help them in times of their illnesses.



Your child is probably not ill if s/he:

- will coo, make eye contact, smile or reach for an object. (For babies)
- will pay attention to activities, smile, walk around to get things. (For toddlers)
- will engage in quiet activities like coloring or reading. (For older children)

Your child is seriously ill if s/he:

- is not making eye contact, refuses to feed, cries or cannot be comforted. (For babies)
- refuses to play, cries inconsolably, moans, appears very weak, turns away and stares repeatedly or is very hard to awaken if sleeping. (For toddlers)
- refuses to talk, interact or keeps dropping off to sleep without periods of activity. (For older children)



COLDS

A cold is an infection of the upper respiratory system. This just means it affects the nose, throat, and ears. A cold virus gets inside your child's body and makes him/her sick. There are over 200 viruses that cause colds. Because there are so many, there isn't a vaccination, or shot, to

prevent you from getting colds.

Fortunately, your child's body already has the best cold cure - his/her immune system and its white blood cells.



How do your kids catch colds?

Mucus is the wet, slimy stuff inside the nose. When someone sneezes or coughs, mucus drops float in the air. Breathing in these droplets can spread a cold from one person to another. The virus takes over the cells lining the nose and begins to multiply. Colds are not caused by cold air or swimming. Your child can also catch a cold if s/he touches his/her eyes or nose after handling something with cold viruses on it. So be sure to ask your children to wash their hands regularly.

Colds are contagious a day or two before the onset of symptoms and for an average of 7 to 10 days. As the cold progresses, contagiousness gradually decreases.

White blood cells charge to the nose's rescue and cause cold symptoms, while also killing the virus that caused the cold. Runny noses and sneezing actually help to prevent viruses from invading other parts of your body.

Most children get about six to ten colds per year. The frequency is higher if the child is in school, has siblings in school or is around a lot of other children.

Symptoms

Once your child has been in contact with a cold virus, it takes 2 to 3 days for cold symptoms to begin. If your child has some of the following symptoms, s/he probably has a cold:

- Low fever (100 to 101 degrees Fahrenheit or 37.2 to 37.8 degrees Celsius)
- Body chills
- Itchy or sore throat
- Sneezing, runny nose, and watery eyes
- Coughing
- Feeling tired and not hungry
- Congestion (when the nose gets stuffy and causes difficulty to breathe)

How can you help your kids?

Although medicine doesn't make colds go away faster, some medicines can help you feel better while you wait for your cold to go away. Having said that, only give medicines to your child after the advice and prescription of a doctor.

Here are some other feel-better tips:

- Bring on the heat. Hot drinks soothe coughs and sore throats while also clearing mucus. So make your child eat (or drink) chicken soup!
- Get steamed up. A steamy shower helps stuffy or irritated noses. Or place your child in front of a pot of boiling water with some decongestants like vaporizers, oils etc. dissolved in it. The steam will loosen mucus.
- Practice healthy habits. Your child's immune system will be ready to fight colds if s/he eats a balanced diet, gets plenty of sleep, and keeps his/her body fit through regular exercise/play.
- Blow the horn. Make your child blow his/her nose to get rid of mucus.
- Rest. Encourage your child to take naps or go to bed a little earlier for a few nights.
- De-stress. Kids who are stressed out feel worse when they have colds. Help them relax, read to them or watch a movie with them. In other words, help your child chill out.

COUGHS

Coughs are a reflex that forces air from the lungs with a sudden noise. It is a symptom for a wide group of diseases.

How do your kids catch a cough?

Coughs are the symptoms of a variety of diseases. They can be caused by several reasons.

Some common ones are:

- Cold viruses often cause a postnasal drip and that causes a cough. This is the most common cause for a cough.
- Pneumonia, which is an infection in the lungs, may be caused by viruses or bacteria. Children with pneumonia can barely appear sick with low-grade fever and a mild cough or be very ill with high fevers and labored breathing.
- Asthma may cause coughing and wheezing. This may be triggered by viruses, exercise or an allergic trigger like dust, smoke, mold or pets.

- Foreign body aspiration should be suspected if there is a history of a coughing or choking episode with eating.

How can you help your kids?

a) Medications. Coughs may be a helpful mechanism for the body to protect the lungs, which is why they do not always need to be suppressed. If the cough interferes with your child's sleep or school or work, a cough suppressant may be helpful. They should not be used for children under one year of age without discussing with a pediatrician. Cough drops are not recommended in young children because of a choking risk. If the cough worsens please take your child to a doctor.

b) Humidifiers. These are helpful, especially if a dry cough is present. If your child is having a coughing spasm that is difficult to stop, a session in a steamy bathroom with the shower running may be helpful. Humidifiers must be kept clean and if possible, distilled water is recommended.

c) Diet. Make sure your child is staying well-hydrated and is not consuming a food item that that s/he may be allergic or sensitive to.



The flu is caused by the influenza virus. Anyone who's at risk of getting really sick (especially babies under 2 years of age) need to get a flu shot or vaccine.

How do your kids catch flu?

The influenza virus gets around in little drops that spray out of an infected person's mouth and nose when he or she sneezes or coughs. Your child can catch the flu from someone who has the flu if they breathe in some of those tiny flu-infected drops. Your child can also catch the flu if those drops get on his/her hands and s/he touches his/her mouth or nose.



Symptoms

The virus causes an infection that result in fever, chills, cough, body aches, headaches, earaches, sinus problems.

How can you help your kids?

When your kids are down with the flu, make sure that they:

- Drink lots of liquids, like water, chicken broth, and other fluids.
- Get plenty of sleep. If they can't sleep anymore, help them rest.
- Wash their hands! You don't want them to catch the germs that cause the flu. Also, ask them not to share cups and eating utensils, like forks and spoons, with anyone.



Chickenpox is caused by a virus called *varicella zoster* that usually starts with a fever. After the fever and being infected by the virus a rash develops within a day or two. The rash looks like a small, red bump that has a thin water blister

surrounded by a small area of redness on the skin around the blister. These blisters then become open sores that finally dry and crust. The blisters initially appear on the head and neck area. The arms and legs and then palms and soles appear with lesions near the end of the course of the disease.

How do your kids catch chickenpox?

Chickenpox is contagious. Someone who has chickenpox is most contagious during the first 2 to 5 days that he or she is sick. That's usually about 1 to 2 days before the rash shows up. It is quite possible that your child could have caught it in the house or at school without you even knowing it. A person who has chickenpox can pass it to someone else by coughing or sneezing. When he or she coughs, sneezes, laughs, and even talks, tiny drops come out of the mouth and nose. These drops are full of the chickenpox virus. It's easy for someone else to breathe in these drops or get them on their hands. Before you know it, the chickenpox virus has infected someone new.

Symptoms

- Chickenpox may start out seeming like a cold: Your child might have a runny or stuffy nose, sneezing, and a cough.
- 1 to 2 days later, the rash begins, often in bunches of spots on the chest and face. From there it can spread out quickly over the entire body. The number of pox is different for everyone.
- Besides the rash, someone with chickenpox might also have a stomachache, a fever, and may just not feel well.

How can you help your kids?

Chickenpox and its itchy blisters can drive any kid crazy

and can frustrate any parent. These tips can help your child feel less itchy:

- Keep him/her cool because heat and sweat will make your child itch more. You might want to put a cool, wet washcloth on the really bad areas.
- Trim your children's fingernails, so if they do scratch, at least they won't tear their skin.
- Soak your child in a lukewarm bath. Adding some oatmeal to their bath water can help relieve the itching.
- Apply calamine lotion to the blisters; this soothes the itching.
- Get your children vaccinated by the chickenpox shot. Thanks to this vaccine, lots of kids don't get chickenpox at all.

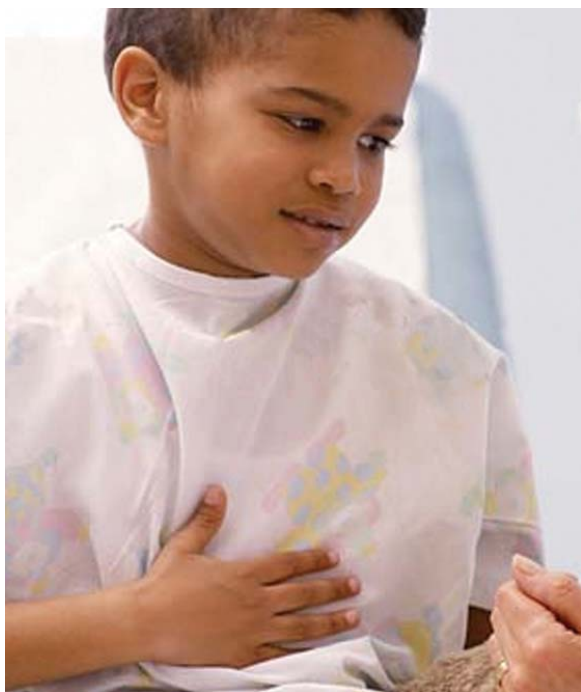
INDIGESTION

Indigestion is just another name for an upset stomach. It's also called dyspepsia. Indigestion usually happens when people eat too much, too fast, or foods that they are sensitive to. Stress and not getting enough sleep can also make indigestion worse.

Heartburn is a burning feeling that travels from a person's chest up to the neck and throat. It's caused by stomach acid, which isn't a problem unless it gets out of your child's stomach.

With heartburn, stomach acid splashes up and irritates the esophagus, the tube that carries food from the mouth to the stomach. Also called acid indigestion, this usually leaves a sour or bitter taste in the person's mouth.

Indigestion and heartburn are common problems for kids and grownups. But don't give medicine to your child for indigestion unless your child's doctor says so.



How does your kid get indigestion?

Indigestion may be caused by a number of reasons; mostly they have to do with overeating or eating foods that make your children's tummies upset. Your child's stomach may be aching due to indigestion if s/he may have had fatty, greasy foods, like fries and burgers. Too much chocolate or too many citrus fruits (the acid in citrus fruits can upset the digestive tract) can also cause heartburn.

Symptoms

If your child has indigestion or heartburn, s/he will probably have one or more of the following symptoms:

- Pain or burning in the upper belly - usually in the middle.
- Nausea (feeling sick in the stomach).
- Bloating (that too-full feeling where the stomach sticks out).
- Burping that s/he has a hard time controlling.

How can you help your kids?

Some children can eat anything and they never get upset stomachs. But other kids are more sensitive to food and they might find certain ones just don't agree with them. If your child is sensitive to some food items, it's best not to let them eat a lot of them or skip them entirely. In addition to avoiding problem foods, it's a good idea to eat slower and eat several smaller meals instead of a couple of really big ones.

If your child has also been troubled by severe indigestion its best to go to a doctor and let him/her know what your child has recently eaten. The doctor may take stomach X-rays or other tests to make sure that your child's indigestion is not the sign of another problem.

DIARRHEA

Diarrhea and constipation are both changes in the normal toilet/bowel habit. In diarrhea, faeces are more liquid and may be passed more frequently than normal.

How does your kid get diarrhea?

There are many causes for diarrhea or constipation. Diarrhea is mainly caused by bacterial and viral infections and food poisoning, usually due to consumption of drinking water contaminated with bacteria, undercooked meat and eggs or inadequate kitchen hygiene. Some of the causes also include dehydration (for example, following a feverish illness), psychological stresses (unfamiliar surroundings, emotional traumas), infection (for example, gastroenteritis), or malabsorption problems where food isn't taken in through the gut properly (such as food intolerance). In grown-up children, the cause in all cases is wrong feeding, especially the intake of large quantities of protein foods such as meat and fish in hot weather.



Symptoms

If your child has diarrhea, s/he will probably have one or more of the following symptoms:

- Dehydration.
- Loss of appetite.
- Stomach pains and cramps.
- Nausea and fever.
- Urine production slows down.
- Usually diarrhea is preceded by vomiting.
- Your child may go to the washroom several times a day, passing watery or runny faeces.

How can you help your kids?

As long as your toddler acts well and is taking adequate fluids and food, loose stools are not a great concern. Children should continue to eat a normal diet including formula or milk while they have mild diarrhea. Breast-feeding should continue.

For children of all ages who have been affected by diarrhea, give an Oral Rehydrating Solution (ORS) until it settles, especially if your child is not drinking or eating, or is becoming dehydrated. Remember, liquids need to be replenished in the body during diarrhea. Although the fluids may not entirely cure your child, they will help your child overcome the lack of liquid in his/her body.

The most important means of prevention of diarrhea is ensuring that the water your child drinks is clean and the food s/he consumes is properly stored, prepared and cooked. As with any type of diarrhea, it is crucial that children wash their hands thoroughly after going to the toilet, playing in the dirt, playing with animals and before handling food. Babies' bottles should be cleaned and sterilized. Meat products should be cooked well and raw meat should never be given to young children. Also, make your children eat something containing salt, such as chips or soup.

Encourage your child to rest in bed. S/he should be given orange juice and water for a few days. Milk and solid

foods should be avoided at all costs. As soon as the condition improves, the child may be put on an exclusive diet of fresh fruits for two or three days. Thereafter, s/he may be allowed to have a well-balanced natural diet, according to his/her age, with emphasis on milk, fruit juices, fresh fruits and steamed vegetables. Certain home remedies have been found effective in curing diarrhea. These include carrot soup and pomegranate.

Diarrhea is a common illness in children but if the problems persist, or your child seems unwell, see your doctor. Occasionally persistent diarrhea is a sign of more serious illness that needs to be investigated.

Recipe for home-made ORS

Preparing a one litre Oral Rehydration Solution [ORS] using salt, sugar and water at home.

Mix an oral rehydration solution using the following recipe:

Ingredients:

- one level teaspoon of salt
- eight level teaspoons of sugar
- one litre (5 cupfuls - each cup about 200 ml) of clean drinking or boiled water cooled down

Preparation Method:

- Stir the mixture till the salt and sugar dissolve.

An illness is not only a cause of pain and discomfort for your child; it can also be a source of extreme distress and concern for you as a parent. Illnesses add to the frustration when we are unaware what triggered it off and what can be done to cure it. It is your responsibility as a parent to refer to a professional doctor/pediatrician whenever homegrown cures fail to work. It is always very helpful to thoroughly question your doctor about your child's illness. Mostly, parents tend to shy away from inquiring details about the causes of their child's illness. Be keen to learn. It is your responsibility as a parent to ask and it is the professional responsibility of a doctor to answer.

General Healthy Living Tips For Parents & Children:

- Teach healthy eating.
- Encourage cleanliness of body and environment.
- Fully immunize your child.
- Practice prevention and safety.
- Encourage exercise and sports.
- Encourage strong family relationships.

References:

www.callyourped.com
www.kidshealth.org



Weaning and Nutrition in the Early Years

BY DR. SALMA HALAI BADRUDDIN

Breast milk remains the ideal, most nutritious food for infants starting from birth till 2 years of age. Till the age of six months, breast milk alone meets the infant's energy requirements, thus making it crucial that infants are 'exclusively' breastfed till the age of 6 months. Breast milk is highly beneficial for an infant as it is the first immunization it receives from his/her mother; it reduces the risk of infectious diseases such as gastroenteritis, respiratory and ear infections and food allergies. The National Breast Feeding Committee and WHO recommend that all infants be exclusively breastfed for 6 months.

After the age of six months breast milk alone cannot meet an infant's energy requirements, therefore it is important to introduce solid foods in the infant's diet. It is important to remember that children are at the greatest risk of nutritional deficiency and growth retardation between the ages of 6 to 24 months, therefore around six months of age, introduction of complementary foods along with sustained breast feeding is essential. Appropriate and timely introduction of solid foods in an infant's diet helps promote growth and development, preventing stunting

and increasing a child's chances for leading a healthy and productive life as an adult.

Lack of breast feeding and a poor nutritional intake, inappropriate introduction of solid foods during the first year of life and incorrect weaning practices are some of the risk factors contributing to high infant and child morbidity and mortality rate in Pakistan and around the world. The indicators that reflect the health status of children under five in Pakistan show malnutrition to be a result of relative or absolute deficiency of one or more essential nutrients. The major nutritional problems comprise low birth weight due to poor maternal nutrition of proteins and various micro-nutrients such as of iron, zinc and iodine. The life long impacts of these poor nutritional practices include impaired intellectual, physical and social development, poor performance in school and reduced productivity in later life.

Weaning is the introduction of other foods to baby's diet. It is important in the context of being a developmental, emotional, physiological and behavioral event.



Thus there are three important issues that emerge at this point. Firstly, it is important to decide what food should be given appropriate to the age of the child. Secondly, not just the kind of food is important but the quantity essential. Lastly, the frequency with which the food is given is another significant area to be addressed.

Appropriate Foods to Start Weaning at 6 Months:

It is best to start with boiled rice, potatoes, or bananas. These may be mashed and mother's milk added to make it semi solid. It is best not to give wheat based products till at least 10-12 months. In addition other seasonal fruits such as mango, papaya, *chickoo* can be also be given. Fruits which are not soft and cannot be mashed easily such as apples or pears may be cooked for a few minutes and then mashed.

In addition to being breastfed on demand (at least 5 to 6 times per day) the infant should be given weaning foods 2 to 3 times per day. The amount given initially is small, about 1 to 2 teaspoons, the aim being to accustom the infant to taking food from a spoon and to swallow semi-solids.

Appropriate Foods at 6-9 Months:

Once weaning has been initiated and the infant is eating semi-solid food for example *khitchri* (mixture of boiled mashed rice and pulses), mashed vegetables can also be given from the food normally cooked at home. Green, leafy vegetables such as spinach and mustard leaves (*sarson*) are rich in vitamin A and iron and should be included in the diet 2 to 3 times per week. Green vegetables can be given separately, added to the *daal* (mixture of boiled mashed pulses) or to the *khitchri*. The amount given should be gradually increased so that by 9 months the infant is taking about ½ cup of *khitchri*, rice, or cereal and about 1 slice of bread or small *roti* with cooked vegetables or *daal*.

Breast feeding 5 to 6 times a day should be continued. Weaning foods should be given to the child 3 to 4 times a day before the infant is breastfed. Most infant foods are bulky and the child's stomach is small (gastric capacity of a 6 month child is about 228 gm or one cup) therefore the infants often cannot eat enough to meet their energy requirement. Some oil in the food is good for the baby as it increases the energy density of the food.

Appropriate Foods at 9-12 Months:

The food at this age does not need to be mashed. Finger foods can be introduced during this stage. Besides, a large variety of foods can be given at this age, such as all wheat products, egg, meat and fish in addition to what the baby is already eating. Liver made into a puree can be given 1 to 2 times per week as it will provide the baby a good source of iron and vitamin A.

However the addition of semi-solid food before the baby is 6 months old can adversely affect the intake of breast milk because the baby will be less hungry and would reduce suckling the breast which would lead to a decline in the quantity of breast milk. Early introduction of semi-solid foods can also lead to infections and other problems related to gastrointestinal immaturity at that age.

