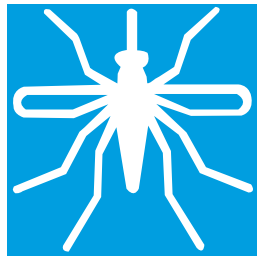


**“I have come that they may have life, and have it to the full”.
John 10:10**



Faith for Life

Manual for Christian Religious Leaders



Christians Taking Lead In Maternal & Child Survival

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

The Christian faith's belief in the meaning of human existence is the driving force behind the Church's involvement in the project. Following in the footsteps of Jesus, the Church goes out of her way to ensure not only the protection of life but also its promotion based on John 10:10 *"...I came so that they might have life and have it more abundantly."*

In addition, John 15:13 reads: *"No one has greater love than this, to lay down one's life for one's friends."*

Christ showed His love for mankind by making the ultimate sacrifice, death on the Cross. The Church urges everyone to view the neighbour as another self, and to ensure that the neighbour has the means necessary to live in a dignified way.

The role of the Church in the Faith for life Project is further justified by the Church's long-standing partnership with the Government in national developmental issues, such as provision of healthcare to its citizens in line with its missionary activity.

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

The situation of the vast number of the world's children is far from being satisfactory due to the lack of favourable conditions for their holistic development. This is in spite of the existence of laws protecting the rights of children, which bind all members of the international community. There are conditions connected with, among other things, the lack of healthcare or adequate food supply.

It is hoped that this material will reach and benefit many in and outside the Church.



Rev. Dr. Charles Kibicho
Chairman
National Council of Churches of Kenya

The Faith for Life Manual is a culmination of a long-standing partnership between the Inter-Religious Council of Kenya, the Ministry of Public Health and Sanitation and UNICEF. The partnership builds on the mandate, role and influence of leaders of the different faith communities to advocate for the rights of children in Kenya. Through this partnership, we have seen the important role that faith communities can play in contributing to reduction of maternal and child morbidity and mortality.

The Child Survival and Development Strategy, launched in June 2009, also clearly articulates the role of partnerships, including faith communities, in increasing uptake of child survival and development services available at health facilities, and mobilising communities to adopt behaviours and practices at the household level that will ensure mothers and their children survive and thrive.

The Faith for Life Initiative, jointly conceived and implemented by the Inter-Religious Council of Kenya, the Ministry of Public Health and Sanitation and UNICEF, seeks to ensure survival and development of children, with faith communities taking a leading role. The initiative is premised on the fact that proper upbringing and survival of children ensures a solid community of believers for tomorrow.

Thus, leaders of faith communities have a critical role to ensure that children get the best opportunities in life for them to survive, develop and grow to their full potential. Cognisant of the overwhelming effects child survival, the faith community is expected to lead social change process by creating an open communication and support atmosphere about key developmental initiatives, including exclusive breastfeeding, disease prevention, immunisation, handwashing, nutrition, prevention of mother-to-child transmission of HIV, sanitation and health seeking behaviours.

The Faith for Life Manual is a compilation of appropriate messages on child survival and development, linked to the Christian faith, which will be used by the faith communities for behaviour and social change communication.

Carefully selected verses from the Holy Bible, related to infant and young child feeding, disease prevention, hygiene and sanitation, have been compiled and provide the

spiritual basis for promoting the high impact interventions outlined in the Child Survival and Development Strategy. Following each faith's religious teachings, there is a separate set of communication material that will be disseminated.

Leaders of faith communities will be able to use these theological reflections combined with technical information and actions to disseminate key messages during prayer and worship sessions.

This work is the result of a comprehensive consultation process at all levels. Leading and key leadership of Christianity, Muslim and Hindu faiths, specialists from the Ministry of Public Health and Sanitation, partner organizations and UNICEF have participated and contributed in conceptualisation, endorsement and finalisation of this handbook. We would, therefore, like to extend our thanks to all of them.

It is our hope that this work will support everyone, whether in a Church or homesteads, practically and passionately to ensure every child born in Kenya gets the best start in life, survives and thrives.



Dr. Olivia Yambi
Representative
UNICEF, Kenya

ACT	Artemisinin-based Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ARI	Acute Respiratory Infection
CSD	Child Survival and Development Strategy
CRC	Convention on the Rights of the Child
EAK	Evangelical Alliance of Kenya
F4L	Faith for Life
HIV	Human Immunodeficiency Virus
HFS	Health Facility Survey
HSB	Health seeking behaviours
IMCI	Integrated Management of Child Illness
IMR	Infant Mortality Rate
IRCK	Inter-Religious Council of Kenya
IRS	Indoor Residual Spraying
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KEC-CS	Kenya Episcopal Conference Catholic Secretariat
KFSSG	Kenya Food Security Steering Group
KWFN	Kenya Women of Faith Network
LBW	Low Birth Weight
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOM	Ministry of Medical Services
MOPH&S	Ministry of Public Health and Sanitation
NCKK	National Council of Churches of Kenya
ORS	Oral Rehydration Salts
PMTCT	Prevention of Mother to Child Transmission
OAIC	Organization of African Instituted Churches
TB	Tuberculosis
SDA	Seventh Day Adventist Church
UNICEF	United Nations Children's Fund

The *Faith for Life Manual* has essential information which religious leaders and faith communities need to know to intervene on maternal and child survival. It has scriptural references and support that emphasise interventions on:

- i. Health Seeking Behaviours.
- ii. Mother and Child Health Care.
- iii. Mother and Child Nutrition.
- iv. Common Childhood Diseases.
- v. HIV and AIDS, and PMTCT.
- vi. Early Stimulation, Child Protection and Care
- vii. Safe Drinking Water and Cleanliness.

The Manual supports the Child Survival and Development Strategy (CSD 2009- 2015) by the Government of Kenya and it is aimed at complementing efforts by the Ministry of Public Health and Sanitation in implementing it.

It contains latest evidence and recommended actions at the community level aimed at reversing the alarming trends in maternal and child health. The engagement of faith communities is thus necessary to achieve the objective of reducing maternal and child deaths.

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

The Ministry of Public Health and Sanitation and UNICEF

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

IRCK welcomes input and comments on this Manual, which can be sent to:



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

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

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

Christ himself in his incarnation took up a truly human body endowed with a human soul. Philippians 2:7 says: *"... he emptied himself ... coming in human likeness and found human in appearance."*

Jesus thus sanctified both body and soul.

Human beings are created in the image and likeness of God.

In Genesis 1:27: *"God created man in his image; in the divine image he created him; male and female he created them."*

In 1 Corinthians 3:16, St Paul asks: *"Do you not know that you are the temple of God, and that the Spirit of God dwells in you?"*

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

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

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





Introduction

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

Current Situation in Kenya

In Kenya, people go for self medication or over the counter prescriptions. This means that they seek health facility-based care late, hence poor compliance to treatment. In other cases, they resort to alternative medical care, for instance herbalists and witchdoctors since they believe that herbal medicine works better than conventional drugs.

Cultural and religious beliefs also interfere with health seeking behaviours, for instance people who object to blood transfusion even when needed.

Rationale

The bulk of the disease burden can be reduced by simple household practices such as hand-washing with soap, boiling water and exclusive breastfeeding.

Myths, Misconceptions and Wrong Practices

These include food taboos, not seeking medical care because of religious and cultural beliefs, ignorance of quality healthcare services and belief in traditional healers and witchdoctors.

Correct Practices to be Promoted

- i. Promote a child's mental and social development by being responsive to their needs for care and by encouraging the child's development through talking, playing, and providing a stimulating environment.
- ii. Ensure sick children receive appropriate and timely treatment.
- iii. Take appropriate actions to prevent and manage child injuries and accidents.
- iv. Dispose human and animal wastes safely and wash hands with soap and water after visiting

the toilet, before preparing meals or feeding children.

- v. Avoid eating meat from dead or sick animals.
- vi. Ensure that drinking water is safe.
- vii. Protect your child from indoor (household) air pollution.
- viii. Follow recommendations given by health workers on treatment, follow-up and referral.
- ix. Ensure that every pregnant woman receives the recommended antenatal visits and doses of tetanus vaccination, and is supported by family and community in seeking appropriate care, especially at delivery and during the postpartum and lactation period.
- x. Involve fathers in the care of the child and in the family's reproductive health.
- xi. Ensure that your child's teeth are checked at a dental clinic once a year from ages one to five years.

Supportive Scriptural References

Bodily life and health are gifts entrusted to man by God and are considered a blessing by the Holy Scriptures in:

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

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

Nourishment

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

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

Hygiene

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

Rest

Sufficient sleep is necessary to restore energy. It is a demand and command of nature. The Church, therefore, values physical exercise/activities and proper rest to preserve emotional balance and to establish relations among people.

Drugs

Everyone is seriously obligated to shun the consumption of alcohol. Proverbs 23: 20–21 says: *“Do not join those who drink too much wine or gorge themselves on meat, for drunkards and gluttons become poor and drowsiness clothes them in rags.”*

Timothy was advised by Paul to take alcohol as a medicine for his stomach pains. However, there are medicines today that can heal stomach problems and Christians need not resort to alcohol.

Medical Treatment

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

From the point of view of belief, the medical profession is a calling to share in the healing ministry of Jesus Christ who came among us to cure man’s bodily as well as spiritual ills. Today, as in Biblical times, health professionals need to be supported by the entire church community.

When sick, the responsibility for care seeking and the compliance with the treatment given lies with the patient. The task of healthcare professionals is to provide timely and good quality attention.

Patients have a right to receive sufficient information on their health condition and needs for them to give informed consent.

Key Messages

- Always consult a qualified healthcare giver whenever you are ill, in addition to prayer.
- Observe the child for any unusual signs and symptoms that could lead to illnesses and seek help from a health worker.
- Ensure regular visits to health facilities for professional care and health advice.





a. Care of Pregnant Women

Introduction

Every pregnant woman always desires an uncomplicated pregnancy and, ultimately, a healthy baby. Every year, however, about 6,000 women and adolescent girls die in Kenya from pregnancy and childbirth related complications (KDHS 2008/2009).

Every year, some 10 million women and adolescent girls experience complications during pregnancy, many of which leave them and/or their children with infections and severe disabilities. Maternal deaths occur due to bleeding during or after delivery, obstructed labour, high blood pressure, and severe infections like malaria, HIV, severe anaemia or other pre-existing conditions. Malaria in pregnancy can lead to miscarriage, stillbirth or low birth weight, anaemia or severe illnesses.

More than 15 years since the launch of the Safe Motherhood Initiative (SMI), maternal and neo-natal mortality levels in Africa have sadly continued to rise instead of declining. While a few countries have experienced sustained reductions in maternal mortality, little or no progress has been achieved in countries with the highest levels of mortality, like Ethiopia and Nigeria, where the maternal mortality rate is over 1,000/100,000 live births. Of all maternal deaths occurring globally, 99 per cent of them are in developing countries, with the sub-Saharan Africa having the highest maternal mortality rate (MMR) of 900 maternal deaths per 100,000 live births.

Current Situation in Kenya

Maternal mortality levels in Kenya have remained unacceptably high at 410 deaths per 100,000 live births, with some regions reporting MMRs of over 1,000/100,000 live births. Neonatal mortality rate is estimated at 31 deaths per 1,000 live births (KDHS 2008/9). Most of these deaths are preventable.

Deliveries by skilled attendants increased from 40 to 43 per cent (KDHS 2008/9). This means that over 50 per cent of deliveries among Kenyan women are attended by unskilled persons, hence both mother and newborns are in danger should any complication arise during delivery or the post-natal period.

i. Majority of women of reproductive age do

not have any pre-pregnancy care, hence some women enter pregnancy with complications.

- ii. Most pregnant women attend antenatal clinics late and majority do not make all the four recommended visits for optimal care.
- iii. More than half of the women in Kenya deliver at home without a skilled birth attendant, putting them and their newborns at the risk of poorer birth outcomes.
- iv. Only 10 per cent of women in Kenya seek or utilise post-natal services as a critical point of care for mothers and babies.
- v. In places where access to care is limited, majority of mothers and their newborns die immediately after birth.