As a result of poor knowledge on the part of the mother regarding the nutritional requirements of her baby, many babies do not get adequate food between 6 months to 2 years of age. Case studies from India report that almost half of the cases of malnutrition in children are from households where there isn't any shortage of food. The reason why food is not given to the child is that the mother does not know how much food the child needs or she does not recognize that her child is not growing appropriately as a consequence of malnourishment. Most mothers do not understand the importance of giving a semi-solid diet, expecting the child to go directly from a pure milk based diet to a solid diet consisting of *roti* and other food items.

The quantity of food a baby is willing to eat varies, but the infant should at least be breastfed 3 times per day or offered ½ cup of other milk if available. In addition to this, they should be fed 4 to 5 times per day with other foods besides milk. Infants should be offered appropriate amounts of food but should not be force fed. Different infants can consume different amounts of food at one time. If the child does not eat much s/he will need to be fed more often in the day. The child's growth is a good indicator of whether the child is eating enough or not. thus the child should be weighed every month and the weight should be recorded on a growth chart which is readily available from a local doctor.

Appropriate Foods at 1-1 ½ Years:

By this age one should aim at feeding the child food prepared for the family, although it may still have to be softened and mixed with yoghurt to make it less spicy. By this time the mother produces about 500 ml breast milk so the bulk of the energy has to be supplied from solids. The mistake that most mothers make is that they give a variety of foods but in very small quantities, which does not contribute enough energy and nutrients to the child. Both anemia and vitamin A deficiency are common in children of this age group therefore every effort should be made to give the child 2 to 3 tablespoons cooked green leafy vegetables and or 2 to 3 small pieces of liver 2 to 3 times a week. Moreover good sources of vitamin C such as oranges, guava, tomatoes, mangoes, papaya should be given with the same meal since vitamin C helps in the absorption of iron.



Suggested Pattern for 1-1½ Year Old

| | |
|-----------------|--|
| Early Morning | Breast milk* |
| Breakfast | ½ cup milk, 1/2 medium <i>paratha</i> with jam. |
| Mid-morning | 1 small fruit, tomato, carrot stick or biscuits. |
| Midday | ½ cup cooked <i>kitchri</i> /rice/pasta or 1 small <i>roti</i> , 2-3 tablespoon cooked vegetables or <i>daal</i> (minced mutton, egg etc can replace <i>daal</i> 2-3 times per week when available). 1 teaspoon oil should be added to <i>kitchri</i> or vegetables. |
| Afternoon snack | 1 small fruit. |
| Night meal | Similar to lunch. |
| Bedtime | Breast milk or ½ cup other milk if available. |

This will provide approximately 1200 cal & 30-35 g protein

* If the mother does not work outside the home, encourage breast feeding more often.

General Guidelines Regarding Weaning

1. Modifying food from the household pot

It is important to keep the socioeconomic status of the family and the availability of different foods in mind. Mothers should not be recommended foods that they cannot afford as then they will lose confidence in their own ability to feed the child appropriately. As far as possible, regular family food should be given to the child after softening and mashing it, rather than expecting the mothers to cook special foods. The food should be soft but not watery. Initially the child might spit out food. This does not mean that the child does not like it. Learning to swallow semi-solid foods is difficult for a baby who only knows how to suck. One or two teaspoons should be given initially so that the child gets accustomed to swallowing food of a different consistency. As the child grows the consistency should be modified from semi-solid, mashed and finally solid foods.

Addition of oil:

Some oil in the food is good for the baby as it increases the energy density of the food. A shortage of energy is the biggest problem faced by children. Most foods are bulky and the child's capacity of intake is small. This results in the consumption of a very small amount by the baby. This means that child needs to eat more often than adults in the family to ensure optimum nutrient intake. Addition of oil to the diet also helps to boost the amount of calories in a food item.

2. Preparation of food

For most part of the year we have a warm climate and we cannot keep the food un-refrigerated for long. Hence all foods should be as fresh as possible and should be cooked and heated hygienically. Foods such as *rotis* or *khitchri* when prepared early in the day should be mashed and mixed with milk just before serving. This is because bacterial growth occurs much faster in the semi-solid mashed foods. Food should be kept covered and protected from dust and flies. Where no refrigerator is available traditional methods for keeping foods should be explored and encouraged, such as keeping the covered food in a container of clean water.

All utensils should be clean and hands should be thoroughly washed with soap before cooking and feeding.

3. Serving food

Food should be served to the child in a separate plate. If this is not feasible then the mother should be counseled to put the child's portion aside on her own plate. This way the mother can have a fairly good idea of the quantity of food the child has eaten. It also encourages the child to learn to feed him or herself.

4. Swallowing reflex

Initially the child might spit out food. This does not mean that s/he does not like it. Learning to swallow semi-solid food is difficult for a baby who only knows how to suck. One or two teaspoons should be given initially and not hurriedly so that the child gets accustomed to the different taste and consistency.










Tips on WEANING



- Introduce one food at a time.
- Give small amounts in the beginning about 1 teaspoon to start with.
- Feed with a spoon and not in a bottle.
- Start with a rice cereal.
- Be patient with the child while introducing new food.
- Feed slowly and minimize distractions during meal times.
- The best time for the child to be introduced weaning food is sometime before the time of breast feeding. The baby will be hungry and be willing to eat the new food. The child should not be very hungry otherwise s/he might get angry and cry to be fed.
- During illness increase fluid intake by increasing frequency of breast feed and continue giving the child foods that s/he enjoys
- To assess if the child is getting enough food, weigh the child regularly. Growth is expected in a healthy infant, and physical growth is an indicator of the health and nutritional status of infants and children. Height, weight and head circumference data are plotted on growth charts to assess how growth is proceeding. This is also a crude measure of whether adequate nourishment is provided to the infant.

About the Author

Dr. Salma Halai Badruddin is a Professor at the Department of Community Health Sciences/Medicine, Aga Khan University. She is the president and Founder Member of the well-known Pakistan Nutrition Dietetic Society (PNDS). Her research interests include prevalence, prevention and management of obesity, hypertension, diabetes and coronary heart disease in the Pakistani population. Dr. Badruddin has been actively involved in Public Health Nutrition Education by participating regularly in Health Awareness Programs and in radio and TV nutrition education programs.

| Age in Months | Breast Feeding | Vegetables & Fruits |
|--|--------------------------|---|
| 0-6 Months  | Exclusive breast feeding | No |
| 6 Months  | Yes | Give your baby yellow & orange fruits & vegetables such as carrot, pumpkin, squash, potato, banana, mango, melon & papaya. |
| 7 Months  | Yes | Give your baby yellow & orange fruits & vegetables such as carrot, pumpkin, squash, potato, banana, mango, melon, papaya. Also introduce peach & apricot. |
| 8 Months  | Yes | Give your baby yellow & orange fruits & vegetables. Also introduce green and leafy vegetables such as peas and spinach. |
| 9 Months  | Yes | Provide all kinds of yellow & orange fruits & vegetables & green leafy vegetables. Give your baby a variety of fruits to eat. |
| 10-11 Months  | Yes | Give your baby all kinds of yellow & orange fruits & vegetables & leafy vegetables especially potato, turnip, sweet potato, spinach & carrot. Also give a variety of fruits to eat especially <i>chikoo</i> , peach, mango, soft mango, soft apples, pears & bananas |
| 12 Months  | Yes | Give your baby all kinds of yellow & orange fruits & vegetables & leafy vegetables especially potato, turnip, sweet potato, spinach & carrot. Also provide a variety of fruits to eat especially <i>chikoo</i> , peach, mango, soft mango, soft apples, pears & bananas. |

Meat & Meat Alternatives

Cereals & Grains

Foods to Avoid

No

No

Do not give the infant:

- Water.
- *Ghutti*.
- Herbal Drinks.
- Tea (tea can inhibit the absorption of iron in the body).
- Milk from any other source but breast milk. (Due to high maternal mortality some children may have to be given animal milk. Care givers should be encouraged to dilute animal milk by using 2/3 milk, 1/3 water & sugar. This will be more suitable for the child and will be easily digestible as well).

No

Give your baby boiled rice mashed with expressed breast milk or boiled water.

No

Give your baby boiled rice mashed with expressed breast milk or boiled water.

Do not give your infant hard and small pieces of food to eat such as raisins, grapes, nuts or seeds as these can cause choking.

Introduce lentils & legumes such as various types of daals.
Also introduce boiled egg yolk.

Introduce to your baby wheat (*dalia*) or rice mashed with expressed breast milk or boiled water.

Do not give your infant egg white till 12 months of age, as it can cause allergies.

Wheat in the form of *dalia* can be given to your child at 8 months. It may become a cause of celiac disease/ gluten intolerance if given before the recommended age.

Give your baby minced chicken or meat and lentils (*daals*) such as moong daal, tur daal & bengal gram.

Also introduce legumes such as french beans & lobia.

Give your baby wheat (*dalia*) or rice mashed with expressed breast milk or boiled water. Enrich with mashed potato, sweet potato, meats, vegetables & fruits.

Cook eggs thoroughly & hard. Cook the yolk to kill bacteria; do not feed your child soft runny eggs.

Do not feed your baby citrus fruits such as oranges and tomatoes before the age of 10 months as these foods can cause allergic reactions.

Provide minced chicken or meat and lentils (*daals*) such as moong daal, tur daal & bengal gram.

Also give your child legumes such as french beans & lobia.

Introduce to your baby wheat (*dalia*) with expressed milk rice with expressed milk or boiled water.

Avoid giving your infant food such as chips, sodas, fries, kababs or other food items from the market as these can reduce a child's appetite for more nutritious food and can cause diarrhea and other infections.

Give your baby minced chicken or meat and lentils (*daals*) such as moong daal, tur daal & bengal gram.

Also give your child legumes such as french beans & lobia.

Also introduce whole eggs.

Give your baby wheat (*dalia*) or rice with expressed breast milk or boiled water.

Also introduce *makai ki roti*, *rice kheer*, *firni*, *suji kheer* or *halwa*.

A photograph of a woman with dark hair tied back, smiling warmly at the camera. She is wearing a light-colored, patterned cardigan over a dark top. She is holding a baby in her arms. The baby is wearing a white long-sleeved shirt and a white headband. The woman's hands are gently holding the baby's hands. The background is a plain, light-colored wall.

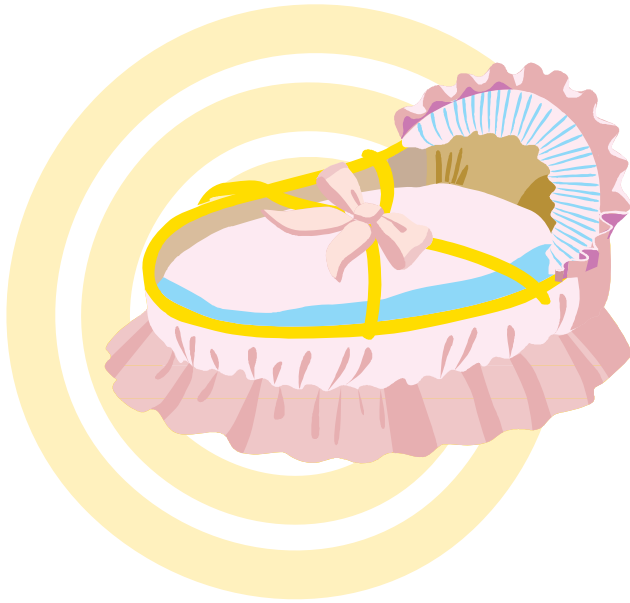
NEW
ARRIVALS

A Guide to HEALTHY & SAFE Motherhood

BY RABYA AQEEL

First Trimester

(0-13 weeks)



Pregnancy is a unique experience and one that you will want to enjoy while doing what's best for your baby. Until recently, however, pregnancy did not always result in a healthy infant and mother. But today great progress has been made – not only in understanding the risks to a baby's natural development, but also in knowing what a mother needs to do to successfully meet the challenges of pregnancy and delivery.

Normally, the development of a baby takes 38 weeks (8.5 – 9 months) from conception. It is during this time that a lot of hormonal and metabolic changes occur inside a mother's body.

Pregnancy is typically broken into three periods, or trimesters, each of about three months. While there are no hard and fast rules, these distinctions are useful in describing the changes that take place over time. Let's have a look at all the three trimesters of pregnancy and how a mother can keep herself healthy and her baby safe by avoiding various complications.

The first three months of pregnancy will be exciting for you. It is unlikely for you to put on much weight during this stage as it is during the third week after conception that your pregnancy is confirmed. Contact your doctor or gynecologist and arrange for your first visit to an antenatal clinic between weeks 8 and 12. You will be aware of the speeding up of your metabolism.

You will start noticing the feelings of fatigue and nausea. You may also notice that your hands and feet feel warmer, due to the increase in blood volume. You may also find yourself feeling thirstier than usual, as your body signals that it needs extra fluid. Although you won't look different, your baby is starting to develop and his/her brain and spinal cord are beginning to form.

By week nine you should be thinking about antenatal tests.

Nutrition for Mother and Baby

The first three months of pregnancy are in many ways the most crucial for your baby's healthy development. A poor diet may affect the formation of organs and the full development of body systems, as well as leading to a reduced birth weight. Certain vitamins and minerals are particularly important which are mentioned below.

KEY NUTRIENTS: Of the key food types, protein is needed in large amounts by the mother for building and repairing cells, muscles, organs, tissues and hair and for enzyme production. At least half the calories should come from carbohydrates, mainly in the form of starch. Of the key nutrients needed at this time, folate and iron are vitally important. Folate is a B vitamin used for cell division, red blood cell formation, and development of the baby's nervous system. Iron is needed to transport oxygen and carbon dioxide to make enzymes and to generate energy.

Key Daily Diet Constitutes

- 6 servings of grains
- 5 servings of vegetables
- 2 servings of meat, fish or pulses
- 2 servings of folic-acid-rich foods
- 2 servings of calcium-rich food
- Plenty of filtered or boiled water

Action Plan

During these first few weeks, you will be coming to terms not only with the physical changes to your body but also with the impact the new baby is going to have on your life. The advice on the next page may be helpful.

Take Time to Adjust

You will experience emotional highs and lows, and you may feel more exhausted than ever before. Do not rush decisions: take time to adjust and make plans.

Improve Your Diet

Folic acid supplements are advised at least 6 months pre-conception, to decrease the risk of a condition in the baby known as 'Spina bifida'. The chances are that you lack the full complement of nutrients needed while your baby's organs are forming. Try to eat fresh organic food, take a good multivitamin and a folic acid supplement, and avoid tea, coffee and highly processed foods.

Get Enough Sleep

A good night's sleep is the best foundation on which to start each day.

Exercise Sensibly

Do not force yourself to exercise at this stage of pregnancy if you do not feel like it. Undertake gentle form of exercise such as walking and stretching.

Prepare Mentally

Take time out each day to be quiet and calm and to reflect upon what is happening to you.

Common Problems in the First Trimester

The following are some of the minor ailments that are common in early pregnancy:

Morning Sickness:

About half of pregnant women experience morning sickness. It is most likely to affect those with nutritional deficiencies. Vomiting is the body's way of eliminating toxins that result from the development of placenta and associated hormones.

SYMPTOMS: Nausea and vomiting, excessive salivation, disinclination to eat and resulting fatigue.

DIET & NUTRITION: Your need for vitamin B6 and B12, folic acid, iron and zinc increases in pregnancy. Nausea is linked with B6 and zinc deficiencies in particular. Brown rice, soup, mashed potatoes, pickles, lemonade, apples, bread, noodles, cakes, juices, mint and crackers are some of the foods that help relieve nausea.

KEY TIPS:

- Avoid empty stomach.
- Eat small/frequent meals.
- Avoid smell and taste of foods that upset you.
- Drink plenty of water to avoid dehydration.

Hyperemesis

Severe vomiting during pregnancy affects one in 100 women.

SYMPTOMS: Inability to keep food down and severe repeated vomiting, dehydration which may lead to depression and a feeling of isolation.

DIET & NUTRITION: Pregnant women need extra zinc and vegetarians often already lack zinc. Zinc-rich foods include ginger, poultry and almonds etc. Magnesium is lost through vomiting so have plenty of nuts and dried apricots. Potassium-rich foods such as bananas, melons and fruit juice are essential after sickness.

KEY TIPS:

- Get up slowly and avoid sudden movements.
- Have a bed time snack to prevent blood sugar levels dropping at night.

Mouth Problems

Hormonal changes during pregnancy also cause gums to thicken and soften, which may lead to tooth and gum problems.

SYMPTOMS: Inflamed gums are common and can lead to bleeding gums, blisters on the lips, loose or itching teeth and unusual taste sensations.

DIET & NUTRITION: Eat plenty of foods rich in Vitamin C. Also avoid eating large amounts of sugar and starch.

KEY TIPS:

- For cold sores, cut fresh lemon balm leaves and apply to the affected area of the lips.
- For toothaches, put 1-2 drops of clove oil diluted in almond oil on cotton wool and dab on to the affected tooth.
- Have regular dental check-ups.

Threatened Miscarriage

It is thought that one in three pregnancies miscarries. The causes of miscarriage include nutritional deficiencies, hormonal imbalance, infection and auto-immune or chromosomal foetal disorder.

SYMPTOMS: Backache, abdominal cramping pains and spots of blood and bleeding.

DIET & NUTRITION: Take multivitamins every day. Also take Vitamin E supplement such as sweet potatoes and green leafy vegetables.

KEY TIPS:

- Avoid tea, cold drinks, caffeine and smoking.
- Take plenty of rest.
- Avoid hot baths.

Second Trimester

(14-17 weeks)

During this stage of your pregnancy you may well be 'blooming', with shining hair and glowing skin. You should by now know the results of most antenatal tests and generally be feeling more confident and comfortable about your pregnancy. Sickness and exhaustion should have lessened, while appetite and energy should have returned.

Nutrition for Mother and Baby

By the second trimester, the nausea and extreme exhaustion of early pregnancy should be easing off. You will find that your energy levels increase and your appetite improves. Diet continues to be of great importance and certain nutrients are essentially valuable at this stage of the baby's development.

KEY NUTRIENTS: Calcium is needed to form strong bones and teeth, to support muscle growth and to control nerve and muscle function in your baby. Magnesium is also important for the baby's development.

Key Daily Diet Constitutes

- 7 servings of grains
- 6 servings of vegetables
- 4 servings of fruit
- 3 servings of meat
- 3 servings of calcium-rich food
- 3 servings of magnesium-rich food
- 3 servings of phosphorus-rich food

Action Plan

Bear in mind the following points:

Eat For Two

It is not more food that you need but more vitamins and minerals as your baby takes what it needs.