Rationale

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

Governments and local authorities, with support from non-governmental and community-based organisations, have a responsibility to address these issues to ensure women and their newborns receive the required quality health care.

Most pregnant women have pre-existing uncontrolled conditions, which may cause them complications in pregnancy. Majority of pregnant women attend ANC late and more than half of the pregnant women in Kenya are delivered by unskilled attendants. Majority do not seek post-natal care.

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

Myths, Misconceptions and Wrong Practices

- i. Some communities believe that a woman should not say she is pregnant until it is physically visible for fear that the spirits will take away the pregnancy.

- ii. Some women believe that there are 'forced' HIV tests at ANCs.
- iii. Some communities insist on certain ceremonies being performed on the placenta, hence they prefer delivery at home.
- iv. Some expectant women shun health facilities over claims that health workers physically beat or verbally abuse them during labour.

Correct Practices to be Promoted

A lack of recognition of danger signs during pregnancy and failure to take appropriate action, inadequate or lack of birth planning and preparedness, and the delays in seeking appropriate skilled care at a health facility are some of the contributory factors.

The risks of childbearing for the mother and her baby can be greatly reduced if:

- i. A woman is healthy and well nourished before becoming pregnant;
- ii. She has regular maternity care by a trained health worker at least four times during every pregnancy;
- iii. The birth is assisted by a skilled birth attendant, such as a doctor, nurse or midwife;
- iv. She and her baby have access to specialised care if there are complications; and
- v. She and her baby are checked regularly during the 24 hours after childbirth, in the first week, and again six weeks after giving birth.
- vi. Any pregnant mother can develop life-threatening complications. These can neither be predicted nor prevented. The families need to identify danger signs early and immediately transport the pregnant women to a hospital with facilities for services such as caesarian section and blood transfusion. These danger signs during pregnancy, delivery or after delivery include
- vii. bleeding, severe headache, convulsions, breathlessness at rest, good labour pains without the baby moving and fever with chills and rigors.
- viii. Spacing children for at least two to three years apart improves the survival of both mother and child. All pregnant women should make at least four ANC visits, with the first visit within the first three months.
- ix. Every woman should visit a clinic for antenatal care as soon as she knows that she is pregnant.
- x. All pregnant women should have an individual birth plan (where to deliver, how to get there, who to assist you, family to put money aside, etc).
- xi. All mothers, including those who have delivered at home, should attend post-natal clinics for care within two days of delivery.

- xii. All women of childbearing age, including adolescent girls, need to be protected against tetanus for their own benefit and for their future babies. Over time, five doses of the tetanus vaccine are recommended for lifelong protection. A booster should be given during pregnancy if the woman has not yet received five doses.
- xiii. Girls who are educated, healthy and well-nourished are more likely to have a healthy pregnancy and healthy children. It is estimated that two maternal deaths can be prevented by every additional year of school attendance per 1,000 women.
- xiv. All pregnant women should brush their teeth after breakfast and after supper.
- xv. All pregnant women should visit a dental clinic at least twice for checkup.

Supportive Scriptural References

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

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

- Genesis 2:18, the Lord God said: *"It is not good for the man to be alone. I will make a suitable partner for him."* Man and woman were created to complement each other as partners.
- Genesis 2:24: *"That is why a man leaves his father and mother and clings to his wife, and the two of them become one body."* This underscores the fact that marriage and family were instituted by God.
- Matthew 19:4-6: Jesus said in reply: *"Have you not read that from the beginning the Creator 'made them male and female' and said 'For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh? So they are no longer two, but one flesh.' Therefore, what God has joined together, no human being must separate."*
- It is in the permanent union of marriage that children may have their normal heritage of love, security, guidance, care, home-life and learn interpersonal relationships. Children suffer gravely when parents separate or when there is instability and problems in marriage.

- Husband and wife are involved in procreation, which makes them coworkers with the creator as mentioned in Genesis 1:28: *“Be fruitful and multiply and fill the earth.”*
- A child is the fruit of the love between husband and wife. God blesses human beings, empowering them to transmit the life he has given them. They have to care for what God has given them.
- The Church holds that life begins at conception and demonstrates how privileged this moment is by celebrating the birth of Christ.

The scripture speaks of children thus:

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

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

The Church places the family at the centre of social life. For a healthy child, we also need a healthy father and mother. The Church affirms the great importance of the

health of mind and soul. Human health does not stop at physical vitality but includes a person’s best possible suitability for one’s total calling as a human being.

A Safe Environment

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

This harmony should promote God’s gift of life. Before and during the period of pregnancy and childbirth, the couple requires a safe and healthy physical and social environment in which to live and undertake the role of bearing and nurturing the young. It is important for the parents to lead a healthy lifestyle to help in this cause and to avoid situations that could cause the unborn baby unnecessary suffering.

- Exodus 21:22 clearly illustrates this: *“When men have a fight and hurt a pregnant woman so that she suffers a miscarriage but no further injury, the guilty one shall be fined as the woman’s husband demands of him and he shall pay in the presence of the judges.”* The miscarriage was equivalent to killing the unborn, so the law of vengeance applied i.e. a life for a life.
- Beyond this, the scripture emphasises the sacredness of life by teaching that God is the author of life and man is created in his image. The basic commandment of fraternal love extends to all human beings and binds respect and reverence for every human being. The church rejects abortion for ethical or even social reasons and considers it simply murder of the innocent. The fifth commandment holds: *“Thou shall not kill”* (Exodus 20:13).
- The results of over-indulgence in alcohol are, for example, described in Proverbs 23:29-30. They include screaming, shrieking, strife, anxiety, wounds for nothing, black eyes, dizziness, staggering and stumbling.

Social Support

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

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

in her womb.” Mary was supportive of Elizabeth when Elizabeth was pregnant.