Stay Fit

As your energy returns, you may feel like exercising again. But avoid jerky exercise movements or too much bending and lifting. Gentle stretching is preferred to strenuous aerobic exercise.

Common Problems in the Second Trimester

Even though you are feeling better and you may be comfortable about your pregnancy now you may still be affected by the common problems that tend to occur during this trimester.

Heartburn

Up to 80 percent of pregnant women suffer from heartburn, a burning feeling in the chest and throat.

SYMPTOMS: Sensation of burning acid in the throat, nausea and unpleasant taste in the mouth.

DIET & NUTRITION: Heartburn is aggravated by eating large meals and by certain combinations of foods. Acidic food should never be a part of the same meals as Alkaline foods (carbohydrates).

KEY TIPS:

- Sleep with several pillows to keep your upper body straight.
- Avoid bending over suddenly.
- Limit fluid intake during the meals.

Anemia

Many pregnant women particularly those expecting for the second time are anaemic. This occurs if the level of oxygen-carrying haemoglobin in red blood cells falls below normal.

SYMPTOMS: Dizziness, palpitations, pale skin, lethargy, general malaise and constipation.

DIET & NUTRITION: There are three main causes of anaemia: deficiency in iron, folate or vitamin B. Iron deficiency is the most common in pregnancy as a result of the demand from the baby. To prevent iron deficiency, eat plenty of green leafy vegetables, cherries, fish and poultry. To remedy vitamin B deficiency, eat eggs, milk and cheese. Eat steamed green leafy vegetables.

KEY TIPS:

- Eat vitamin C-rich foods such as oranges.
- Avoid too many calcium-rich foods.

Backache, Pubic Pain and Sciatica

Backache in pregnancy often occurs as a result of ligaments and joints being softened by hormonal actions. In the pelvis, this leads to pubic pain which makes it difficult to sleep or do the chores. Sciatica may be caused by the pressure exerted on the nerves by the baby.

SYMPTOMS: Pain along the spine or in the pelvis, pain in the legs or thighs and walking hampered by pain in the feet or legs.

MASSAGE: Backache can benefit from massage. Ask someone to massage your back along either side of the spine, using almond oil.

KEY TIPS:

- Rest and take the weight off the pelvis whenever possible.
- Avoid doing things that cause discomfort.

Constipation and Varicose veins

Constipation is common in pregnancy. Pressure on the circulatory system, due to increased weight and blood volume, may enlarge and may distort veins, especially in legs.

SYMPTOMS: Constipation and large raised veins in the legs.

DIET & NUTRITION: Eat parsley, onions, garlic, cabbage, peas and papaya.

KEY TIPS:

For Constipation:

- High fiber diet such as fruits, raw vegetables, *chapatti* and *Isphagul husk*.
- Increase fluid in-take.
- Walk.
- Eat raw papaya.

For Varicose veins

- Avoid long sittings/long standings.
- Elevate legs on foot stool while sitting.
- Wear stockings, if very painful.

Third Trimester

(28 weeks to birth)

The final three months of pregnancy are an important time of preparation, when you need to gear yourself up nutritionally, emotionally and physically for the birth of your baby. Plenty of rest can help to alleviate some of the ailments that occur in the third trimester as well as fortifying you for the birth. Good nutrition and appropriate exercise also help.

Nutrition for Mother and Baby

In the third trimester, as is in the last two, there are windows of nutritional opportunity.

Key Daily Diet Constitutes

- 7 servings of grains
- 6 servings of vegetables
- 4 servings of fruit
- 3 servings of meat
- 2 servings of calcium-rich food
- 1 serving of magnesium-rich food

Action Plan

At this stage your body is changing to cope with the growing baby and in preparation for labor and breast feeding.

Boost Energy

Your metabolism becomes more efficient during this stage to provide extra nutrients to the baby and to prepare your body for labor. Drink a lot of water, too little will diminish your energy.

Gear Up Mentally

Prepare yourself mentally not just for the birth of your baby but also for the life afterwards as a parent.

Common Problems in the Third Trimester

Sleeplessness/Insomnia

Sleeping difficulties during pregnancy is very common and lead to fatigue during the day.

SYMPTOMS: Difficulty in falling asleep, restlessness and irritation all day long.

DIET & NUTRITION: Vitamin B deficiency can cause insomnia (sleeplessness). If blood sugar levels fall during the night, you may feel hungry or nauseatic. Drink warm milk before going to bed. Leafy green vegetables (vitamin B) have a tranquilizing effect.

KEY TIPS:

- Avoid afternoon naps.
- Eat sustainable lunch and a light supper.
- Relax before bed and avoid mental stimulation.

Raised Blood Pressure

Raised blood pressure affects 5-10 % of women.

SYMPTOMS: Headaches, nausea, vomiting, visual disturbances and raised blood pressure.

DIET & NUTRITION: Eat plenty of raw fruits and vegetables which are rich in Vitamin C and potassium.

KEY TIPS:

- Eat light food.
- Get plenty of rest.
- Undertake regular gentle exercises.
- Refer to the doctor immediately if a problem occurs.

About the Author:

Ms. Rabya Aqeel has previously worked as the Editorial Content Manager with Catco Kids, Inc. She has also worked with the Dawn Group of Newspapers in addition to teaching at the Lahore Grammar School.

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Labor & Later

Nutrition during Labor

Building up energy ready for labor will help to prevent tiredness, dehydration, weakness and demoralization, all of which increase the likelihood of medical intervention in the birth.

Key Daily Diet Constitutes

- Vitamin B (poultry, milk, eggs, vegetables etc)
- Folate (broccoli, spinach etc)
- Vitamin C (citrus fruits, tomatoes etc)
- Calcium & Magnesium (cheese, milk, nuts etc)
- Chromium (bread, eggs, chicken etc)
- Iron & Zinc

Postnatal Depression

Postnatal depression (PND) is a depression oriented illness that occurs after having a baby. It is common for women following childbirth to experience a period of 'low' mood. This can range in severity from a mild and normal period of mood disturbance ('baby blues'), through to PND and the most severe and rarest problem (postnatal psychosis).

PND is very common. Up to 85% of the women suffer from 'Postnatal depression' and it is considered to be normal in many of the cases. Usually there is unexplained tearfulness. Exhaustion, lethargy, constant desire to sleep, lack of concentration forgetfulness and difficulty sleeping are some of the common symptoms. PND usually develops within the first month following childbirth.

Symptoms of Postnatal Depression

Although there are differences between PND and 'ordinary' depression, there are many similarities:

- Feeling 'low', 'miserable' and tearful for no apparent reason.
- Being unable to enjoy yourself. This may be particularly prominent in new mothers who feel that they are not enjoying having a new baby in the way they expected to.
- Irritability is common. This may be with other children, the new baby and particularly with the partner.
- Sleep disturbance is part of looking after a new baby. However in PND there may be additional problems of finding it hard to go to sleep even though you are tired.



- Appetite is sometimes affected, with mothers not being interested in food. This can be a particular problem since new mothers need all the energy they can get to look after their babies.
- Anxiety frequently occurs in PND. This may take many forms. It may be feeling tense and 'on edge' all the time. In addition mothers may experience 'panic attacks' which are episodes lasting several minutes when they feel as if something catastrophic is about to happen - such as collapsing, having a heart attack or stroke. These are extremely frightening but they get better on their own.
- Depression is often accompanied by feelings of being 'worthless' and 'hopeless'. These feelings are common in PND.

5 ways to help yourself overcome Postnatal Depression

Because the symptoms are very similar to those seen in 'ordinary' depression PND is treated in much the same way as ordinary depression.

- Try not to feel guilty or inadequate. There is no such thing as a perfect parent – or a perfect child.
- Eat healthy and avoid chocolates, sugar and alcohol.
- Try meditations and other relaxation techniques.
- Get out and about – take the baby for a walk.
- Communication is very important between you and your partner during the immediate postnatal period. He will most be able to support you during this time.



Oral Health Care in Children

BY SOMAIYA AYOOB

Dental decay (cavities) is the most common chronic disease of childhood, affecting 50 percent of children by middle childhood and more than 80 percent by late adolescence. Recent studies also show that periodontal (gum) disease continues to plague millions of children, with gingivitis occurring in 50 percent of four- to five-year-olds and continuing to increase with age.

Fortunately, most oral diseases can be prevented. The best way to ensure that your child does not get cavities or periodontal disease is to instill proper oral habits early. Good oral hygiene routines should be established as early as infancy and continued throughout life.

The First Years

Oral health care is a job that begins even before a child gets his/her first tooth. You can help your child get a head start on having a healthy mouth and smile by wiping your infant's gums with a damp washcloth or gauze pad after each feeding to remove plaque and food residue. Also, parents should clean the infant's baby teeth as soon as they come out with a soft cloth or baby toothbrush and a pea-sized amount of fluoride toothpaste.

You should also avoid putting your child to bed with a bottle, unless it's filled only with water. Baby bottle tooth decay occurs when children fall asleep with a bottle of milk, formula, juice, or other sweet liquid in their mouths. It can also develop when children fall asleep while breastfeeding. The sugars from these liquids are left lingering on the child's teeth. Using these sugars as food, the bacteria in the mouth produce acids that attack the teeth, causing decay.

The Later Years

At age two or three you can begin to teach your child proper brushing and flossing techniques. But remember, you will need to monitor brushing and flossing until age seven or eight, when the child has the dexterity to do it alone. Often there are natural spaces between the primary teeth to hold the place for the permanent teeth. If spaces are present, you do not need to begin flossing until the teeth touch. (This may occur in the molar areas first and you should floss your child's teeth until s/he is six or seven years old or until he/she can tie his/her own shoelaces).

Then you should monitor their techniques and consistency.

Smile Savers

Some oral health practices should begin from day one and continue through the teenage years. You should change your child's toothbrush three to four times a year, and after every illness to avoid bacteria and germs.

Nutrition is another, often overlooked area that can have an important impact on your child's oral health. It is important at any age to keep a balanced diet if you want to reap the rewards of good oral health. No food is harmful in itself if a good balance is maintained. Lean meat, fish, poultry and beans provide iron and protein for overall good oral health, and magnesium and zinc for strong teeth and bones. Dairy products provide calcium and vitamin D for teeth and bones. Bread and cereal supply vitamin B for growth and iron for healthy blood, which in turn contributes to healthy gum tissue and overall good oral health. Fruits and vegetables contain a lot of vitamins, such as vitamin C, which is essential for good gum and oral health. You also should limit the amount of sugar children can eat by encouraging them to eat fruits and vegetables for snacks instead of sweets and cookies. Also, limit snacking between meals, and make sure they brush afterward.

Set a good example for your child by brushing, flossing, eating healthy foods, and scheduling regular oral health visits for yourself. And finally, continually remind your child about the benefits of good oral health and stress the role that nutrition plays in maintaining it.

Preparing a Child for an Oral Checkup:

The dental office might seem like a frightening place to most children, but with the help of the following tips, both children and parents can enjoy the trip to the dental hygienist and dentist.

- Schedule visits to the dentist at a time when your child is likely to be well rested and cooperative.
- Never mention the words "hurt" or "pain" around your child when discussing an oral health visit. Saying "it won't hurt" instills the possibility of pain into your child's thought process.
- Do not discuss your own negative experiences in your child's hearing range.
- Allow and encourage your child to discuss any fear he or she might have about oral health visits.



Tooth Brushing...

Teaching the proper way of tooth brushing is the first step of your child's oral hygiene. Your child's oral health, the health of his or her teeth, mouth, and gums, depends on how often and how well your child brushes his or her teeth. Brushing teeth correctly removes bacteria that promote tooth decay and gum disease.

Bacteria and Plaque

How Bacteria Attaches itself to the Tooth and Forms Plaque...

When discussing the importance of brushing teeth, it's essential to understand that bacteria attaches to the tooth enamel using the outside membrane of the bacteria cell. If your child is not brushing his/her teeth thoroughly or often enough, your child will end up with a large number of bacteria attached to his or her teeth. When you get a large number of attached bacteria concentrated in an area of a tooth, you have bacteria plaque forming. Bacteria plaque is a population of bacteria cells feeding on leftover food debris. These leftovers are decomposed (catabolized) by the bacteria cells to provide themselves with carbon. During this catabolization process, the bacteria produce acid wastes which are harmful to the life of the bacteria cells. The bacteria cells therefore secrete these acid wastes to the tooth enamel thus beginning the process of tooth decay.

This is why proper brushing of teeth is so important. Correct tooth brushing removes bacteria and plaque from your child's teeth. Brushing teeth correctly also minimizes the attachment of bacteria thus preventing the formation of additional bacterial plaque.

As you can see, it is important for your child to brush his/her teeth, so the question remains... just how s/he should brush correctly and maintain good oral health.

Brushing teeth is not rocket science, however it is important to brush teeth in a way so as to remove bacteria and bacteria plaque in order to prevent tooth decay. Brushing ones' teeth, although not complicated, is something most of us simply do not know how to do properly so we improvise.

Tooth Brushing Tips

- 1 Make your child brush his/her teeth after every meal whenever possible. Bacteria begins attacking your child's teeth minutes after eating a meal. By tooth brushing after every meal your child will minimize the bacteria's chances of getting a foot hold on his/her teeth.



The First Step to Good Oral Health

2 Ask your child to brush at a 45 degree angle to his/her teeth. Make your child brush his/her teeth, always directing the bristles of the toothbrush between the neck of the tooth and the gum. Ask him/her to use a gentle, circular motion up and down, trying to massage the gums at the same time.

3 If your child can't brush his/her teeth after a meal, at the very least, ask your child to brush his/her teeth in the morning and again in the evening before bed (while your child sleeps, saliva production is lessened and bacteria act more readily).

4 Make your child change his or her tooth brushing pattern from time to time since if the way he or she brushes leaves a certain spot of one tooth not brushed, then repeating the same pattern will always leave that spot unbrushed. By changing tooth brushing pattern your child will ensure that all the tooth surfaces are getting a thorough tooth brushing.

5 See that your child does not scrub the tooth enamel. Brushing teeth too hard can cause gums to recede visibly. Brushing teeth hard does not equal a thorough cleaning.

6 Make sure that your child cleans every surface of the tooth. It's important, when brushing teeth, to thoroughly brush the chewing surface, the cheek side and the tongue side of every tooth.

7 Ask your child to take time for brushing his/her teeth in order to do it correctly. Tooth brushing is not a race. Thorough cleaning of teeth takes at least 2 minutes, so ask your child to relax while brushing and to enjoy it.


8 Choose the right toothbrush for your child. When choosing a toothbrush, a soft toothbrush with rounded bristles will do just fine. The shape and size of the toothbrush should be such, so as to allow your child to reach all the way to his/her back teeth. Your child doesn't need a fancy toothbrush. A common toothbrush in the hand of somebody who knows how to brush his/her teeth is an excellent tool indeed.

9 Change your child's toothbrush often. It is important to change your child's toothbrush at least every 4 months, more often if you wish.





**Children's Emotional
Health**

A close-up photograph of a child's handprint on a light-colored, textured wall. The handprint is a light brown color, matching the child's skin. The child's arm, wearing an orange patterned sleeve, is visible on the left side of the frame.

All parents want their children to be happy and successful but at some time most parents wonder whether their children are happy and doing what is expected for their age. Most children at times misbehave or are unhappy, but these times usually pass. Sometimes a child's behavior can be unusual or seem different from other children of the same age. A child may be distressed, or behaving unusually or differently from how s/he has in the past. These changes may be gradual or they may happen quite suddenly. Either way they are a sign that your child needs understanding and help.

CHILDREN'S FEELINGS & BEHAVIOR

Generally speaking it is likely that children and young people are developing well when they enjoy play and leisure activities, being with others in the family and being with friends and other people of their age. Here are few points for parents to think about:

- Everyone feels sad, angry, afraid or upset sometimes, especially when things have gone wrong for them.
- Not every one will respond to the same event in the same way. Some children cope better than others with stress or things that upset or frighten them.
- Some children may want to talk a lot about something they have found distressing, others may keep their feelings more to themselves.
- Most children show feelings in the way they act; their behavior will tell you how they are feeling. It is important to try to understand what the behavior means.
- If you notice your child being sad or angry much of the time, this is when s/he most needs your help.
- Some children cope better than others with stress or things that upset or frighten them.
- The support and understanding they have from people around them is extremely important in helping children cope with problems.
- Children can have problems with behavior and with feelings at different times in their lives. These problems happen more often than most people might think.
- Children are most at risk of developing serious mental health problems after the age of twelve to sixteen years, although they can happen earlier.
- Problems can become worse over time if the child does not get any help.

PROBLEMS TO TAKE NOTICE OF:

Problems with behavior

Behavior problems are usually easily seen. They may include ongoing aggression and bullying, refusal to cooperate or do what they are asked, being cruel to animals when they are old enough to understand not to do this, or eating disorders such as bulimia or anorexia nervosa.

Problems with feelings

Problems with feelings are often not as easy to see as problems with behavior. They include ongoing anxiety (or worry), sadness much of the time or phobias (ongoing fear of a particular thing e.g. spiders, or burglars).

Problems with thinking

These are uncommon, affecting only about one person in a hundred at some time in their life. They usually don't begin until late adolescence or early adulthood. These problems can occur in illnesses such as schizophrenia and bipolar disorder.

What causes mental health problems?

There can be many things involved such as:

- family history (genes)
- school or learning problems
- problems with friends
- emotional, physical abuse or chronic neglect
- death or loss of someone very close
- serious illness or physical injuries
- family break-up, separation and divorce
- violence
- homelessness

What parents should look out for

Generally a problem shows when children or young people have ongoing distress or when they have difficulties with coping, getting on with others, or keeping an interest in what they are doing.

Signs in toddlers and pre-school children:

- not playing
- not starting to talk, or to stop talking after s/he has learned to talk
- harming themselves
- going backwards in their learning, e.g. toilet training
- not growing and putting on weight
- being over friendly with everyone, treating strangers the same as family
- not relating to others, acting as if people were not there
- not seeming to be attached to parents
- doing the same play or activity over and over again

Signs in primary school age children:

- constant crying and clinginess
- excessive anxiety about being left alone
- ongoing sleep problems
- hyperactivity; constant movement beyond regular playing
- persistent nightmares
- marked fall in school performance
- unexplained laughing or crying

- soiling or wetting pants
- ongoing disobedience or aggression
- being so afraid that he/she cannot do usual activities
- daydreaming so much that it interferes with usual activities
- frequent temper tantrums
- cruelty to pets
- lighting fires

Signs in older primary school age children and adolescents:

- unhappiness, depression and being irritable, poor appetite, sleeping difficulties and thinking about death
- becoming a loner
- marked change in school performance
- changes in sleeping and/or eating habits
- avoiding school, stealing, vandalism
- great fear of becoming obese when there are no physical signs of being overweight
- exercising much more than seems reasonable
- constant worrying
- hearing or seeing things that are not there
- frequent outbursts of anger

If your child has any of the above signs, or if you are worried about other behaviors or feelings, it is important to get advice from someone who works with children such as your local doctor.

What parents can do:

- stay in touch with your child. Be aware of and attend to any changes in your child's feelings or behavior.
- some time each day with your child is important.
- take an active interest in what your child enjoys and what s/he is doing at school.
- encourage your child to talk about what is happening in his/her life.
- model appropriate behavior in your own relationship with others.
- spend time with your child in family activities both with fun time as well as chores.
- try not to involve your child in adult problems.
- don't compare your child with others.
- notice the things that your child is good at and tell him/her.
- encourage children's friendships.
- let your child know that you love him/her in as many ways as you can - make sure s/he feels loved and lovable.

Your child's emotional health is as important as his/her physical health.

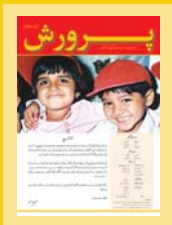
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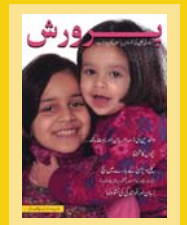


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A Healthier

BY
DR. SUMMAIYA SYED TARIQ

Nutrition is the science of food and nutrients and their relationship to health and disease. It plays a significant role in the early months and years of our lives. Appropriate feeding practices play a crucial role in achieving optimal health and developmental outcomes. A good way to understand the value of a nutritious diet is if you consider how food like salted snacks, most sweet desserts, fried fast food and carbonated beverages never seems to keep our bellies full for long.

Nutrition is important to any individual's overall health; more so in the case of children. Proper nutrition ensures that a child grows well to his/her full potential in all aspects, may that be physical, mental, emotional etc.

This article attempts to explain the basics of foods and will help parents choose wisely in terms of feeding their children. As a parent, if you are not sure what you ought to be eating, what you ought to be ideally feeding your child and what exactly constitutes a balanced diet then read on!

Nutrition constitutes of 3 processes:

1. Food or drink is consumed.
2. The body breaks down the food or drink into nutrients.
3. The nutrients travel through the bloodstream to different parts of the body where they are used as "fuel" and for many other purposes.



Way To Grow

At approximately 2 years of age, the child is ready for certain limits to be set and parameters to be put in place. Disciplining your child should include teaching him/her to take the healthier options in eating. The child will learn to make healthier choices later in life if the family is aware of the child's nutritional needs. Start now and educate your child to grow up the healthier way.

The best nutrition advice to a person of any age will include:

- Eating a variety of nutritious foods every day.
- A diet that contains carbohydrates, fats and proteins in a balanced proportion.
- Choosing a diet with plenty of whole grains and whole grain products (like oatmeal, whole wheat bread etc), vegetables and fruits.
- Keeping the intake of sugar and salt in check.
- A diet that is low in fat and cholesterol.
- A diet that provides the essential vitamins, minerals and micronutrients as per the requirement of the body at that particular age.
- Balancing the diet with adequate physical activity.

Good nutrition begins at home. It is easier to follow the guidelines if every one in the family is involved and willing. Parents can start by making exercise a routine in the household. Buy low-calorie and low-fat meals, snacks, desserts, low-fat milk and fruit juices (instead of soft drinks) if your child is facing obesity problems.



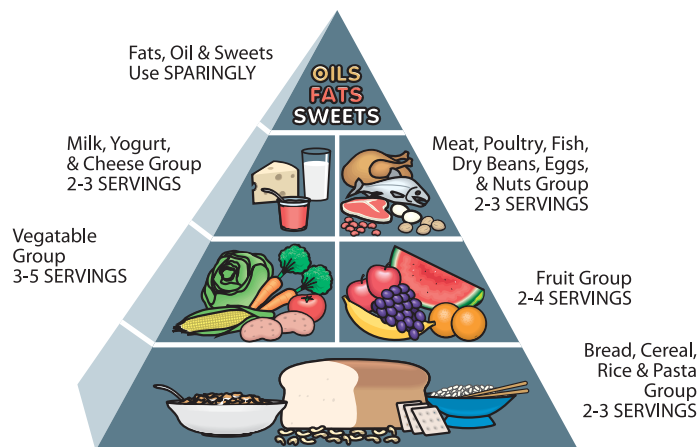
Food Guide Pyramid

The Food Guide Pyramid was designed to promote healthy nutrition in children over two years of age. It is a general guide to daily food choices and can be utilized for the whole family. It includes the five major food groups – as well as fats and oils, all of which are needed in different serving sizes for good health and optimum growth.

Each of these food groups provides some, but not all, of the nutrients a person needs. Foods in one group can't replace those in another. It shows a range of servings for each food group. How much is consumed depends upon the age of the person and his/her levels of activity. School

going children require anywhere between 1500-2400 calories per day. They will therefore require the low to middle range of servings. Children who are overweight should eat the lowest range.

Serving size should also be considered here. With the Food Guide Pyramid, what counts as a "serving" may not always be a typical "helping" of what you eat.



FATS, OILS AND SWEETS

USE SPARINGLY

(Serving size: 1 teaspoon)

Although fats are important nutrients because they help absorb vitamins A, D, E, K they should be used sparingly because they contain calories.

Fats should not constitute more than one third portion of your diet. The type of fat that is consumed is also important. Saturated fats in foods such as meats, dairy products, coconut and palm oil, raise cholesterol more than unsaturated fats, which are found in olive, peanut, and canola oils, or polyunsaturated fats in sunflower, corn, soybean and cottonseed oils. Limit saturated fats to no more than 10% of daily calories. One teaspoon of oil contains 45 calories.

Some foods naturally high in oil, such as nuts, olives and some fish raise the HDL (High Density Lipoprotein) cholesterol level in our blood, which is good for the body. Children of all ages need certain amount of these fats for proper development.

Solid fats like butter and margarine can raise our body's LDL (Low Density Lipoprotein) cholesterol levels and increase our risk for heart disease.

Sugar has little nutritional value with 20 calories per teaspoon, although it provides short boosts of energy. Sugar includes the white and brown kind, honey and jams, jellies, candies and soft drinks.

Use lean meats, low fat dairy products and unsaturated vegetable oils. Limit your family's intake of saturated fats and sugar. Avoid animal fat whenever possible such as meats with a high fat content (*charbi*) and cooked chewable bones and *paaya* and limit the daily intake of sugar to not more than 2-4 teaspoons.

A word of caution here, if your child is underweight according to his/her age, then add an extra teaspoon of oil to increase the caloric input. Other variations include addition of dates and nuts to the child's diet. Consult your child's pediatrician or a nutritionist/dietitian for a specific diet chart to ensure a healthy diet for your child.



MILK, YOGURT AND CHEESE

(Serving size: 1 cup of milk or yogurt, one and a half ounces of processed cheese)

Dairy products contain vitamin A. School going children should receive 2-3 servings of this food group so that their body is not deficient in these particular vitamins. Dairy products also provide protein and minerals and are an excellent source of calcium. School going children need about 800 mg of calcium each day. Calcium is needed for development of strong bones in early life, for their maintenance in mid-life and for prevention of osteoporosis in later life.

One cup of milk (8 oz.) will provide 300 mg of calcium as does 1.5 oz of cheddar cheese and a cup of yogurt. Half a cup of white beans or mashed sweet potatoes will provide 113 mg and 44 mg of calcium respectively. One medium orange provides 40-50 mg. If your child is a picky eater, then convince him/her with an after-meal treat of calcium - rich home made ice cream (as ice-cream has calcium) and avoid pre-meal fillers such as cookies or candies.

It is exceedingly important to mention here that carbonated beverages (like colas and sodas) decrease calcium stores in the body leading to brittle bones.



BREAD, CEREAL, RICE AND PASTA

(Serving size: 1 slice of bread: ½ cup of cooked cereal, rice or pasta, 1 small *chapati* 6" diameter, 1/3 *naan* 8" diameter)

One serving from this group provides approximately 80 calories. This group mainly provides complex carbohydrates (starches), vitamins, minerals and fiber. Choose whole grain breads or cereals and avoid adding calories and fat to foods in this group by not adding *ghee*, butter or oil.

If your child is healthy and within the normal weight range for his/her age, he or she will benefit more from

eating a wide range of foods (for nutritional requirements) rather than a meal high in fat. One slice of bread (28 grams) yields 65 calories, one *chapati* (25 grams) provides 100 calories, 3/4 cup of cooked rice has 190 calories and six teaspoons of *khitchri* contains 40 calories.

Bran bread contains fiber that can help protect against heart certain diseases and control your child's weight. This is also different from white bread, which has been processed, and many of the nutrients have been taken out.



VEGETABLES

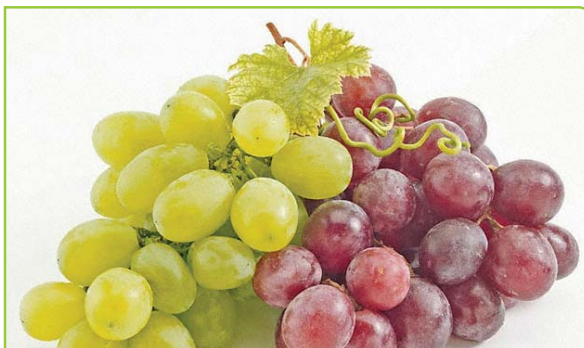
(Serving size: 1 cup of raw leafy vegetables, 1/2 cup of other vegetables, cooked or raw, 3/4 cup of vegetable juice)

These are low in fat and excellent sources of vitamins (A and C), folate, and minerals, such as iron and magnesium, and fiber (this aids digestion).

Do not add a lot of fat to the vegetables you eat. Avoid added toppings, such as butter, mayonnaise, and salad dressings. It's best to steam vegetable or eat them raw. Boiling is also acceptable but some of the minerals and vitamins will be lost to the cooking water. While cooking, do not cook vegetables on a very high temperature for prolonged periods than necessary as it causes loss of major nutrients.

Choosing to serve a variety of vegetables will provide a range of different nutrients to your body. These should include dark green leafy vegetables (like spinach, lettuce, mustard leaves (*sarson*) etc.), deep yellow vegetables (carrots, beets), starchy vegetables (potatoes, corn, peas etc), legumes, beans, and other vegetables (tomatoes, onions, green beans). 100 grams of mixed vegetables devoid of any dressing will yield about 25-30 calories. One medium sized potato contains 75-80 calories.

Getting your child to eat his greens will probably be a challenging battle. Introduce bite size portions of different vegetables regularly, either raw or cooked. Chances are that your little one will take to some of them if not all. Add toppings to those boring but healthy veggies that the child simply refuses to eat.



FRUITS

(Serving size: 1 medium small fruit such as apple, banana, orange, 1/2 medium sized mango or grapefruit, 2-3 small fruits such as plums, apricots and dates, 1 cup of chopped fruits such as melons and papaya.)

Eating fresh fruits will provide vitamins A and C plus potassium. They are also low in fat and sodium. However, avoid serving sweetened fruit juices or canned fruits in syrups to your children. Be sure to wash fruits under running water before serving them.

1-2 glasses of 100% fruit juice may substitute for half of your child's (especially a picky eater) recommended servings of fruit each day but as a general rule serve fruits instead of juices whenever possible.

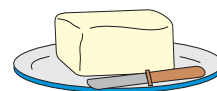
Citrus fruits, melons and berries are especially high in vitamin C. On an average a serving of fruit provides 65 calories.

It is important to introduce each season's fruit to your child. Fruit eating habits if formed early, go a long way.

MEAL PLANS

All healthy children should receive at least 3 meals plus two snacks per day. The only difference is in the amount of quantity that is offered to the child at every meal. Parents should keep in mind that breast feeding should be continued up to 2 years.

- At **1-3 years** of age, children should receive 3 meals plus two snacks in a day. Regular family food should be introduced such as *roti* and *daal*. The meal size should be $\frac{3}{4}$ -1 cup with an egg, 1 oz. meat or fish given 2-3 times per week. A variety of fresh fruits and raw vegetables should be introduced as snacks. If weaned off breast milk, they should also receive 6-8 oz of milk twice in 24 hours.
- At **4-6 years** of age, your child should have a meal size of one and a half *roti* per meal or a cup of cooked rice. The meal plan remains 3 meals plus two snacks per day with two servings of 6-8 oz of milk or an equivalent amount of yogurt.
- For children between **7-8 years** of age the meal plan essentially remains the same with increase in portion size per meal to 2 *roti* or a cup and a half of rice. This again depends upon the level of activity of the child. Snacks may be increased to 4 in a day but are to be avoided 2 hours before regular meals. Two servings of 6-8 ounces of milk are strongly recommended as the child is now entering a rapid growth zone.



APPROXIMATE WEIGHT FOR AGE

| AGE | WEIGHT |
|--------------|--------------|
| At 2 years | 12-13 kg |
| At 2 ½ years | 13-14 kg |
| At 3 years | 14-14.5 kg |
| At 4 years | 14.5-16.5 kg |
| At 5 years | 16.5-18 kg |
| At 6 years | 18.5-20 kg |
| At 7 years | 20-22.5 kg |
| At 8 years | 23-25 kg |

Between 4-8 years of age, the height factor needs to be considered as well. Tall children may look slim but fall in the otherwise healthy zone. It is important to keep an eye on your child's activities, if s/he appears well and is not falling ill too often, performing well in school and at sports then s/he does not need to be overfed just on the whims of an over-eager parent.

In a nutshell, the choices regarding what to feed your child are yours alone. The basics of nutrition that I have tried to explain in this piece are just the beginning, for nutrition is an ever-evolving science, one that requires to be thoroughly understood by parents of growing children.

Reference:
www.mckinley.uiuc.edu



What to do if Your Newborn has Jaundice?

Jaundice in Babies

Jaundice (yellow coloring of the skin and eyes) starting on about the 3rd or 4th day after birth can be seen in about 60% of full term babies (babies who are born after about nine month's pregnancy). It is even more common in babies who are born early. Some babies will need treatment for the jaundice, while for most the jaundice will not last long (between 1 and 2 weeks) and not cause problems even without treatment.

What Causes Jaundice?

- Jaundice is caused by high levels of a chemical called bilirubin in the baby's body.
- Red blood cells are being made, and being broken down continually in all people, including babies before and after birth, because red blood cells, like most other cells in the body, have a limited lifespan, and after several weeks they do not work as well as newly made cells. The protein in the red blood cells that makes them red is called hemoglobin. This protein breaks down into smaller chemicals before it can be

eliminated (got rid of) from the body. Bilirubin is one of these chemicals.

- Before birth the chemicals made when the baby's hemoglobin breaks down are carried out of the baby through the umbilical cord to the placenta, and into the mother's blood. The mother's body then gets rid of them with her own waste products.
- When a baby is born, the baby's liver suddenly has to take over the work of getting rid of hemoglobin and it can take the liver a few days to fully manage this. While this is happening the level of bilirubin in the baby's body rises, causing the yellow color - jaundice.

Which Babies Get Jaundiced?

- All babies have a raised bilirubin level for several days, but in healthy full term babies this may not be noticeable, or if it is, the level is usually still low and not a problem.
- Some babies who have a lot of bruising when they are being born also have a lot of damaged red blood cells (in the bruise) which need to be broken down,

and these babies can develop a high bilirubin level.

- Some breast-fed babies (about 5%) will also have higher levels of bilirubin, in part due to some of the chemicals that are naturally in the breast milk (including an enzyme called β -glucuronyl transferase). In the early days after birth, before the breast milk 'comes in' the baby may be getting less fluid and less calories than in a bottle fed baby (this is not harmful) slowing down the elimination of bilirubin. 'Breastfeeding jaundice' may last for several weeks.
- In some babies, especially premature babies, or ones who are sick for some other reason (e.g. they have an infection), the bilirubin level goes higher, and a very high bilirubin level can cause some severe health problems.
- Some babies who have a blood group different to their mother's blood group may also have jaundice.

Health Problems from Neonatal Jaundice

- Some babies with a moderate level of bilirubin will be a bit more sleepy than usual, and may not feed well.
- If the level of bilirubin in a baby's blood rises to a very high level, it can damage parts of the brain including parts that affect hearing, vision and control of movement (called kernicterus).
- The level of bilirubin that will be harmful depends on how mature and how well the baby is. A large, full term, healthy baby can have a higher level without problems than can a sick or premature baby.

Testing for Neonatal Jaundice

- Since many babies are sent home within the first 2 days of life, parents will need to watch their baby for signs of jaundice.
- Jaundice appears first on the face and head. If the level goes higher, it will appear on the body, and if it goes even higher it will be on the palms of the hands and soles of the feet.
- A simple test is to gently press your fingertip on the tip of your child's nose or forehead. If, when you lift your fingertip off, the skin is white, there is no jaundice. If there is a yellowish color, contact your doctor.
- If a child appears to be jaundiced, a blood test can be done to work out the level of bilirubin, and the decision about treatment will depend on the level and how healthy the baby is.

Treatment for Neonatal Jaundice

- Most babies who are well and who are mildly jaundiced will not need treatment. As the liver matures, it will break the bilirubin into other chemicals which can be passed out through the gut.
- Phototherapy (or light therapy) may be used for babies whose level is getting higher. Light energy helps change the bilirubin that is just under the skin into a different, and less harmful, chemical. Babies may be placed under special lights that make the most effective wavelengths of light (the baby's eyes will be



covered to protect them from the intense light).

- If the levels of bilirubin get very high, the baby may need an exchange transfusion (the baby's blood is replaced with other blood, sometimes from the mother). This is rare.

What You Can Do About Neonatal Jaundice

- If your baby is starting to look yellow, make sure the baby is checked by a doctor or a health care worker.
- If your baby seems unwell (for example is not feeding well or has a fever), and is starting to look yellow, it is even more important to have the baby checked soon.
- If your baby is well, is starting to look jaundiced and is being breastfed, it may be breast milk jaundice. Breast milk is still best for your baby. Increasing feeds may help. Rarely it may be necessary to stop breast feeding for a few days. Check with your doctor or a lactation consultant.
- If phototherapy lights are not available, putting a baby next to a window where there is lots of indirect light (not direct light from the sun) may be recommended, but this does not work as well as phototherapy.