Maternal Health and Nutrition

Endangering of the health and life of the mother and the unborn baby may arise from carelessness and this constitutes a grave sin against love. The need to avoid substances that could harm the unborn baby is illustrated in Judges 13:3-4: *“An angel of the Lord appeared to Manoah’s wife and said to her, ‘Though you are barren and have had no children, yet you will conceive and bear a son. Now then, be careful to take no wine or strong drink and to eat nothing unclean.’”*

Key Messages

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

b. New Born Care

Introduction

Kenya has one of the highest numbers of newborn deaths in Africa, with a neonatal mortality rate of 33 per 1,000 live births and approximately 43,600 deaths occurring every year. One in every 14 babies born in Kenya will die before their first birthday and about one in nine before their fifth birthday. The main causes of neonatal deaths are: severe infections, difficulty in breathing, pre-term birth, congenital anomalies, neonatal tetanus (two per cent) and diarrhoea. The rate of low birth weight babies in Kenya is 10 per cent.

Neonatal care, which is closely linked to maternal care, will need more attention if Kenya is to make any progress in meeting the Millennium Development Goals target in under-five mortality (33/1,000) and infant mortality (26/1,000) by 2015.

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

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

Current Situation in Kenya

The 2008/09 Kenya Demographic Health Survey has shown that the infant mortality rate (IMR) improved to 52 from 77 per 1,000 live births in 2003. The under-five mortality rate improved to 74 from 115 per 1,000 live births. The neonatal mortality rate, however, only reduced marginally from 33 to 31 per 1,000 live births, contributing to 42 per cent of the under-five mortality compared to 29 per cent in 2003.

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

Over 80 per cent of under-five deaths in Kenya are from preventable causes: neonatal conditions, pneumonia, diarrhoea, malaria, HIV and AIDS, and malnutrition.

Rationale

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

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

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

Correct Practices to be Promoted

A newborn should always be:

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

Supportive Scriptural References

Married couples with large families have the right to adequate support and should not be subjected to discrimination. This social support is underscored in Luke 1:57-58: *“When the time arrived for Elizabeth to have her child, she gave birth to a son. Her neighbours and relatives heard that the Lord had shown mercy towards her, and they rejoiced with her.”*

Key Messages

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





a. Good Nutrition

Introduction

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

If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and mental growth and development will be slowed all through his or her life.

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

Current Situation in Kenya

In most parts of the world, malnutrition occurs when people are undernourished. The primary reasons for undernourishment, especially of children and women, are poverty, lack of food, repeated illnesses, inappropriate feeding practices, lack of care and poor hygiene. Undernourishment raises the risk of malnutrition, weakening the body's resistance to illness. If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be made up when the child is older; it will affect the child for the rest of his or her life.

Malnutrition is an underlying cause in up to 55 per cent of all childhood deaths, stunting is 35 per cent and underweight 16 per cent (KDHS 2008).

Rationale

If a child is malnourished during the first two years of life, their physical and mental growth and development are slowed. This cannot be corrected when the child is older – it will affect the child for the rest of his or her life. Malnutrition develops when the body does not get the proper amount of energy (calories), proteins, carbohydrates, fats, vitamins, minerals and other nutrients

required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being undernourished or overnourished.

Correct Practices to be Promoted

- i. Exclusive breastfeeding is all an infant needs in the first six months of life. From six months to two years, introduce complimentary feeding in addition to breast milk.
- ii. Pregnant and breastfeeding mothers should eat adequate and balanced diet.
- iii. All post-natal mothers should be given vitamin A capsules immediately or within one month of delivery.
- iv. All children from the age of six months to five years should be given vitamin A capsules at a health facility every six months.
- v. Deworming should be done every six months on all children aged one to five years.
- vi. From birth to the age of two years, children should be weighed regularly to assess growth.
- vii. From the age of six to eight months, a child needs to eat two to three times per day and three to four times per day starting at nine months – in addition to breastfeeding.
- viii. After six months, give additional foods at least four times a day, plus breastfeeding.
- ix. Children need vitamin A to help resist illnesses, protect their eyesight and reduce the risk of death.
- x. Children need iron-rich foods to protect their physical and mental abilities and to prevent anaemia.
- xi. Iodine in a pregnant woman's and young child's diet is especially critical for the development of the child's brain.
- xii. A sick child should take additional fluids, regular meals and breastfeed.
- xiii. Children with symptoms of illness should be taken to a trained health worker or health facility for assessment and treatment.
- xiv. Avoid sugary foods e.g. sweets and biscuits.

Supportive Scriptural References

What one eats depends entirely on bodily requirements and personal preferences.

St Paul in Romans 14:14 declares: *"I know and I am*

convinced in the Lord Jesus that nothing is unclean in itself; still, it is unclean for someone who thinks it unclean."

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

Weaning

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

Figuratively, solid food is mentioned as fit for the mature.

Weaning is further described as a celebrated phase of an infant's life. In Genesis 21:8: *"Isaac grew, and on the day of the child's weaning, Abraham held a great feast."* And in 1 Samuel 1:24: *"Once he was weaned, she brought him up with her, along with a three-year-old bull, an ephah of flour, a skin of wine, and presented him at the temple of the Lord in Shiloh where it was accompanied by an offering."*

In addition, God provided man with alternative foods over and above the breast milk as in Genesis 9:3: *"Every creature that is alive shall be yours to eat; I give them all to you as I did the green plants."*

Malnutrition

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

In the scene of the last judgment, those who gave food to the hungry will be rewarded because by so doing, they did it to Jesus Christ.

Matthew 25:40 reads: *"Truly I say to you, as you did it to one of the least of these my brethren, you did it to me."*

Food Groups

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

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

Energy Giving Foods

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

Protective Foods

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

Body Building Foods

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

Sources of Food

The sources of food supply for the Hebrews were mainly:

Self-generated

- The householder's own herd (Genesis 14:7) or flock (Genesis 27:9) which reads: *"Go to the flock*

and get me two choice kids. With these I will prepare an appetising dish for your father, such as he likes.”

- His vineyard and olive yard or his vegetable garden (1Kings 21:2): *“Ahab said to Naboth ‘Give me your vineyard to be my vegetable garden, since it is close by, next to my house. I will give you a better vineyard in exchange, or, if you prefer, I will give you its value in money’.”*
- This then reinforces the need to make responsible use of the natural resources provided to man by God in generating our own food.