References:

McDougall P et al 'Neonatal Pediatrics' in Smart J, Nolan T (Eds) 'Pediatric Handbook: Royal Children's Hospital, Melbourne' Sixth Edition, 2000 Blackwell Science

Medline Plus (US National Library of Medicine) 'Breast milk Jaundice'

Medline Plus (US National Library of Medicine) 'Newborn Jaundice', www.nlm.nih.gov

National Center on Birth Defects and Developmental Disabilities (USA) 'Kernicterus', www.nlm.nih.gov

www.cdc.gov

Immunization

A Road to Health

BY ANILA ALLANA

Disease prevention is the key to public health. It is always better to prevent a disease than to treat it. Vaccines help prevent infectious diseases and save lives. However in the developing world, viruses and bacteria that cause vaccine-preventable disease and death still exist and are extremely contagious. With people traveling to places around the globe, the incidence of foreign-borne diseases has increased locally. Unless a disease has been completely eliminated there is still a risk of its outbreak. That is why it is crucial for children to receive their routine immunization and for adults to keep their children's immunization schedules up-to-date.

Immunization also slows down or stops the outbreak of disease. This is a safe and an effective way to provide protection to children against a number of hazardous illnesses. It contains a weakened or dead germ that cannot cause disease. However, it strengthens your child's immune system by training it to fight off the germs that cause diseases. It does this by exposing the immune system to a calculated amount of germs so as to activate its response without making the child sick. Immunization mimics the actual process of the immune system.

Babies are born with a certain amount of natural protection against diseases, which comes in the form of antibodies they get from their mothers. Antibodies from the mother last about three months. Breastfed babies receive extra antibodies from breast milk. The mother's antibodies slowly disappear from the babies' blood stream.

Breast feeding does not protect a baby against most serious illnesses; however, it builds the foundation of a strong immune system and helps protect against diarrhea and vomiting along with cough and cold.

Fortunately, we have access to vaccines that can immunize children against such diseases such as Tuberculosis, Polio, Diphtheria, Whooping Cough, Tetanus, Haemophilus Influenza Type B, Measles, Mumps and Hepatitis B and many more. Vaccines are safe and effective. Countries that have had successful immunization programs have seen a large decline in vaccine preventable diseases. The benefits of immunization far out weigh the risks. There is no reason to suffer from a disease if there is a safe and effective way to prevent it. On the other hand, the

diseases that vaccines fight pose serious threats. Diseases such as Polio, Diphtheria, Measles and Whooping Cough can lead to paralysis, pneumonia, choking, brain damage, heart problems and even death in children who are not protected.

Pakistan has the 4th highest number of child deaths among all countries in the world – every year approximately 585,000 children under 5 years of age die in Pakistan¹, the sad fact is many of these deaths can be easily prevented.

Key points from the UNICEF Mid-Term Review of 2001, on state of child health in Pakistan:

- Infant mortality rate: 85 per 1000 live births
- Under 5 mortality: 103 per 1000 live births
- Routine immunization coverage for children 12 – 23 months: Punjab 68%, Sindh 47%, NWFP 52% and Balochistan 37%.
- Tetanus Toxoid vaccination of pregnant women: 31%
- Percentage of children under 5 that are malnourished: 50%
- Percentage of children under 5 that are stunted: 60%.

SOURCE: "Vaccines in children recent developments" by Dr. Anita Zaidi consultant in infectious diseases. Dawn, Thursday, Sept 29, 2005.

Immunization campaigns have been launched for many contagious diseases such as Polio and Hepatitis B. The campaign for Polio has been extensively launched on the television and the radio. It has been estimated that since 2004 there has been a 50% drop in the number of reported cases. Another massive campaign was also launched to create awareness against the disease in which various sections of the society were targeted with the vaccine ranging from school to factories to people working in the low lying areas of the country. It has been estimated that nearly 95% of the cases are protected if vaccinated at birth. There is also a potential for an immunization campaign against the Haemophilus

¹Robert Black, Lancet Vol. 361, June 28, 2003

| Age of Child | Vaccines |
|--------------|--|
| At birth | Tuberculosis (BCG) Hepatitis-B (1st dose) Polio drops (0 dose) |
| 4 weeks | Hepatitis-B (2nd dose) |
| 6 weeks | DPT+ Hib (1st dose) Polio drops (1st dose) |
| 10 weeks | DPT + Hib (2nd dose) Polio drops (2nd dose) |
| 14 weeks | DPT + Hib (3rd dose) Polio drops (3rd dose) |
| 6 Months | Hepatitis-B (3rd dose) |
| 9 Months | Measles |
| 15 Months | Measles, Mumps, Rubella (MMR) |
| 18 Months | DT+ Hib (1st Booster dose) Polio drops (Booster dose) |
| 2 Years | Typhoid vaccine (every 3 years) |
| 4 Years | MMR (Booster dose) |
| 5 Years | Typhoid vaccine (every 3 years) DT + Polio drops (2nd Booster dose) |

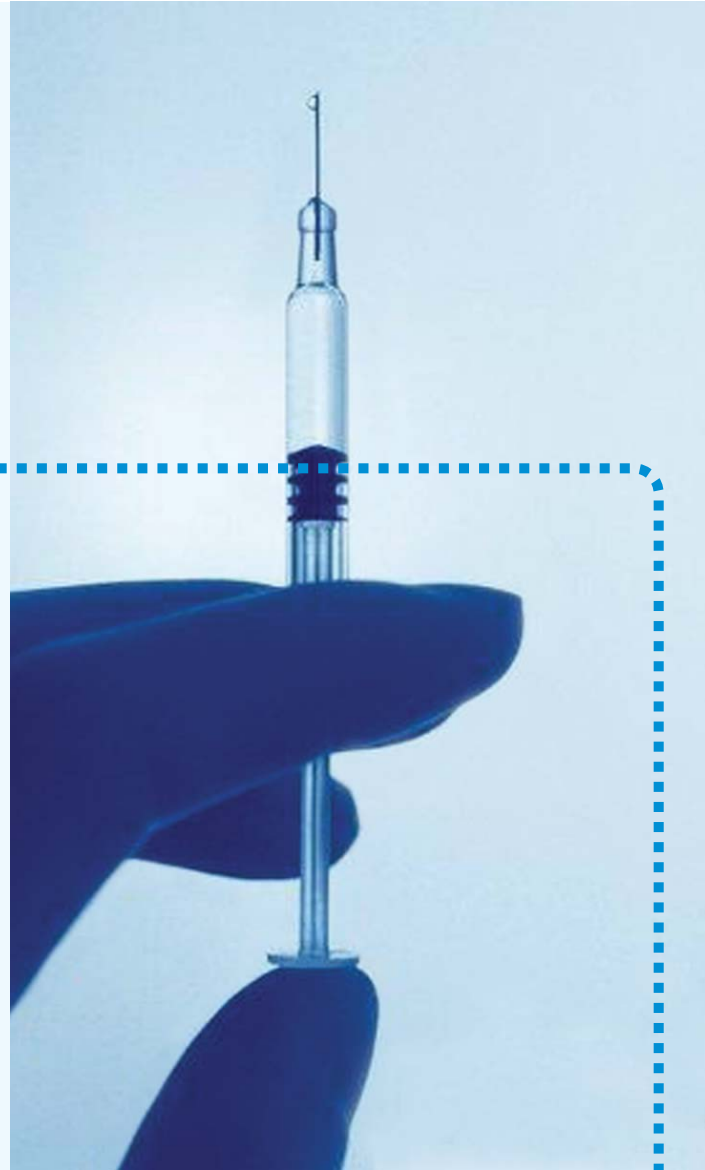
DPT: Diphtheria, Pertussis & Tetanus
Hib: Haemophilus Influenza Type B

Source: "Update on childhood immunization" by Prof. S.M. Inkisar Ali, Vice President Pediatric Association, Dawn, Thursday, Sept. 29, 2005.

Influenza Type B (Hib). If it were to be launched in Pakistan it has been estimated that it will prevent nearly 20% of children infected with meningitis in the country.

| Name of Vaccine | Prices of different Vaccines |
|--|-------------------------------|
| BCG | Rs.161/= |
| DPT | Rs.106/= (has multiple doses) |
| OPV | Rs.160/= (has multiple doses) |
| Hepatitis B | Rs.368/= |
| Hib | Rs.1081/= |
| MMR | Rs.587/= |
| DPT+Hepatitis B (Tritanix) | Rs.344/= |
| Chicken pox | Rs.1800/= |
| Flu | Rs.614/= |
| Hepatitis A | Rs.1350/= |
| Pneumococal | Rs.1200/= |
| Typhoid | Rs.401/= |
| Tritanix+Hibrex= DPT +HepB + Hibrex | Rs.1425/= |

Source: Aga Khan University Hospital Pharmacy collected in May 2006.
* These prices are subject to change



Lastly, there are some recommendations made for eradicating diseases in the country.

Recommendations:

- * All children attending school must provide their immunization record cards and their track record should be maintained.
- * With the support of government and donor agencies the prices of vaccine should be made affordable to all.
- * It is the duty of parents to make sure that all their children get vaccinated. They should invest on them now to secure their future.
- * A massive campaign is required to create awareness among parents for their children.
- * Parents should be educated to maintain their child's vaccination record card updated.

Resources:

www.cdc.gov.htm
www.simcoemusokokahealth.org
www.IRINnews.org

"Vaccines & Vaccination - cost effective disease prevention" "Tuberculosis: the largest infectious killer of the world" by Dr. Javaid Khan. News Update Aga Khan Health Services Pakistan Issue No: 10, Dec. 2003.

About the Author:

Ms. Anila Allana has done her BScN (Bachelors of Science in Nursing) from the Aga Khan University Hospital (AKUH) in 1993, and worked as a Clinical Nurse Specialist at Paediatric Unit, AKUH. Presently working with Catcokids, Inc. as a Trainer for the Child Care Provider Course she has also worked as a Nurse Administrator (Catco Kids, Inc.) at the Corporate Day Care Centers.





Resources for PARENTS

Vitamins are Vital

Benefits of Breastfeeding

Preventing Conflicts
Amongst Your Little Ones
Before they Start

Parent's Corner

Vitamins are Vital



When children are growing vitamins are essential to help ensure that they stay healthy and develop normally. Usually a balanced diet provides all the vitamins they need. However, sometimes it may be beneficial to give children, particularly those under 5 years old, vitamin supplements. This is especially useful if your child is a fussy-eater, because by giving them a vitamin preparation you can be reassured that they are getting a recommended vitamin intake. Children's vitamins come in lots of different formats including syrups, chewable tablets and drops and are available from a pharmacy.

| Vitamin | Purpose | Food Source |
|--|---|--|
|  A | Needed for growth, eyes and skin. Helps protect against infection. | Butter, cheese, eggs, oily fish, green and yellow vegetables. |
| B1 | Releases energy from food, health of skin and mouth. | Brown rice, green and yellow vegetables, yeast extract, beans, lentils, bread, cereals. |
| B2 | Releases energy from food and assists in function of nervous system. | Milk, eggs, cheese, yeast extract, beans, peas, lentils, green leafy vegetables.  |
| B3 | Releases energy from food, assists in function of nervous system. | Meat, oily fish, poultry, bread, potatoes, cheese, milk, cereals, lentils and other vegetables. |
| B5 | Needed for energy. Assists in immune and hormone systems. | Vegetables, nuts, cereals, egg yolk, meat, beans, peas, yeast extract. |
|  B6 | Promotes healthy skin and nerves. Helps the promotion of antibodies. | Wholemeal bread, liver, fish, eggs, meat, cereals, fruit, vegetables, bananas. |
| B12 | Essential for healthy nervous system, red blood cell production and healthy growth. | Meat, poultry, fish, eggs, cheese, milk. |
| FOLIC ACID | Red blood cell production and growth. | Green leafy vegetables, broccoli, green cabbage, fruit pulses, nuts, yeast extract. |
| C | Red blood cell production and growth. | Green leafy vegetables, broccoli, green cabbage, fruit pulses, nuts, yeast extract. |
| D | Essential for strong, healthy bones and teeth. | Full-cream milk, oily fish, butter, eggs.  |

Preventing Conflicts Amongst Your Little Ones Before they Start

Perhaps the most frustrating thing about children is when they are always at logger-heads with each other. Conflicts tend to become even more bothersome for parents when they have to step in reluctantly yet inevitably to become the peacekeepers of battles and brawls between their children. After a day of fighting, whining, tattling, temper tantrums, and pouting, parents tuck their children into bed with a deep sigh and hope for a better day tomorrow. A few of many ways to reduce conflicts at home with your kids are as follows.

Schedule “Special Time” With Your Children



Make the extra effort and allocate some time from your daily schedule – no matter how busy – to spend with your children doing some pleasurable activity; pleasurable for both the child and yourself (although more for the child). Scheduling special times not only gives your child something to look forward to but also reminds him/her how much priority we give to their needs.

Planning a special time is no rocket-science. See what your children like and what they love to do. Your son may love stories, buy him some books and introduce him to them. Your daughter may love pretending that she is cooking or cleaning the house. Spend some time with her leading the way. Use your imagination and the interests of your child to learn what your special time should include. Remember, these special times may not be a great deal for you, but for your child it is the time of the day when you are giving him/her your undivided attention and are actually trying to learn what interests him/her. Avoid lectures or giving advice, and focus on listening and enjoying each other. Special times with your child will not only improve his/her communication with you but will also prevent rifts and conflicts with his/her siblings.



Allow Them to be Part of Your Life

If you are joining your kids in their interests why not ask them to join you in your activities. Think of ways that your children can work together to help you with some of the household chores. They can fold the towels and wash clothes. It is amazing how even three year olds can set the table or put away the shoes and clothes into the right spots. You can also encourage cooperation among siblings with family projects such as making a huge painting, acting out a short-play, or holding family cleanup sessions with a special treat to celebrate when the job is done. Do not forget that your children are helping you and trying to have fun at the same time. So remember not to make these projects a strict exercise with many rigid rules and a lot of yelling.



Do Not Forget the Power of Humor!

Sometimes, when everything is going wrong, you need to mentally step out of your crisis of the moment, and see that it may not be all that bad. Humor is one of the greatest gifts we can bring to parenting. It renews our energy and restores our joy in life.

The best advice is, take time to enjoy your little ones at home. They love to be with you and enjoy your company, so lighten up and enjoy them. The conflicts will become fewer and fewer, only if you are willing to make them feel secure and loved at all times.

Source: www.cmsu.edu

Benefits of Breastfeeding

Saves Lives

Currently there are 9 million infant deaths a year. Breastfeeding saves an estimated 6 million additional deaths from infectious disease alone.

Provides Initial Immunization

Breast milk, especially the first milk (colostrum), contains anti-bacterial and anti-viral agents that protect the infant against disease. Breast milk also aids the development of the infant's own immune system.

Prevents Diarrhea

Diarrhea is the leading cause of death among infants in developing countries. Infants under two months of age who are not breastfed are 25 times more likely to die of diarrhea than infants exclusively breastfed. Continued breastfeeding during diarrhea reduces dehydration, severity, duration, and negative nutritional consequences of diarrhea.

Provides Perfect Nutrition

Breast milk is a perfect food that cannot be duplicated. It is more easily digested than any substitute, and it actually alters in composition to meet the changing nutritional needs of the growing infant.

Maximizes a Child's Physical and Intellectual Potential

Malnutrition among infants up to six months of age can be virtually

eradicated by the practice of exclusive breastfeeding. For young children beyond six months, breast milk serves as the nutritional foundation to promote continued healthful growth. Premature infants fed breast milk show higher developmental scores as toddlers and higher IQs as children than those not fed breast milk.

Promotes the Recovery of the Sick Child

Breastfeeding provides a nutritious, easily digestible food when a sick child loses appetite for other foods. When a child is ill or has diarrhea, breastfeeding helps prevent dehydration. Frequent breastfeeding also diminishes the risk of malnutrition and fosters catch-up growth following illness.

Supports Food Security

Breast milk provides total food security for an infant's first six months. It maximizes food resources, both because it is naturally renewing, and because food that would otherwise be fed to an infant can be given to others. A mother's milk supply adjusts to demand; only extremely malnourished mothers have a reduced capacity to breastfeed.

Bonds Mother and Child

Breastfeeding provides physiological

and psychological benefits for both mother and child. It creates emotional bonds, and has been known to reduce rates of infant abandonment.

Helps Birth Spacing

Exclusive breastfeeding reduces total potential fertility as much as all other modern contraceptive methods combined.

Benefits Maternal Health

Breastfeeding reduces the mother's risk of fatal postpartum hemorrhage, the risk of breast and ovarian cancer, and of anemia. By spacing births, breastfeeding allows the mother to recuperate before she conceives again.

Saves Money

Breastfeeding is among the most cost-effective of child survival interventions. Households save money; and institutions economize by reducing the need for bottles and formulas.

Is Environment-friendly

Breastfeeding does not waste scarce resources or create pollution. Breast milk is a naturally-renewable resource that requires no packaging, shipping, or disposal.

Source:

www.linkagesproject.org/technical/bf_benefits.php

Health Risks of Not Breast Feeding

- Breast milk has agents (called antibodies) in it to help protect infants from bacteria and viruses. Recent studies show that babies who are not exclusively breastfed for 6 months are more likely to develop a wide range of infectious diseases including ear infections, diarrhea, respiratory illnesses and have more hospitalizations. Also, infants who are not breastfed have a 21% higher post neonatal infant mortality rate.
- Some studies suggest that infants who are not breastfed have higher rates of sudden infant death syndrome (SIDS) in the first year of life, and higher rates of type 1 and type 2 diabetes, lymphoma, leukemia, Hodgkin's disease, overweight and obesity, high cholesterol and asthma. More research in these areas is needed (American Academy of Pediatrics, 2005).
- Babies who are not breastfed are sick more often and have more doctors' visits.
- Also, when you breastfeed, there are no bottles and nipples to sterilize. Unlike human milk straight from the breast, infant formula has a chance of being contaminated.



Source: www.4woman.gov/breastfeeding

PARENT'S CORNER

BY MEHNAZ AKBAR AZIZ

It was just before Mikhaal's second birthday that he started with a persistent cough. I clearly remembered what triggered it and was some very cold soft drink on a trip to Shakargarh. He was alright that day but woke up next morning with a heavy voice and a throaty cough. There was no fever but the cough was alarming. It got from bad to worse and soon I was rushing him to his pediatrician. He was once again prescribed with a particular third generation antibiotics 'Cefspan'. However, to our dismay after a five day course the phlegm disappeared to leave a very dry cough behind. It was at its worst during the mornings and at night before bed time.

Each day I would see him wake up and immediately begin coughing and wheezing. My happy and healthy Mikhaal seemed so helpless and weak. Then we started to try various other cough syrups. The advice from the doctor was to try on a number of cough syrups till we found one that worked. Unfortunately it grew worse and Mikhaal began to have problems swallowing his milk down. He also had endless bouts of vomiting in the middle of the night.

In a matter of just two weeks time his cough aggravated to an extent that he would lean forward with rounded shoulders and continue for an endless span of time. I was worried that soon he would cough up blood.

With my trust on Mikhaal's pediatrician I never sought a second opinion but now in such a predicament I had to get him to an allergy specialist as I had a suspicion that he had milk allergies.