Commercial

As they became more of city dwellers, the Jews gradually commercialised their food. For example, the disciples of Jesus were accustomed to buying provisions as they journeyed through the land. John 13:29 says: *“Some thought that Judas kept the money bag. Jesus had told him. ‘Buy what we need for the feast’.”*

This, on the other hand, emphasises the need to supplement what we have by purchasing from elsewhere in ensuring that all our dietary needs are adequately catered for.

Traditional Foods

The food of a typical Hebrew household in historical times was almost entirely vegetarian.

- Except for the very rich, meat was reserved for special occasions, such as family festivals, visit of an honoured guest or a sacrificial meal at the local sanctuary.
- Before the deluge, the food of men and beasts was exclusively vegetarian. Genesis 1:29-30 reads: *“God also said: ‘See, I give you every seed bearing plant all over the earth and every tree that has seed bearing fruit on it to be your food: and to all animals of the land, all the birds of the air, and all the living creatures that crawl on the ground. I give all the green plants for food’.”* Regardless of the numerous ritual regulations that governed the Israelites on food, Jesus declared all foods clean. There are no longer any “unclean” foods in the New Testament.

The Old Testament is also positive about food, for example:

- Genesis 2:9: *“Out of the ground the Lord God made various trees grow that were delightful to look at and good for food.”*
- Genesis 1:31: *“God looked at everything He had made and found it very good.”* God was pleased with His work because it conformed to his wisdom and purpose.

- Mark 7:19: *“Jesus says: ‘everything that goes into a person from outside cannot defile him since it enters not the heart but the stomach and passes out into the latrine’.”*
- In 1 Timothy 4:4 Paul says that everything created by God is good and nothing is to be rejected if it is received with thanksgiving.
- Eating and drinking have to be morally ordered because self-preservation requires adequate nourishment. The amount and type of food is right when it preserves and develops bodily life.

Key Messages

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

b. Exclusive Breastfeeding

Introduction

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

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

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

Current Situation in Kenya

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

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

Rationale

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

Correct Practices to be Promoted

- i. Initiate breastfeeding of the baby immediately after birth. Do not give water, herbs or animal fats.

- ii. Breastfeed exclusively for the first six months.
- iii. Breastfeed the baby on demand.
- iv. After six months, give your baby additional nutritious food four times a day.
- v. Continue breastfeeding for up to two years and beyond.
- vi. Enhance growth monitoring and promotion at all levels of service delivery.
- vii. Newborn babies should be given to the mother to hold immediately after delivery.
- viii. Every mother can breastfeed successfully. Breastfeeding frequently causes production of more milk.
- ix. The risk of mother-to-child transmission of HIV is greater if the infant is given other foods, fluids and milk substitutes within the first six months, hence exclusive breastfeeding is encouraged.
- x. A mother who is regularly separated from her baby as a result of work and other responsibilities can express her breast milk so that another caregiver can safely feed the baby using clean containers. When expressing breast milk, the following should be observed:
 - All utensils used to feed your baby must always be cleaned with clean water and soap.
 - Wash your hands with soap and clean water before expressing breast milk.
 - Expressed breast milk can be stored for up to eight hours in a cool place.
 - Either the mother or someone else can feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup.
 - Additional information on expressing breast milk can be obtained from a health worker.

Supportive Scriptural References

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

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

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

1 Samuel 1:21 emphasises the principles of exclusive breastfeeding. Hannah was unwilling to participate in normal social activity because she was breastfeeding. When Samuel was weaned, he was old enough to live in the temple, where he was sleeping in his own room. This indicates that the weaning time must have been way beyond the infancy stage.

In Hebrews 5:12, the analogy of breastfeeding is used to indicate the need for infants to be breastfed until they are of age.

In Genesis 21:7-8, we see weaning being celebrated as a systematic transition from breastfeeding to other foods.

Luke 11:27 reflects on the impact of mothers who breastfeed on their children.

Key Messages

- i. All mothers should start breastfeeding immediately after birth.
- ii. Continue breastfeeding exclusively (give breast milk only) for the first six months.
- iii. After six months of exclusive breastfeeding, continue breastfeeding as you give your baby other nutritious foods for the next two years and beyond.





a. Malaria

Introduction

Malaria is a parasitic disease, which is usually characterised by shivering, chills alternating with fever, headache and nausea and sometimes vomiting. After an interval free of fever, the cycle recurs either daily or every third day depending on the species of the malaria parasite. Malaria is transmitted through the bites of some mosquitoes. Sleeping under an insecticide-treated net is the best way to prevent bites.

All members of the community should be protected against mosquito bites, particularly young children and pregnant women. Protection is needed after sunset and before sunrise, when malaria mosquitoes bite.

Current Situation in Kenya

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

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

Rationale

Malaria is very dangerous to pregnant women and children. In malaria-prone areas, they should take anti-malarial tablets recommended by a trained health worker and by sleeping under an insecticide-treated mosquito net. A child with a fever should be examined immediately by a trained health worker and receive appropriate anti-malarial treatment as soon as possible if diagnosed with malaria. Artemisinin-based combination therapies (ACTs) are recommended by the World Health Organisation (WHO) for treatment of plasmodium falciparum malaria.

It is the most serious type of malaria and causes nearly all malaria deaths.

Myths, Misconceptions and Current Wrong Practices

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

Correct Practices to be Promoted

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

Supportive Scriptural References

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

We read of a sick child in 2 Samuel 12:15: *"The Lord struck the child that the wife of Uriah had borne to David, and it became desperately ill."*

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

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

Causes of Disease

In the Old Testament times diseases were:

- Thought of as sent by God, either directly as in Exodus 4:11: *“The Lord said to him, who gives one man speech and makes another deaf or dumb? Or who gives sight to one and makes another blind? Is it not I, the Lord?”*
- Deuteronomy 32:39 says: *“Learn then that I, I alone, am God, and there is no God besides me.”*
- Permissively transmitted through others as in Job 2:7: *“So satan went forth from the presence of the Lord and smote Job with severe boils from the soles of his feet to the crown of his head.”*
- Caused by human envy i.e. in Job 5:2: *“Nay, impatience kills the fool and indignation slays the simpleton.”*
- Regarded popularly as punishment for wrongdoing. His disciples asked Him, *“Rabbi, who sinned, this man or his parents, that he was born blind?”* (John 9:2). Jesus dispels this belief by saying in verse 3: *“Neither he nor his parents sinned.”* He thus criticises this negative conception about sickness as he healed this man born blind. Christ by his suffering on the cross showed that these are not a curse but a source of life.

Modern thinking and interpretation of disease and disease-causing situations has changed. There is need to

seek appropriate medical attention when in doubt about one’s health condition.

Malaria and Pneumonia

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

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

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

God told the Israelites how to diagnose infectious skin diseases and mildew so they could avoid them and treat them. These laws were given for people’s health and protection. They helped the Israelites avoid diseases that were serious threats then. Though they would not have understood the medical reasons for some of those laws, their obedience made them healthier. It is important to note that to avoid diseases like malaria and pneumonia, we must deliberately live by the rules laid out; our obedience will mean keeping these diseases at bay.

Key Messages

- Administer ACT as the correct treatment for malaria after proper diagnosis through a laboratory test at a health facility. ACT is free in government health facilities.**
- Everybody should sleep under an insecticide-treated net.**
- Support indoor residual spraying by a qualified health officer in malaria prone areas**

b. Pneumonia

Introduction

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

Current Situation in Kenya

Acute respiratory infection (ARI) is the second highest contributor to the burden of diseases, with a high prevalence in children aged six to 11 months old (2003 KDHS). The prevalence of ARI is slightly higher (65.5 per cent) in urban areas compared to 54 per cent in rural areas. Provincial variations exist, with Nairobi Province having the highest level (90 per cent) and Central the lowest at 45 per cent (KDHS 2008.)

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

Low birth weight, malnourished and non-breastfed children and those living in overcrowded conditions are at a higher risk of getting pneumonia. These children are also at a higher risk of death from pneumonia. The leading immediate causes of under-five deaths in Kenya are largely preventable.

Rationale

Pneumonia remains among the leading killers of children globally, and in most countries, including Kenya. A National IMCI Health Facility Survey (HFS), conducted in November 2006 by the Ministry of Public Health and Sanitation, revealed that pneumonia accounts for 20 per cent of all deaths among children under five years in Kenya. It is also estimated that for each pneumonia child death, another two to three child deaths are associated with pneumonia. Case fatality rates may be up to 20 per cent for pneumonia, and as high as 50 per cent for meningitis.

Other risk factors include HIV infection, sickle cell disease, chronic renal disease, and for infants, lack of breastfeeding, incomplete immunisation for measles, haemophilous influenza type B (Hib) and pertussis, and smoke exposure. Kenya has introduced a pneumonia vaccination for children under one year.

Correct Practices to be Promoted

- i. Preventing children from developing pneumonia in the first place is essential for reducing child deaths.
- ii. Promotion of adequate nutrition, including breastfeeding, vitamin A supplementation and zinc intake.
- iii. Ensure the house is well ventilated.
- iv. Going for and completing immunisations, including haemophilus Influenza type B (Hib).
- v. Giving cotrimoxazole to children who are HIV positive.
- vi. Promote handwashing, exclusive breastfeeding and appropriate complimentary feeding.
- vii. Ensure your child takes Vitamin A capsules every six months from the age of six months to five years. Vitamin A Capsules are provided free at your nearest health facility.
- viii. Zinc supplementation.

Key Messages

- i. Ensure that your child completes all recommended immunisations.
- ii. Whenever your child has a cough or difficult breathing, they should be taken to a health provider for treatment.
- iii. Ensure your house is properly ventilated and that there is free circulation of clean air.

c. Diarrhoea

Introduction

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

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

Current Situation in Kenya

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

Diarrhoea is the third most common cause of mortality and morbidity, with a case fatality of up to 21 per cent. It accounts for one in five of all hospital admissions. It is among the most common causes of death, contributing to six per cent of all hospital deaths. Only 39 per cent of children who have diarrhoea receive the recommended oral rehydration salts (ORS). Prevention and treatment of dehydration with ORS and fluids commonly available at home, breastfeeding, continued feeding, selective use of antibiotics and providing treatment with zinc supplementation for 10 to 14 days are critical therapies to reduce mortality and morbidity due to diarrhoeal diseases.

Rationale

Diarrhoea kills children by draining liquid from the body. As soon as diarrhoea starts, it is essential to give the child extra fluids along with regular foods and fluids. A child's life is in danger if she or he experiences several watery stools within an hour or if there is blood in the stool. Immediate help from a trained health worker is needed.

Correct Practices to be Promoted

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

- i. Give ORS to children who have diarrhoea. Oral rehydration salts are available at most chemists, local shops and at the nearest health facilities
- ii. Continue feeding children who have diarrhoea regularly and give an extra meal everyday for at least two weeks.
- iii. Give additional fluids available at home e.g. soups, clean water, to all children who have diarrhoea.
- iv. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea.
- v. Take children to a health facility immediately they:
 - a. Have blood in their stool.
 - b. Are unable to drink or breastfeed.
 - c. Vomit or develop fever.
- vi. Parents and caregivers should ensure their children suffering from diarrhoea receive zinc tablets from the nearest health facility.
- vii. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea. Immunisation against rotavirus (where recommended and available) reduces deaths from diarrhoea caused by this virus. Vitamin A and zinc supplementation can reduce the risk of diarrhoea.
- viii. A child with diarrhoea needs to continue eating regularly. While recovering, she or he needs to be offered more food than usual to replenish the energy and nourishment lost due to the illness.
- ix. A child with diarrhoea should receive ORS solution and a daily zinc supplement for 10 to 14 days. Diarrhoea medicines are generally ineffective and can be harmful.
- x. To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried.
- xi. Good hygiene practices and use of safe drinking water protect against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after defecating and after contact with faeces, and before touching or preparing food or feeding children.

Supportive Scriptural References

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

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

By observing the required standards of cleanliness and hygiene today, we would greatly reduce the chances of contracting diarrhoea-causing illnesses in the community. Further, the incident recorded in 2 Kings 2:19-22 was a case of contaminated water that was not fit for drinking, until the prophet of God intervened. Not all water that we come across is fit for drinking. More often than not, further intervention in the form of boiling, filtering or treating by use of various chemicals is usually necessary. Untreated water can cause serious illness and even death.