As I was looking for Dr. Tabish's number I vividly recalled a very bad episode of Mikhaal's illness during the previous winters when he was constantly sick with fever and did not eat for days at end. In the entire month of December he had completed at least four courses of antibiotics. Whenever we would stop his prescription he would again have a high fever. I had started to fear stopping the antibiotics and wanted him to be on a stable diet of antibiotics for ever.

During that episode I had taken Mikhaal to Dr. Tabish whose recommendation was to nebulize him with Ventolin. I wanted very strong antibiotics for him and was slightly disappointed by Dr. Tabish's prescription. My mindset at that point in time was such that his not prescribing an antibiotic made me feel he did not take my child's illness seriously. I went back to our family pediatrician for more injectable antibiotics. The cough would get better for a few months but its relief was temporary before erupting again. It became so erratic that we directed all the people who came near him to get their throat cultures done and wash their hands millions of times.

We kept him in a room and he was not allowed to come in contact with other people. I spent hours reading books and watching TV with him in his room. This seclusion greatly agitated my husband and we would have arguments. He would want to take Mikhaal out and I would resist no end. I always managed to get the last word but inside the situation made me feel very unhappy.

My whole life became so stressful that I could just not think straight or concentrate on my work. Mikhaal was born after many complications. His birth was handled with much care and attention at the hospital and by my gynecologist. His first year was perfect. No illness and not a single course of antibiotics. He was a beautiful and healthy baby. Looking back I always would think that we overdid on his protection. However he was years ahead of children of his age really leap years ahead in terms of learning and growth.

After six months of this mysterious cough and fever I decided to once more to go back to Dr. Tabish. This time I listened to his advice more diligently and followed it as I had no alternative. Mikhaal was diagnosed with allergies that were exacerbated by food items such as citric acid and cold drinks. I had also been informed by the doctor that the sour and tangy candies and lollipops would ignite an irritation to the condition. More importantly he had seasonal allergies that coincided with the humid weather of Islamabad. To my horror his antibiotics were



stopped and he was put on preventatives, Ventolin and Clinel-A.

Mikaal's condition began to improve and gradually he regained the health and heartiness he was born with. However, I learnt a lot from his illness that I would like to share with other parents. To begin with, the cause of any cough or cold that lingers on for more than a week has to be determined. The irritating cough that most children have cannot be simply treated by an antibiotics course. It has to be properly diagnosed by the doctor. If the condition does not go away seek the advice of an allergy specialist.

Antibiotics are no cure and should not be taken without doctor's prescription. Even if they are prescribed you should take more than one opinion. When children are born we should assist them in developing a strong immune system and that requires that children are breastfed. Besides that the food they eat and especially the amount of vegetables and fruits is essential. Antibiotics curb the strengthening of a strong immune system. I have learnt that a child's illness is not fatal if s/he is not prescribed antibiotics for just a fever or cold.

Another frequently used bit of advice that I can give from my experience is that prevention is better than cure. I sometimes feel like such a fool when I police around Mikaal to not have cold water and juices. I check the juice that he drinks first to see that it is not very tangy. I keep a close watch in his intake and his diet and restrict ketchup as it has vinegar. Also too many fried foods when the throat is bad are not good at all. I am also a believer of clothing children properly. Polluted environment inclusive of cigarette smoke triggers off baby asthma and allergies as well. I do not allow anyone to smoke in our house as why should a child suffer from someone's addictions.

In a city like Islamabad you have to watch out for seasonal changes when days are warm and nights very cold. Also keep a check for air-conditioning in warmer weather, that there is not extreme exposure to hot and cold. What we feed children from the time they start to eat is

important. We in Pakistan rely a lot on carbohydrates. Try as much as possible to give natural porridge, fruit juices, and pureed fruit all of which have no added sugar. It is best to include home remedies as a part of prevention. I have become a big believer of using *Joshanda* (green tea with honey) and cod liver oil for my child during the winters. Sugar, sweets and chocolates should be avoided at all costs. Sweets that are tangy also can trigger off very bad coughs.

My last advice to parents would be to keep both boys and girls physically active and not curtail activity when children have allergies. These days parents facilitate children to become TV addicts and computer junkies. This energy can be diverted into outdoor activities. You will certainly find a difference in the physical growth of the young ones if they are running around, cycling, swimming or playing any other outdoor sport.

I see a difference in Mikaal's allergies which seem very much under control. I can foresee that by his fifth birthday he would be free from my policing, if not entirely. I am happy to report that he is already cycling and is quite a pro at swimming with his Dad. He is learning horse back riding as well. Everyday he goes to a park and plays there and is only allowed to watch 'Animal Planet' just before going to bed. It is indeed essential to have well rounded children who are physically and mentally healthy.

ABOUT THE AUTHOR

Ms. Mehnaz Akbar Aziz is the Chief Executive of Children's Resources International (CRI), Pakistan Limited. With more than 15 years of experience in the education sector, Ms. Mehnaz Akbar Aziz initiated a program on child-centered interactive methodologies in the public sector in 2002 and is now implementing it in a whole district. The program focuses on Basic Education with Early Childhood Education (ECE) foundation, family literacy and training of faculty in universities to improve the methodologies of teaching, pedagogy and classroom environment. The program is being translated into national policy level decisions to improve the quality of education for marginalized children.





Resources for ECD Practitioners

Activities that Facilitate in
Developing Motor Skills in Children

Health Related Activities for Classrooms

Online Training Courses on Child Care

Activities that Facilitate in Developing Motor Skills in Children

A motor skill is a skill that regards the ability of an organism to utilize skeletal muscles effectively. Muscles also depend upon the proper functioning of the brain, skeleton, joints and nervous system and thus motor skills involve the proper functioning of all these systems. Most motor skills are learned in early childhood.

Motor skills are divided into two parts, gross motor skills and fine motor skills. Gross motor skills include lifting one's head, rolling over, sitting up, balancing, crawling, and walking. Fine motor skills include the ability to manipulate small objects, transfer objects from hand to hand, and various hand-eye coordination tasks. Fine motor skills may involve the use of very precise motor movement in order to achieve an especially delicate task.

There are a lot of activities that you can do with children to help enhance their fine and gross motor skills. Many educators don't realize how these skills affect a child. The development of fine and gross motor skills allows children to perform better in other, more academic and physical ways.



FINE MOTOR SKILLS

Fine motor skills are those skills that allow children to develop the ability to do such things as write and manipulate small objects. Try these simple activities to help develop fine motor skills in children.

PAINTING:

Provide fine brushes to children for painting activities. The smaller the brush is, the more control they need over their hands. Also try getting them to do some painting with cotton swabs. This requires some really fine work and allows them to develop their pincer grip; needed for learning how to write.



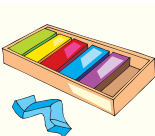
PUZZLES:

For younger children; start them off with large peg puzzles. These are puzzles that have the little knob sticking out of each puzzle piece. This allows them to garner more control over their finger movement. For starter puzzles you can buy them with very large knobs that require a full fist grip then you can move onto the puzzles that require a thumb and forefinger grip (pincer grip).



PLAYDOUGH:

Children will get some great fine motor skill exercise out of playdough especially if you add some extra equipment such as rollers and cookie cutters.



CUTTING:

Bring out the scissors and some old magazines and let them get to work. Cutting requires a lot of coordination. For younger children who are just getting used to manipulating scissors, you can buy them without any metal. They are sharp enough to cut through paper but not much else.



THREADING:

Buy some beads to thread. This activity requires a lot of control and a steady hand. This is perfect practice for fine motor development.



BLOCKS:



Start out with larger blocks and move your way towards the smaller variety. The smaller the blocks, the more control they need to develop. But be careful not to introduce blocks that are small too quickly – children will only get frustrated and give up.

FINGER TRACING:

Make children trace patterns with their finger before they start writing with a pencil. Have children trace patterns in sand, finger paint, etc.

SELF-CARE SKILLS:

1. Buttoning
2. Lacing
3. Tying
4. Zipping
5. Carrying
6. Using a screwdriver
7. Locking and unlocking a door
8. Winding a clock
9. Opening and closing jars
10. Rolling out dough
11. Washing plastic dishes
12. Sweeping the floor
13. Dressing
14. Bathing



PRE-WRITING

1. Dot-to-dot drawings of pictures, objects, shapes, numbers, letters, etc.
2. Typing exercises
3. Folding activities
4. Fine coloring



WRITING

1. Have the child write in the air.
2. To increase his/her tactile awareness, have him/her trace over letters on textured surfaces.
3. When a writing tool is introduced, letters which involve similar strokes should be taught first (moving simple to complex). Next short words should be taught (Remember to use words which are within the child's reading vocabulary).

GROSS MOTOR SKILLS

Gross motor skills are big motor skills; i.e. running, jumping and hopping etc. They require balance and coordination. Try some of these activities.

RUNNING:

Create a game that requires moving quickly. This is great for encouraging the development of gross motor coordination in children.



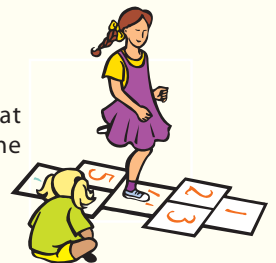
CLIMBING:



Take them to the park and let them climb all over the swings. Climbing is an innate characteristic of children. Each time they try, they will get a little better because they are developing those important gross motor muscles.

HOPPING:

Try a game of hopscotch. All that hopping about is developing some balance in children.



BALL PLAY:



Kicking, rolling and throwing are some great ways to encourage gross motor development and you don't need anything more than a ball and a little bit of room. Smaller balls require a little finer control but you should aim to get a ball which is not too small and can be easily picked up. A very large ball for a younger child can be difficult to manipulate and gets very frustrating.

Source: www.papa.essortment.com/motorskillschi_rgxx.htm

Health Related Activities for

It is essential to educate children about the importance of eating healthy and following a healthy lifestyle, so they can try and implement those ideas in their day-to-day lives, from an early age. Given below are some activities that teachers can use to provide health education tips to children in a fun and interactive manner.



ACTIVITY

1

Healthy Habits

(Nursing stuffed animals back to health in a pretend infirmary)

Materials:

- markers
- paper (large sheet)
- stuffed animals or dolls

Directions:

Encourage healthy habits through discussion and role-play.

- 1 Discuss:** Ask children to think of a time when they were sick. What made them feel better when they were sick? Was it some medicine or treatment? Was it something nice someone gave them or did for them?
- 2 Brainstorm:** On a large sheet of paper, help children make a list of ways to keep healthy (e.g., maintaining a nutritious diet, brushing teeth, washing hands and faces, exercising). Talk about things that help prevent injury (e.g., avoiding the stove or pot handles, holding a grown-up's hand when crossing the street).
- 3 Role-play:** Invite the children to take care of sick stuffed animals or dolls. Ask them why doesn't the toy feel good? What would make it feel better? Children can nurture their toys, and practice some first aid. They may want to let the toys "sleep overnight" in bed in order to make them feel better the next day.

Take it Further

Provide toy medical props for kids to use in their role-play situations.

With a Group

Ask children and their friends to assemble a collection of old toys and books that are in decent condition. Help them arrange to donate these things to a local children's hospital.

Source: www.pbskids.org/arthur/parentsteachers/lesson/health/

Classrooms

ACTIVITY

2



Healthy Food Collage

Objective: To be able to name healthy foods.

Plan: Have many food magazines from local grocery stores for children to cut out pictures. Try to have as many colored pictures as possible. The children also need glue, scissors and a piece of card paper to glue it on.

Activity:

- Talk to children about healthy foods.
- Give them each some glue, scissors and a piece of cardboard. Have them look through magazines for pictures of healthy foods that they like to eat.
- Then have them cut them out and glue them onto their piece of cardboard.
- Tell them the name of the food and the advantages of eating the food item.
- When they are all done they will be able to stand up one at a time in front of the class and tell the other students what they picked out and point to the picture of that food item. They will be able to name the food item and quote the advantages of eating that particular food item.
- Hang them up around the room for parents and other teachers to see.

Source: www.atozteacherstuff.com/pages/244.shtml

Online Training Courses on Child Care



Catco Kids, the leaders in professional development and training in the field of Early Childhood Development, have launched on-line training courses with the Child Care Education Institute (CCEI) USA.

These courses will include short courses from a period of six weeks to three months and include Child Development Associate programs (CDA), Child Care Director's Credential programs and distance learning. Catco Kids is the first company in Pakistan to pioneer and introduce such online training courses.

The CDA program covers all critical areas of child care operations and child development including: health and safety, nutrition, guidance and discipline, school age care, classroom management, social/emotional development and cognitive development. CCEI's Online CDA is accredited by the University of Cincinnati. The Online Child Care Director's Credential (CCDC) is designed to provide professional recognition for early childhood professionals seeking to further their skills and knowledge in the management of a child care center. Distance learning provides the benefit of being widely recognized by industry experts internationally as well as the added benefit of learning from home.

For more information contact:
CATCO KIDS

**205, The Forum, Khayaban-e-Jami,
Clifton, Karachi, Pakistan.**

Tel: (92-21) 5361215, Fax: (92-21) 5361218

Early Childhood Development Program

Health & Hygiene in the Classroom

Health is regarded as the presence of physical, mental, environmental and social well-being, not simply the absence of diseases and sicknesses. If children are healthy, their diets nutritious and their environment sanitary, they can take full advantage of every opportunity to learn, work, and enjoy their lives. By integrating health education in the classroom children, during their formative years, can learn and understand the importance of a healthy and hygienic lifestyle. What's more is that students' health and their ability to learn are closely linked. When students are healthy, they are more capable to succeed in school.

One program that has incorporated the knowledge of health and preservation – both of the body and the environment – in the classrooms is the Community Supported Schools Program (CSSP) of the Sindh Education Foundation (SEF). The Community Supported Schools Program designed and initiated by SEF in 1998, engages communities to establish schools for girls' education and facilitate a participatory development process. These primary schools mainly cater to the girl child and are opened in defunct school buildings or straw huts provided by the communities. Management of schools resides with community members, who formulate the Village Education Committees (VECs), with SEF providing material and technical support. Currently, 100 Community Schools are operational in 5 districts of Sindh catering to the educational needs of approximately 4,000 children.

In the year 2000, findings of the programmatic mid-term survey highlighted that most of the communities' income was spent on medicines and health checkups. In order to address health related issues and facilitate families to curtail health expenses through practicing health prevention measures, the CSSP integrated a comprehensive health education program within the schools' curriculum. The purpose was to raise awareness on critical health issues faced by the local communities and possible preventions through cost effective and participatory approaches. This health education initiative has been made possible and successful with the efforts of the program team, the technical support of the Aga Khan University – Institute for Education Development (AKU-IED) and the sincere participation of all community members, including the teachers, children and their families.

Under this program, trainings, resource material and assistance are provided on an ongoing basis to teachers who are primarily responsible for implementing health education in the classroom. The program is based on the child-to-child methodology, with children being the main bearer of health messages for other children, their households and communities. The program has so far designed and conducted trainings for a prolific 21 issues ranging from 'A Balanced Diet', 'Gutka, Paan & Supari', to 'Tuberculosis', 'AIDS', 'Usage of Indigenous Medicines' and more. Introduction of these significant issues have resulted in increased enrolment and retention rates of



students and enhanced relevance and quality of education amongst communities.

In order to implement health education in the school, the program has designed lesson plans on various health related topics. The lesson plans are constructed in such a way that they motivate and assist students to maintain and improve their health, prevent diseases, and reduce health-related risk behaviors. The lesson plans also allow students to gain knowledge on health-related issues. This knowledge is then transferred through these same students to their siblings and their parents (Child to Child Approach), while the CSSP team-members, the VEC members and the teachers take the responsibility to extend the knowledge to the whole community. This two-pronged approach (focusing on the household and the community) through different mediums has proved to be an immensely successful setup where no one is left behind in the pursuit of a healthier lifestyle.

The lesson plans are simple and can easily be adapted for launching health education campaigns in any community.

Along with offering trainings to teachers and developing contextualized lesson plans, the program also creates tools and builds partnerships with the communities to

draw on the best practices in the field of health promotion. The CSSP works with communities to assess and strengthen their infrastructure to address school and community health issues. Close involvement of the community, children and parents has been the impetus behind the success of the health education program.

Currently, the program team is putting together a health manual, which is an interesting guide for both children and teachers. The manual is colorfully designed and entails rich and vibrant illustrations and activities for the whole classroom. The manual will prove instrumental for introducing health and hygiene in the classrooms and making it an enjoyable learning experience.

You can learn more about the CSSP Health Education Programs by contacting:

Mr. Daman Bozdar,
Manager, Community Supported Schools Program
Sindh Education Foundation
Plot 9, Block-7, Kehkashan, Clifton-5
Karachi, Pakistan

Tel No: (92-21) 111 424 111 (Ext: 208)
Fax No: (92-21) 9251652

Lesson Plan

on Balanced Diet

Developed by Community Supported Schools Program (CSSP) of
Sindh Education Foundation (SEF)

1

Choose & Understand

a: Introduction (10-20 minutes)

Introduce the topic of balance diet by explaining in detail all relevant aspects. To make it more appealing and interesting for the children this introduction can be made in the form of a news alert (Details of which can be found on the right).

News Alert!

"New studies show that small children are facing a lot of health problems. Experts say that this is because their diets do not include all the food items that are vital for good health. Experts also say that a balanced diet is necessary for healthy physical development and nourishment..."

The news alert can be modified to include as much information as the children require.

Charts:

You can make colorful charts on 'Balanced Diet'. You can make one on Carbohydrates (their benefits and what food items they can be found in), Proteins, and other food groups.

b: Activity (20-40 minutes)

Use charts to explain with the help of pictures and illustrations aspects reviewed during the introduction.

c: Conclusion (10-15 minutes)

Play a game with the children called the 'Food Game'. Instructions on how to play this game are given below

Food Game:

Here are the instructions on how to play the Food Game in the classroom with all the students. A very effective tool to help children understand the different food groups, the Food Game can be modified and adapted for any classroom and any requirement.

- On a large piece of cloth make 6 pockets labeled Protein, Vitamins, Carbohydrates, Fats, Minerals and Water.
- With children's help, draw food items on a chart paper and cut them out, making a number of cards each with a different food item drawn on it (make sure these cards can fit into the pockets).
- Ask each child to pick up a card and select which pocket to place it in.
- If the child is correct ask him/her to name a few more examples of the same group.
- If the child could not place the card in the correct pocket, correct him/her and explain why the food item belongs in its particular pocket.

2

Find out More

- a:** Further information
Request the children to ask their parents what they generally eat.
- b:** The next day ask the children to share their findings in the classroom.

3

Discuss the Topic

- a:** Invite the children and their mothers to the classroom for small activities. These can include role-playing, singing songs and giving public messages on the topic.
- b:** Help each child, to form a list of what constitutes a balanced diet. Inform the children that a balanced diet does not necessarily mean expensive food. Make sure to select food items that are easily available in their specific surroundings.