Key Messages

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





a. HIV and AIDS

Introduction

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

HIV is transmitted through:

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

Current Situation in Kenya

The 2007 KAIS indicates that 7.4 per cent of Kenyans aged between 15 and 64 years are infected with HIV. This means that about 1.4 million adults are living with HIV. More women are infected with HIV (8.7 per cent) compared to men (5.6 per cent). The number of people infected with HIV in Kenya is currently 2.2 million. Recent national surveillance data showed a prevalence of 6.1 per cent among adults, which indicated a decline from the previous figure of 13.5 per cent.

In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection. Pregnant women form five per cent of the total population (KDHS, 2002). This translates to 1.2 million.

Families and communities, especially women and girls, are the first lines of protection and care for children living with or affected by HIV. Families should receive the support they need to provide their children with a nurturing and protective environment. Keeping HIV-positive mothers and fathers alive and healthy is vital for children's growth, development and stability.

Without the security of the family, children run a greater risk of being exploited and discriminated against.

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

Rationale

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

Myths, Misconceptions and Wrong Practices

HIV and AIDS are transmitted by:

- Casual contact e.g. shaking hands, or hugging;
- Use of public telephones, drinking containers, swimming or sharing a drink;
- Mosquito bites; and
- Donating blood.

Correct Practices to be Promoted

- i. Everybody should take a HIV test to establish their status.
- ii. If tested positive, initiate early care.
- iii. If negative, stay negative.
- iv. All pregnant women and their partners should be tested for HIV.
- v. All children born to HIV positive mothers should be tested at six weeks.
- vi. All HIV positive mothers should exclusively breastfeed for six months, then stop gradually except for those who meet the AFASS criteria (those who can Afford, Feasible, Acceptable, Sustainable and Safe replacement feeds).
- vii. All pregnant women who suspect that they, their partners or family members are infected with HIV,

have been exposed to HIV or live in a setting with a generalised HIV epidemic should take a HIV test and undergo counselling.

- viii. Parents or other caregivers should talk with their daughters and sons about relationships, sex, their vulnerability to HIV infection, sexual harassment, violence and peer pressure.
- ix. Parents, teachers, peer leaders and other role models should provide adolescents with a safe environment and a range of life skills that can help them make healthy choices and practice healthy behaviour.
- x. Children and adolescents should actively participate in making and implementing decisions on HIV prevention, care and support that affect them, their families and their communities.
- xi. All people living with HIV should know their rights.

Supportive Scriptural References

In the Bible, the principle of knowing one's status for appropriate diagnosis is emphasised in both the Old and New Testaments. This is a practice that Christians should uphold today. Under the Levitical law in the Old Testament, this is indicated in Leviticus 13.

Jesus acknowledged the need for knowing one's status and encouraged it during his earthly ministry.

"As he was going into a village, ten men who had leprosy met him. They stood at a distance and called out in a loud voice, 'Jesus, Master, have pity on us!' When he saw them, he said, 'Go, show yourselves to the priests.' And as they went, they were cleansed." (Luke 17:12-14).

The Bible also indicates that infectious diseases are to be handled by the entire society through relevant and specific hygienic measures. In this process, however, stigmatisation of those already infected is prohibited.

Jesus in the New Testament explicitly warns against stigmatisation. It is, however, recommended that in the process of taking care of the infected or affected, the caregivers should exercise caution and self preservation. Under both Levitical law in the Old and New Testaments dispensation, knowledge of one's health status is explicitly stipulated. Jesus acknowledged this principle and encouraged it during his earthly ministry.

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

should be helped to handle their sexuality responsibly. The New Testament also emphasises the need for sexual moderation and restraint for all intent and purpose and marital fidelity to sexual partners.

"Now for the matters you wrote about: It is good for a man not to marry. But since there is so much immorality, each man should have his own wife, and each woman her own husband. The husband should fulfill his marital duty to his wife, and likewise the wife to her husband." (1 Corinthians 7:11-3).

Marital fidelity is a Biblical imperative to keep oneself safe from sexually transmitted diseases that can indeed lead to devastation of one's health. *"But a man who commits adultery lacks judgment; whoever does so destroys himself. Blows and disgrace are his lot, and his shame will never be wiped away."* Proverbs 6:32-33

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

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

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

Other Prevention Methods

In addition, the following should be considered as a prerequisite to prevention of HIV and AIDS:

Faithfulness and Vigilance in Marriage

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

Prayer

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

Unity and Indissolubility

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

One Man one Wife

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

Abstinence

The voluntary abstinence from sexual activity gets its religious value from the importance human beings attach to sex. Different religions have varied attitudes toward procreation and existence in this world. Those religions that favour fertility and success in this world rarely practice celibacy.

An ideal picture of refrain from sex was that of Joseph refusing the advances of Phutiphar's wife in Genesis 39:9: *"...since you are his wife. How then, could I commit so great a wrong and thus stand condemned before God?"*

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

Adultery was repeatedly condemned in:

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

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

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

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

Religious prostitution common in Canaan was wrong. Deuteronomy 23:18-19, counsels: *"There shall be no*

temple harlot among the Israelite women, nor a temple prostitute among the Israelite men. You shall not offer a harlot's fee or dog's price as any kind of votive offering in the house of the Lord, your God. Both these things are an abomination to the Lord, your God."

Other wayward behaviours are condemned in:

- Genesis 19:5: *"... Where are the men who came to your house tonight? Bring them out to us that we may have intimacies with them."*
- Leviticus 18:22: *"You shall not lie with a male as with a woman; such a thing is an abomination";*
- Deuteronomy 22:5: *"A woman shall not wear an article proper to a man, nor shall a man put on a woman's dress; for anyone who does such things is an abomination to the Lord, your God."*
- Incest: Deuteronomy 27:20: *"You shall therefore hearken to the voice of the Lord, your God and keep his commandments and statutes, which I enjoin on you today."*
- Bestiality: Exodus 22:18: *"Anyone who lies with an animal, shall be put to death."*
- Nudity was considered wrong. In Exodus 20:26: *"You shall not go up by steps to my altar, on which you must not be indecently uncovered."*

Paul taught that a celibate dedication to the Kingdom of God was more excellent than marriage but also that it was a gift not given to everyone, for some were not able to remain content.