4

Take Action

- a:** Ask children to draw pictures of healthy food items that they would like to eat. Ask them to share their drawings and tell their mothers what they would want to eat to make their diet wholesome and balanced. Ask the children to inform their mothers why that prescribed diet is important for them.
- b:** Organize role-plays, songs and public messages that the children can perform in front of their mother and teachers.

5

Evaluate

- a:** Assess the implementation of the 'balanced diet':
 - i. What did the children learn?
 - ii. How effective was it to provide this information to the children?
 - iii. What did the mothers learn?
 - iv. What more can be done on the same subject?

Importance of Childhood Health and Care

What kind of a future would you like to see for your child? The way parents answer this question may determine whether or not the child survives. When parents see a future for their child, they will do their best to provide the child with the care required for survival, even in circumstances where very little food is available. However, if parents are hesitant or cannot give a response to the question, the child may not survive.

The latest research on the relationship between health, nutrition and stimulation argues convincingly that an adequate food supply is not enough to assure a child's survival, neither is access to micro-nutrients, neither is education, nor absence of disease. Children's growth and development is fostered when all these variables are present, within a caring environment.

Given economic conditions worldwide, children will increasingly be born into poverty and situations which threaten their chances for optimal human growth and development. Statistics are likely to worsen as the numbers living in urban areas increase, which they will. It is estimated that a further expansion of urban slum and squatter settlements is inevitable.

Survival and healthy development cannot be achieved without significant attention to young children, from their conception through age six. The basis for good physical health and cognitive functioning in later years must be established during the early years. The dependence and rapid growth typical of infancy and early childhood make children vulnerable to a variety of health, nutritional, psychosocial and other environmental conditions. Those living in poverty are particularly at risk of poor physical and psychosocial development.

In terms of physical, intellectual, emotional and social well being, the period from conception to age 6 is the key to subsequent growth, development and ultimate

productivity. Children have different needs, depending on where they are within this stage. The youngest children are completely dependent on adults. As they become toddlers, environmental cleanliness, encouragement of eating and vigilance in terms of the child's safety are of utmost importance. The pre-school child is more self-reliant and may have developed skills to obtain food for themselves and protect themselves a little from pathogens in the environment.

A wide variety of inputs (tabulated below) are required to support children's growth and development. An important thing to note is that all the inputs require someone to interact with the child. Very young children are not capable of obtaining what they need on their own. The importance of adult-child interaction is underscored by the latest research which addresses specifically the relationship between nutrition, care and development.

Inputs Required for Children's Growth and Development

INFANTS (BIRTH TO 1)

NEED:

- protection from physical danger
- adequate nutrition
- adequate health care
- adults with whom to form attachments
- adults who can understand and respond to their signals
- things to look at, touch, hear, smell, and taste
- opportunities to explore the world
- appropriate language stimulation

ABOUT ECD

TODDLERS (1-3 YEARS OF AGE)

NEED ALL THAT INFANTS NEED AND ALSO REQUIRE:

- support in acquiring new motor, language and thinking skills
- a chance to develop some independence
- help in learning how to control their own behavior
- opportunities to begin to learn to care for themselves
- daily opportunities to play with a variety of objects

CHILDREN (AGES 3-6 & ABOVE)

IN ADDITION TO THE ABOVE, ALSO NEED:

- opportunities to develop fine motor skills
- encouragement of language through talking, reading, singing
- activities which will develop a positive sense of mastery
- opportunities to learn cooperation, helping, sharing
- experimentation with pre-writing and pre-reading skills

The Importance of Care

A child's requirements for care includes much more than keeping the child safe and free from harm. Care giving behaviors include breastfeeding; providing emotional security and reducing the child's stress; providing shelter, clothing, feeding, bathing, supervision of the child's toilet; preventing and attending to illness; nurturing and showing affection, interaction and stimulation; playing and socializing; protecting from exposure to pathogens; and providing a relatively safe environment for exploration (Zeitlin 1991, Myers 1992). A second set of care giving behaviors includes the use of resources outside the family, including curative and preventative health clinics, prenatal care, the use of traditional healers, and members of the extended family network (Engle 1992). All of these

behaviors are a part of supporting the development of young children.

In the context of feeding, caring practices include frequent physical contact, being consistently responsive to the child's needs and showing affection to the child. Care also includes active feeding which means being aware of how much the child is eating, offering the child a second helping, assisting the child in the use of a utensil instead of expecting complete self-feeding, and offering praise for eating (Engle 1992).

The studies of feeding are but one example of current research that indicates the powerful effect of the interaction between the child and the environment on growth and development. Another example comes from longitudinal studies of children growing up in poverty. In Hawaii, Werner (1982) identified children who were able to thrive even though the conditions under which they were raised suggested they would be malnourished and not develop well. She termed those children that did well resilient.

In her research, Werner sought to identify what makes some children more resilient. She concluded, as have others, that the differences between children who thrive and those who falter are determined by the type of interaction that occurs between the child and the environment. The child's ability to thrive is greatly enhanced by the amount of affective stimulation and the kind of care the child receives. This clearly supports the contention that it is not enough to merely provide food. The child needs food and care.

Extracted from "Health Care: The Care Required to Survive and Thrive" by Evans, Judith L., The Consultative Group on Early Childhood Care and Development, Coordinators' Notebook No.13, 1993

Zeitlen, M., H. Ghassemi and M. Mansour. Positive Deviance in Child Nutrition, with Emphasis on Psychosocial and Behavioural Aspects and Implications for Development. Tokyo: The United Nations University, 1990

Interview with



Dr. Vellani is a distinguished Professor at the Aga Khan University (AKU), Karachi and the Planning Coordinator of Aga Khan University's Human Development Programme, (AKU-HDP). His research interests range from health services for economically under-privileged communities, cardiology and Early Child Development.

AKU-HDP is dedicated to enhancing human development through enhanced Early Childhood Development (ECD) which it seeks to achieve through integrated community-based ECD programme, multidisciplinary research, capacity building and advocacy.

Youshey Zakiuddin of the Sindh Education Foundation interviews Dr. Vellani on the importance of the early years in a child's overall development and the challenges of child development in Pakistan.

Dr.

Camer Vellani

BY YOUSHEY ZAKI UDDIN

Why are the early years so important for learning? What are the limitations on a child who is deprived of learning opportunities during these early years?

That's a critical question. There isn't a simple straightforward answer because there really isn't sufficient understanding of this critical period of development that occurs well before the child ever gets to school, and what is most remarkable of all is that it is in this period when sensory inputs actually result in structural changes of the brain. Sensory inputs are means of learning and they also determine how the brain is connected.

The other remarkable thing is the part of the brain, the cortex. The earliest development takes place in the sensory path of that cortex. The brain understands its environment through perception of sensory inputs. These perceptions influence learning ability and this is not simply learning which someone has directed you to learn, it is learning from experience, perception, observation and social interaction.

The ability to learn is a continuous process. Someone whose learning ability is impaired can be exhibited by physical stunting; i.e. the individual may be short throughout life and yet continues his life normally. But you can't expect this person to be a basketball player. Hence there is a limit to what an individual can learn.

So those people who have been deprived of these learning opportunities during their early years how would they cope up later in life? Also, apart from learning how else are children affected if they are not fully developed?

There are some people who grow up in the most dreadful circumstances and they do well. You are looking at a phenomenon of resilience and that leads you to the domain of gene expression. Under certain conditions susceptible genes will not be expressed and the necessary development will not take place. On the other hand if one is equipped with genes that are capable of full expression then those individuals are resilient, they manage to survive despite the environment. There is no way of knowing whether a child is equipped with a full or partial genetic force that is susceptible to environmental conditions.

The other element apart from learning ability that is also affected by conditions in the early stages of life is behavior. Social environment influences behavior, for

e.g. violent behavior at the age of 2 associated with violent behavior at the age of 14 and later on in life; and many other antisocial traits that you find in youth have their origins at home. The pattern of behavior is set within the child during his/her childhood which affects his behavior later on in life.

The third element that is affected very early in life is health. This also includes the mental health of a person; the ability to cope with one's circumstances and with stress. There is a limit to handling stress after which an individual becomes ineffective in doing so. The effect of care during the early years is extremely beneficial for a child's mental health later on in life as well.

What needs to be emphasized is that during the early years brain development takes place which lays the foundations of an individual's development. This foundation is formed as a result of stimulation. The lack of stimulation can cause the foundation not to be formed properly. From then on the next stages can't materialize. That stage setting takes place very early in life.

In reference to nutrition there is this term referred to as RDA. Can you briefly explain for our readers what it means? Does RDA have a lot of relevance to children's diet?

The RDA is the 'Recommended Dietary Allowance set by the Food and Nutrition Board of the National Research Council of the National Academy of Science. It sets the recommended (not 'required') nutritional intake for healthy human beings. The main RDAs include recommendations for energy (calories), proteins and many other vitamins and minerals. The RDA for a nutrient is based on the amount needed to prevent a deficiency.

It does have a lot of relevance for children, especially the mother's diet during pregnancy. The fact of the matter is that there is no single nutrient that provides everything with the exception of breast milk especially during the first 6 months of life. So one needs a variety of nutrients and those nutrients are present in a variety of foodstuffs. There is a lot of information on the nutritional values of various foods. The biggest challenge is to convert that knowledge into something practical so that individuals can understand which foodstuffs are available in their environment that they should take to constitute a balanced diet.

In some communities of Hala, Sindh we found something extremely astonishing. The children as well as the adults ate just *chapatis* (whole meal bread) and red chilies. That's a very narrow range of nutrients! So that's the challenge. That's also one of the things that we are working on. To convey messages about a variety of foods that contain a range of nutrients required.

When you talk of access of nutritious foods the usual

response is well you know these people are too poor to afford a good diet. No doubt there is a problem but it's those same people that can afford cigarettes, *paan*, tobacco, *supari* and so forth. So the issue is where you assign the resources that you have. What factors do you take into consideration when allocating those resources? This is the question that households need to be cognizant about. But there is no doubt there is a need also for economic growth of such households.

What do you suppose is the best way to inform parents about the need for good nutrition habits?

What we're trying is a home-based approach. There is a direct contact, between the early child development worker and the mother, i.e. the women folk in the house, who really control the food; and the idea is to get these

“Children need a lot of support, affection and security. They need nutrition; they need freedom to explore and to express.”

nutrition based messages permeated through the household. This process can only be meaningful if there is also an understanding of what's available in the *bazaar* so that the household can have access easily to nutritious foods.

There is also the realization that people don't change their practices readily. They know what is necessary but they still don't change at times. Perhaps the most useful lever of change is the ability to exchange ideas with others. Among those who can exchange ideas, the most effective are the ones who have already benefited from those certain ideas. The fact that someone has tried something different is a stimulus for more change, for other people to try. So we try and create forums where individuals who have adopted proper nutrition habits share their experiences with other community members.

What should parents and schools be teaching children to ensure they know the importance of having a wholesome and healthy life?

Well, at a very early stage of course children don't have much control, i.e. they take what they are given and often don't know any different. Also later on in life say during the early schooling years there is not enough information available to inform children broadly about nutrition. One should be aware about human biology. Nutrition is just one aspect; the others include lifestyle, exercise, adequate rest and a host of other factors including exposure to cigarettes.

In the event that a mother was unable to have a healthy diet during pregnancy, what chances does a child have of overcoming the consequent ill-effects on his own development as a result of that pre-birth malnourishment?

The first twelve weeks of the child's life are crucial since

all organic structures are being formed. Some of the effects are never overcome, for e.g. if the mother is deficient in folic acid. Well one of the structures that isn't formed properly (owing to a lack of folic acid) is called the neural tube and the neural tube then closes. If it doesn't close it causes a condition called the spina-bifida where the lower part of the spine is open. Such people are paralyzed in the lower half of the body, and they may have a whole set of other neurological problems as well. It's an absolute disaster. There is nothing you can do. The incidence of that kind of problem has gone down since the regular introduction of folic acid in a mother's diet, during antenatal care.

At times parents, possibly owing to a lack of knowledge, only stress on the physical health and development of their children, ignoring aspects such as the mental health and emotional wellbeing. What balance would you suggest is most helpful for the child to grow into an adult that does not only have a strong immune system but also an emotional foundation?

It is a matter of attitude I think. There is a tendency to look upon a child as a mini adult. A child is an organism of a particular kind at a particular stage in life. You cannot treat him/her like an adult so early in life. Children need a lot of support, affection and security. They need nutrition; they need freedom to explore and to express. It's the exploration that leads to sampling, discovery and an understanding of the world around them. If you don't allow it to happen they won't know about the world and if they can't express themselves or are not allowed to because there is not any adequate social interaction, you have individuals who become miserable, frustrated, angry and violent. They will get bashed by society and that abuse is an unpleasant stimulus which then influences the way the brain is connected and makes that individual susceptible to impulsive behaviors, violence and anxiety.

How would you suggest that parent's measure or assess the emotional wellbeing of their children?

It's not easy. Of the basic observable properties of the brain, memory is certainly one of them. But the one that we tend to overlook is curiosity. The child is normally naturally curious and curiosity is the drive for exploration. By exploration I mean a child can't move and can't crawl but reaches out for whatever is within reach, his/her hands, feet, rattles and toys. At a later stage they crawl. Everywhere they walk they explore. The thing that drives this exploration is curiosity. So if you see a child who isn't curious there's something wrong. The fundamental property is missing. You see a child is apathetic if s/he do not take heed of his/her environment whereas if you look at a child at a very young age, who sees you and reacts by sensing, recognizing gazing at you then he/she has a sense of curiosity. Mostly children who have been brought up in orphanages as infants are apathetic as they are allowed to just sit and lie in their cots to stare at the

ceiling. They are at a great disadvantage as they do not exhibit a high level of curiosity and thus the development of their brain suffers.

Creativity and confidence is a by product of ECE or ECD. How do you define creativity?

One of the reasons one does not necessarily recognize creativity is because it gets bashed out of the system which lays a heavy emphasis on that which must be learnt. The education system evaluates and if a child is evaluated well s/he gets a carrot and if not then s/he expects the stick. So where is the room or incentive to be able to do anything other than that which is dictated by the stereotype? But go back to the child and talk to a child who is 2 years old and you will find that that child lives in an imaginary world and imagination is all about creativity. It's actually an inborn phenomenon. Just like curiosity is. But I think both curiosity and creativity are being bashed out by the system.

What thoughts do you have about the attitude of the masses towards paying attention to their children's and their own health needs? Is it something that needs to be improved?

"The child is naturally curious, so if you see a child who isn't curious there's something wrong."

Yes, of course health attitudes do need to be improved upon. In Pakistan, there is a certain level of awareness amongst families pertaining to what major health services are available to them, the

most prominent being the immunization service being promoted by the government. But there are certain health services that are not being offered to families, especially in the rural areas, by both the public and the private sector. Hence, no matter how much the family knows about the importance of health care there isn't really much access to health facilities. So part and parcel of the process of supporting children and family health care includes providing the needed health facilities and forming connections between the families and the health services.

What have been the biggest achievements, in terms of providing health services for children during their early years that the AKU-HDP has accomplished so far?

The most useful thing we've done is to link pregnant mothers with the local service. Local service where there is antenatal care, maternal care and backup service of referring mothers to a station where more complex care can be provided such as the Liaquat Medical University in Hyderabad or the Bolan Medical College in Quetta. That is the beginning. We have also identified children with disability in need of help and there we've contacted the government and certain civil society organizations. Mostly civil society organizations have provided guidance and care to individuals with disabilities but these organizations are few and offer scanty services. The best thing you can do with a disability is to prevent it. Hence our focus is to work with families to ensure that a child grows up healthy and reaches his full potential.

BOOK REVIEW

BY YOUSHEY ZAKI UDDIN

The guide, “Small is Healthy” is a very clearly written and reader-friendly book which covers in detail many aspects that schools should be aware of when introducing health. The text is not just addressed to those who manage schools; it is also an excellent manual for policy-makers, teachers and trainers.

Most schools usually have little or no experience in the area of promoting health education.

Most of them do not even work to include health education as part of their formal syllabus or curriculum. The general perception is that health is a component that altogether requires a different set of skills and a range of different resources, something that may prove costly for schools.

To help schools and teachers with ideas that are simple and doable, Dr. Pat Pridmore and Dr. Tashmin Kassam-Khamis have together composed an excellent guide to promote health in schools.

In a clear and comprehensible way it guides through the impact a school's participation can have on the health of the community. It shows how the school's child-to-child approach can be integrated to effectively educate children and the wider community about health related issues. It demonstrates how the schools can help create a healthful environment and how schools can work with the community to provide and strengthen community-based health services.

The ideas are incredibly simple and they guide how conventional health education can help teachers develop and organize their classrooms and their teaching methodologies creatively; how it can help school administrators construct low-cost and helpful health policies; and how it can inspire the community to work with schools and the children to ensure better health for everyone.

The book has been very well structured with the topics in a very logical sequence. The initial sections explain how teachers can successfully teach health in small schools and how they then spread health knowledge and skills from the school to the environment and the community. The later sections give detailed examples of lesson plans for teaching small classes of different levels about health topics that are crucial for children and their families.

“Small is Healthy” is surely an important resource book and an essential handbook that will enable teachers to create effective lesson plans to improve the physical and emotional health of children, their families and their communities.

Small is Healthy

Guide to Promoting Health in Small Schools



Small is Healthy

By Dr. Pat Pridmore & Dr. Tashmin Kassam-Khamis

WEBSITE REVIEW

BY YOUSHEY ZAKI UDDIN



www.unicef.org/ffl

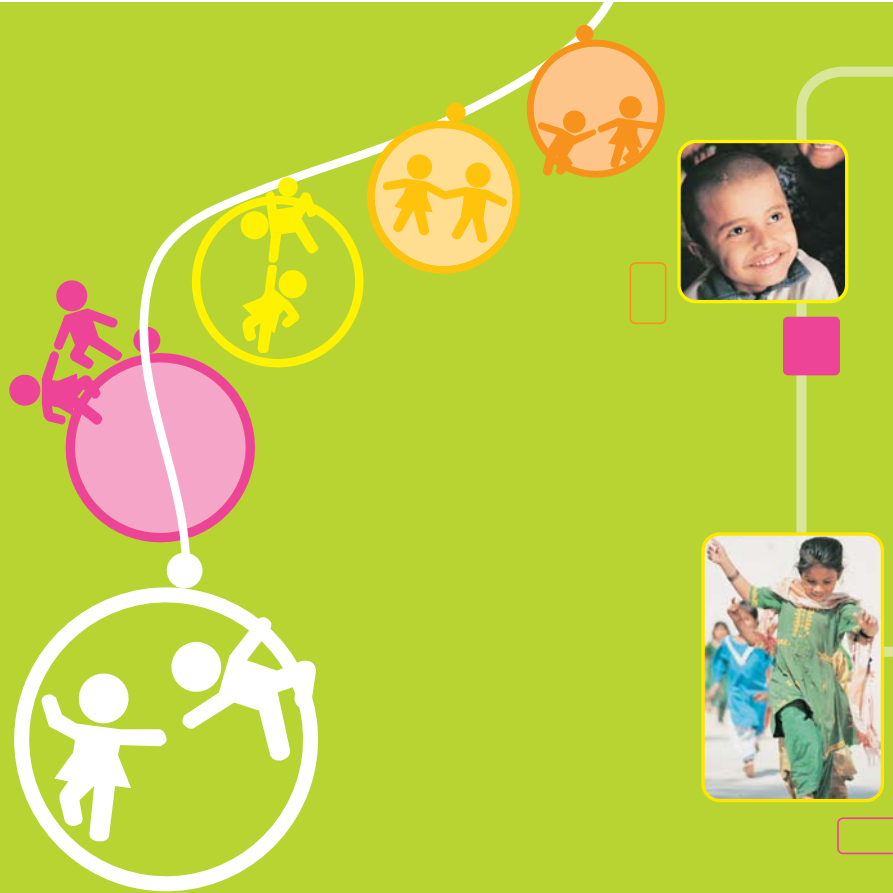
Did you know that the health of both women and children can be significantly improved when births are spaced at least two years apart, when pregnancy is avoided before age 18 and after age 35?

You can learn about the essentials of a healthy lifestyle for your child and yourself, and much more from the Facts for Life website. Since it was first published in 1989, Facts for Life has become one of the world's most popular books, with more than 15 million copies in use in 215 languages in 200 countries. The book is co-published by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank.

Facts for Life – now on the internet – presents, in a very simple and reader-friendly language, essential and reliable information about practical, effective and low-cost ways to protect children's lives. The website contains information including Safe Motherhood, Early Learning to Malaria and Injury Prevention.

Facts for Life aims to provide parents and other caregivers with the information they need to improve children's lives. The messages contained in Facts for Life are based on the scientific findings by medical experts around the world. It also presents statistics and indicators of human suffering, for e.g. the dismal fact that every year nearly 11 million children die from preventable causes before reaching their fifth birthday, many of them during the first year of life.

The bleak status of children further reinforces the purpose of the website. Facts for Life aims to make life-saving knowledge easily available to everyone. It presents the most important facts that people should know in order to prevent child deaths and diseases and to protect women during pregnancy and childbirth. Its messages are simple, and people in every corner of the world can act on them. Everyone can help communicate the Facts for Life messages – health workers, teachers, students, government officials, radio broadcasters, journalists, community workers, religious leaders and people from all walks of life.



In the so called modern and developed society, one primarily driven by a desire for selfish material gain, our children are being harmed and robbed of their childhood by the changing social, academic, cultural and economic agendas and forces.

Global Measures Alarming Indicate:

Amongst the 1.9 billion children in the developing world:

- 1 billion live in poverty (every second child)
- 640 million without adequate shelter (1 in 3)
- 400 million with no access to safe water (1 in 5)
- 270 million with no access to health services (1 in 7)

Source: www.globalissues.org

To initiate a serious discourse on rediscovering and protecting childhood, the Sindh Education Foundation (SEF) - with the indispensable support of the Aga Khan Foundation - Pakistan, USAID and Catco Kids Inc. - organized at a local hotel:

- A 3-day symposium on 'Rediscovering Childhood' from April 3-5, 2006 and
- A day-long conference on 'Early Childhood Development in Pakistan' on April 6, 2006.

Dr. Adeeb-ul-Hasan Rizvi, the founder of the much renowned Sindh Institute of Urology and Transplantation (SIUT) inaugurated the 3 day symposium. Speaking from a doctor's perspective he expressed concern that the 'plasticity' of the brains during the early years can have equally adverse effects if children are neglected or are put through upsetting experiences. Also addressing the

numerous participants at the inaugural session of the symposium were Prof. Anita Ghulam Ali (S.I), Managing Director, SEF, Mr. Mohammedmian Soomro, Honorable Chairman Senate of Pakistan, Dr. Hamida Khuhro, Honorable Minister for Education, Government of Sindh.

All of them stressed that the government and citizens have to come together to promote the right of every child to his or her childhood and to work for better living conditions for children who are vulnerable and are at risk.

Dr. Jan Visser, a leading development scientist, spoke about uncertainty and the complexities of a world that has damaged human interactions. His keynote enquired into the development of values that shape human beings as responsible and selfless. Dr. William Crain, author of "Reclaiming Childhood" and other celebrated books, conversed with the participants over the phone on the importance of child-centered approaches to parenting and teaching.

The 3-day symposium was divided into the following four themes:

- 1. Social Institutions & Childhood – Family and School**
- 2. Media, Technology & Childhood**
- 3. Globalization and Shaping up of Childhood**
- 4. Development & its Challenges to Childhood**

Following is a summary of discussions that took place during the symposium under the aforementioned themes:

Rediscovering Childhood

A Pursuit to Exploring What Childhood is Ideally Meant to Be

BY MASHHOOD RIZVI



Social Institutions and Childhood:

Although there are multiple social institutions to which children are exposed during their childhood, family and schools, play a central role in today's society.

Family:

Traditionally and naturally the family is the primary context where children experience the emotional and physical care and sustenance vital to their well-being. There is strong evidence which shows that children are shaped by the world around them. For children under 8 years of age, depriving them of a loving family environment causes lasting damage to their intelligence, emotional wellbeing and even their physical stature.

The key questions that were raised during the symposium were:

- Has the role of family in the upbringing of children degenerated in the last few decades?
- What are some core values that need to be imparted by the family for the intellectual, social, moral and emotional development of children?

According to Prof. Anita Ghulam Ali and Ms. Amina Saiyid of the Oxford University Press (OUP), there has to be an element of respect for the dignity of each family member irrespective of the age and status of the family members, resulting in them doing things for each other out of respect and love rather than out of fear and also resulting in the freedom for individual growth. Ms. Fatima Suriya Bajja and Mr. Ramiz Allahwala expressed that nurturing

families avoid physically or verbally abusing children and also have open and strong communication links. There is, hence, a strong need for discussion and discourse within the family. Lt. Gen. (Retd.) Moinuddin Haider clarified that in nurturing families rules tend to be made explicit and remain consistent, but with some flexibility to adapt to individual needs and particular situations. Dr. Aneela Amber Malik stated that nurturing families are not perfect; they may have quarrels, misunderstandings, tensions, hurt, and anger - but not all the time. Dr. Malik along with Ms. Zubeida Dossal concluded by stating that in nurturing families everyone makes mistakes; mistakes are allowed. Perfection is unattainable, unrealistic, and potentially dull and sterile.

Schools:

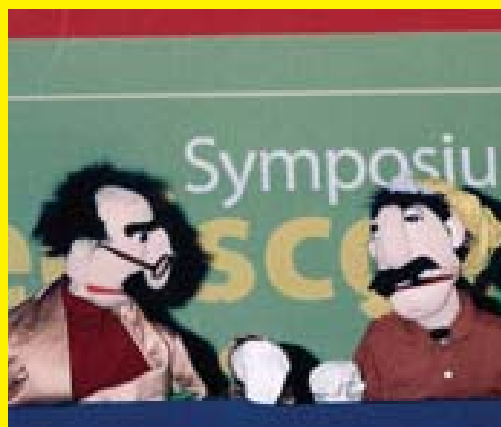
Many of us all over Pakistan are concerned about how much damage schooling is doing to our children, the burden and stress it is putting on them, and the need for radical change in the current pattern of education. Yet, ignoring our common sense, we accept the physical, psychological and spiritual tortures inflicted daily on our children - rationalizing this for the 'good of the Nation' or for their 'future career'. We ignore the fact that in the daily routine of schools, which is obsessed with examinations and evaluations, a child's innate capacities have no opportunity to find expression. School's schedules leave little or no time for carefree exploration, play or just a chance for children to enjoy simple pleasures of childhood.

There were many thought-provoking questions for the audience:

Special Section

- What learning spaces and opportunities do children lose when they are forced to attend schools? Can they be re-created for children?
- How do we undo the damage already done to our children by the present culture of schooling?

Mr. Wasif Rizvi explained that unless children's innate natural abilities are understood and respected there cannot be any learning. He stressed that schools must be turned around to respond to the diverse learning styles and particular interests of children. Prof. Abbas Hussain, Ms. Yasmin Bano, Dr. Jan Visser and Ms. Wendy Griffin were of the view that we must immediately seize to believe that outside school learning is useless and school is the only place where learning takes place. They clarified that most learning actually happens without proper instructions or guidance. They launched a powerful critique that all children cannot be taught in the same way following certain teaching methods and that best learning opportunities are possible when there are multiple age groups in the learning environment i.e. intergenerational learning.



Uncle Sargam steals the show:

By far the most enjoyable part of the event was the performance by Uncle Sargam and his group of zany puppets. Each puppet, with his/her distinctive character formed during years on television delighted the crowds with their witty and comical critique on childhood, education, society as a whole and its peculiarities. The combination of puppets and live actors proved an excellent way of bringing forth the lighter side of society's role in nurturing children.

The man behind Uncle Sargam, the famed Farooq Qaiser, has been entertaining viewers for more than 20 years. His puppets have also helped him win the coveted Pride of Performance.



Dr. Hamida Khuhro, Minister for Education, Govt. of Sindh addresses the participants at the ECD Symposium

Technology, Media and Childhood:

Prof. Nisar Ahmed Zuberi and Prof. Abbas Hussain made back to back presentations that raised huge concerns in the audience in relations to the impact of media and technology. According to them overexposure to technology, such as computers, video games and television has a very detrimental impact on the intellectual, emotional and moral strength of children. It can easily result in stunted creativity and imagination, impoverished language and literacy skills and deficit in attention span. Moreover an exposure to violence, pornography, bigotry, and other material that is devoid of ethical and moral context can lead to social isolation, weakened bonds with family, lack of self-discipline and self-motivation, commercial exploitation, deprivation of relationship with nature and the real world.

Under this theme several key questions were also raised:

- What are the implications and influence of media & technology on children's learning, their health and their relationship with the environment?
- Does media & technology serve to homogenize cultural groups or, on the contrary, to maintain diversity? And who gains and who loses in this media rich society?

Heavy TV viewers, by watching readymade images, are less imaginative, more aggressive, and are more likely to have attention problems, and become aggressive later in life.

Source: www.asu.edu

Mr. Arshad Mehmood, as part of the panel, debated that satellite and electronic media have become a powerful force in our lives today as they shape our attitudes, desires, priorities, relationships, values, sense of identity and modes of reflection. Prof. Shoaib Hashmi, however, highlighted possibilities by stating that media can be a very powerful tool for supporting dynamic and diverse forms of learning. Mr. Amar Jalil, Mr. Farooq Qaiser, Mr. Rashid Sami and Ms. Haseena Moin, however, believed otherwise by explaining that very few opportunities for creating a truly 'liberating media' exist.



Globalization and Shaping up of Childhood:

All the speakers and panelists were in absolute agreement that the word 'globalization' means different things to different people. Ms. Stella Jaffer and Ms. Zubeida Mustafa stated that one notable affect of globalization that is cited is the enormous growth of urban slums in developing countries leaving families with limited resources which consequently pulls in children to join in the survival struggle, depriving them of the true joys of childhood.

Mr. Karamat Hussein stated that in the process of creating a global village, the children and everyone are told that the world is being united by virtue of the fact that everyone will soon be able to indulge their innate human desire for a westernized, urbanized consumer lifestyle. So the childhood which was once marked with innocence, freedom, joys and sharing is being reshaped for children and they are avidly becoming consumers and acquiring characteristics such as greed, self pity and dissatisfaction. He continued by explaining that this is also achieved through disrupting traditional cultures. The end result is that young children are being made to feel that their own language, their own skin color and their own way of living is inferior.

Marketing to children is a big business. Children are the largest and fastest-growing target market for consumption. At three years of age, before they can read, one out of five children is already making specific requests for brand-name products. This is because they see about 40,000 advertisements a year on TV alone.

Source: www.whomindsthechild.org

To highlight the language crisis and its effect on childhood Dr. Tariq Rehman and Dr. Shahid Siddiqui unveiled the ever increasing crisis of erosion of local languages and its impact on childhood and culture. They claimed that due to the staggering fact that 90% of the world's languages are not represented on the Internet, one language disappears on an average every two weeks. Explaining the causes of erosion of languages they elaborated that language endangerment may be the result of external forces such as military, economic, religious, cultural or educational subjugation, or it may be caused by internal forces, such as a community's negative attitude towards its own language. Dr. Shahid also stressed that we should learn to speak 'English' but not at the expense of other languages and it must be a voluntary process rather than a forced one.

Some key questions were raised during this session:

- Is globalization a cross-cultural interaction of diverse societies or is it the imposition of Western culture on our children?



- What implications does homogeneity of cultures have on children?
- What steps should be taken to bring diversity, respect for environment and local values and traditions back into our lifestyles for children to learn?

Mr. Ayyaz Kiani discussed the ramifications of consumerism on childhood. He highlighted that consumerism has supported the spread of a materialistic lifestyle and attitude in children that sees consumption as the path to prosperity.

The speakers and panelists stressed that we must expose kids to other forms of media - documentaries, conceptual art exhibits (carefully selected), gatherings of interesting adult friends with folk lore, imaginative and creative stories to tell. This will not only preserve our oral culture but will also contribute towards the cognitive, social and emotional development of children. Parents must teach their children the connections within the natural world to preserve the natural environment. Finally it was stressed that we must teach kids empathy for others instead of buying toys; we must suggest that they should spend money for socially responsible actions such as buying some groceries for someone who needs them.



Development and its Challenges to Childhood:

The 'development industry', created during the past four decades to respond to a global commitment for alleviating poverty and seeking global equality, is in a state of disarray. More than any other segment of the world population, children are paying the heaviest price of this colossal failure & betrayal of development. As an eye-opener it was revealed that for the children in the developing world only a meager 4% of the wealth of the world's 225 richest people or a paltry 12% would need to give up to wipe out world poverty, provide health care and immunization for all, eliminate severe malnutrition and halve moderate malnutrition, and provide safe drinking water for all.

Key questions raised under this theme were:



(From the left) Ms. Saadia Chaudry, Prof. Anita Ghulam Ali (S.I.) and Ms. Mehnaz Akbar Aziz during the roundtable dialogue at the ECD Conference

- Are the so-called 'third world' countries really underdeveloped?
- Do they not carry traditional values such as indigenous knowledge, cultural expressions and social fabric for them to be considered as 'advanced' other than in the economic sense?

Dr. Kaiser Bengali stated that the reality is that the poor, particularly the children, are caught in the cycle of flood and drought, desertification, communal violence, unrestrained population growth, wretched educational facilities and the ebbing employment and income generation opportunities. Ms. Helena Norberg Hodge, speaking from Australia, explained that development and developmental slogans such as 'free trade', 'free market', 'Education for All', 'Millennium Development Goals' etc. inherently favor transnational corporate producers and has become a big business, preoccupied more with its own growth and incentives than with the people it was originally created to serve.

Early Childhood Development in Pakistan - Opportunities & Challenges

During the early years secure and safe relationships, a healthy and nutritious diet, a conducive setting where children are allowed to freely express and learn, an environment where children are regularly spoken to and heard, where they are taught meaningful social values and morals all tend to act as a vaccination against later health problems, social and emotional ineptitude and learning incompetence. Early Childhood Development (ECD) is an umbrella term for a variety of such interventions that help young children, their families and other caregivers by providing holistic support in childcare, education, health, nutrition and parent support.

Prof. Anita Ghulam Ali initiated the discussion by stating that in Pakistan, as acknowledged by the Ministry of Education, there is no formal provision for Early Childhood Education (ECE) strategies. Furthermore, the NGOs/private sector, albeit dynamic and innovative, does not have the financial and human resources required to implement a program on the scale that the government can.

The conference was inaugurated by Mr. Ghulam Ali Shah Pasha, Former Secretary Education, Govt. of Sindh who informed the participants that the Government had taken a step forward by forming a technical steering committee on ECD initiatives in Sindh. He also appreciated the efforts of SEF for bringing together agencies from all over the country for better coordination of ECD related projects. Dr. Baela Raza Jamil stated that ECD programs have comprehensive advantages as they seek to improve both the educational, nutritional and health status of the child and his or her family, simultaneously gathering community support. Ms. Wendy Griffin gave an intriguing overview of the RCC Programme, one of the most thriving ECD programs being implemented in 155 government schools of Sindh and Balochistan by various local NGOs and sponsored by AKF-P and USAID.

A child begins to learn immediately after birth. But it is even before the birth of the child that important developments take place that help develop the brain, the physiological and psychological structure of the child. These all have an impact on that child's ability to learn, grow and to be healthy.

The conference was also host to a pioneering roundtable dialogue on ECD Implementation. Ms. Sadia Chaudry, Advisor to Chief Minister, Punjab presided over the event. The roundtable brought together a number of representatives from the government, donors and NGOs to deliberate on policy issues, challenges and strategies vis-à-vis Early Childhood Development (ECD) in Pakistan. The key recommendations which emerged from the roundtable dialogue were to establish a national forum for ECD for integrating efforts and resources for effective, need-based and sustainable ECD programs via public-private partnerships both at provincial and federal levels. The purpose of the 4-day event was to initiate a much needed discourse on how to reclaim childhood from the shackles of forced education, media and technology and to reconnect our children with nature and with us. But can we rediscover childhood? Can we give our children a way back – from past overdone fears and the exaggerated importance of schooling and grades – to the world of simple, free contact with the natural world that brightened the childhood of all our past generations? There's strong evidence that creative play and exploration builds not just independence but leads to broad mental, physical and spiritual health.

Before closing, it was urged that the following fundamental beliefs and concerns be kept in mind:

- Childhood is a critical phase of life and must be protected to be fully experienced. It should not be hurried.
- Each child deserves respect as an individual. Each needs help in developing his or her own unique capacities and in finding ways to weave them into a healthy social fabric.

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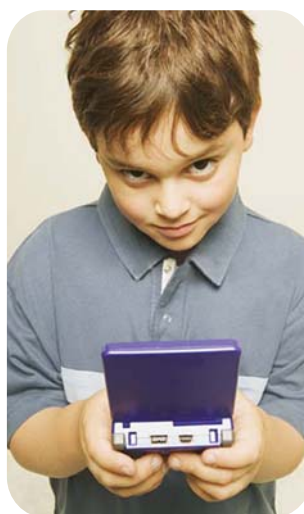
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