1 Corinthians 7:7-9 reads: *"Indeed I wish everyone to be as I am, but each has a particular gift from God, one of one kind and one of another. Now to the unmarried and to widows, I say; it is a good thing for them to remain as they are, as I do. But if they cannot exercise self-control, they should marry, for it is better to marry than to be on fire."*

Care and Support

The Church is given to the care and support of the sick. *"... And the prayer of the faith will save the sick person, and the Lord will raise him up."*

- James 5:13-15 describes how the Church should take care of the sick. *"Is anyone among you sick? He should sermon the elders of the Church and they should pray over him and anoint him with oil in the name of the Lord, and the prayer of faith will save the sick person and the Lord will raise him up; and if they have committed sins, they shall be forgiven."*
- The infected spouse may be challenged in love to sacrifice for the sake of the uninfected spouse and the children.

Stigma Reduction

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

Jesus' attitude to leprosy, at His time an almost equivalent condition to HIV and AIDS today, is one that is positive. For example Luke 17:11-19 says: "... As he was entering a village, ten lepers met (him)... Jesus, Master! Have pity on us! ... Then he said to them, 'Stand up and go; your faith has saved you.'" He cured them and they glorified God. He did not abandon them or judge them. Jesus is our model regarding our attitude towards HIV and AIDS sufferers.

Christ was merciful to sex offenders as depicted in:

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

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

Key Messages

- Everybody is encouraged to take a HIV test to establish their status as the first step of prevention.
- People living with HIV should visit the nearest health facility for access to appropriate services and support.
- Every one should show love and compassion to children and adults living with or affected by HIV.

b. Prevention of Mother-to-Child Transmission

Introduction

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

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

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counselling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of the comprehensive prevention of the mother-to-child transmission (PMTCT) programme.

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

Current Situation in Kenya

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

Most mothers in Kenya begin their ANC visits in the third trimester. The late antenatal clinic attendance limits the benefits that can be gained from the various interventions provided within the focused antenatal care package of iron and foliate supplementation, intermittent presumptive

treatment for malaria and provision of insecticide-treated nets. It also includes early recognition, management of maternal danger signs and management of conditions, such as preclampsia, anaemia, antepartum haemorrhage, screening for TB, syphilis and HIV counselling and testing to prevent mother-to-child transmission. All this would significantly impact on not only maternal, but also newborn and child survival.

In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection.

Rationale

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counselling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of the comprehensive PMTCT programme.

Supportive Scriptural References

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

Key Messages

- i. All pregnant women should attend at least four antenatal clinics, and ensure they get tested for HIV.
- ii. All women should ensure they deliver in a health facility, if HIV positive, they should receive services to prevent the child from getting the HIV virus.
- iii. HIV positive mothers should exclusively breast feed for six months, and ensure the baby is on HIV drugs during this period and afterwards





EARLY STIMULATION AND CHILD PROTECTION¹

Introduction

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

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

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

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

Current Situation in Kenya

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

- i. Most children are not protected from violence – including defilement, sexual abuse and physical injuries.

- ii. Some children are not taken to health facilities for treatment of diseases and preventive measures e.g. immunisation.
- iii. Late enrollment of children in school has a negative impact.
- iv. Preference of male child for schooling in some communities leads to discrimination of girls.
- v. Introduction to early schooling before the recommended age e.g. at two years.

Rationale

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

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

Correct Practices to be Promoted

- i. Every child should be legally registered and have a birth certificate.
- ii. Every child has a right to healthcare, good nutrition and education.
- iii. Every child has a right to be protected from harm, abuse and discrimination.
- iv. Every child deserves compassion and parental love.
- v. Providing parental love is integral to the formations of: a) Honesty, b)
- vi. Integrity, c) Humility, d) Fair play, e) Obedience, d) Courtesy and e) Religious practice (holistic growth)
- vii. Every child has a right to special care if they have disabilities, impairment or special needs.

¹Disciplining of the child in this context means providing guidance, follow-up and continued supervision of the child's development so that the child appreciates and understands the rationale behind the disciplinary measure. The Constitution of Kenya prohibits corporal punishment and UNICEF (and the Faith for Life material) does not advocate for any form of corporal punishment or abuse of children.

Supportive Scriptural References

Social Security

The first right of the child is to be born in a real family. This right has not been respected. Today, it is subject to new violations because of development of genetic technology.

Malachi urges the safeguard of marriage for its benefits to the offspring: *"Did he not make one being, with flesh and spirit; and what does that one require? But godly offspring? You must then safeguard life that is your own and not break faith with the wife of your youth."* (Malachi 2:15).

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

Education

Parents should exercise responsibly the educational activity of their children in close and vigilant cooperation with civil and church structures and leadership. Parents also have the right to choose how their children are formed according to their spiritual convictions. They should look for means that would help them best to fulfil their duty as educators in the spiritual and religious sphere. Parents have the right to choose the best way to fulfil their duty as educators. Public authorities have the duty to guarantee this right and to ensure the concrete conditions necessary for it to be exercised.

Protection

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

This is clear in Matthew 2:13-15: *"... rise, take the child and his mother, flee to Egypt, and stay there until I tell you. Herod is going to search for the child to destroy him..."*

Joseph and Mary, the parents of Jesus, heed the angel's advice and flee to Egypt to secure the life of baby Jesus from being murdered by Herod.

Moses' mother protected him from Pharaoh's men when they were sent to kill every Hebrew son. The element of protection was also displayed by Pharaoh's daughter, who picked up a stranger's son and cared for him with all the love and support.

Solomon delivered a wise verdict between the two women who were disputing over the child who was alive after

one of them had killed her own during sleep. The verdict was in the interest of the child.

Positive Socialisation

The family is the first school of social virtue, which all societies need. In the family, persons are helped to grow in freedom and responsibility, which are indispensable prerequisites for any function in the society. In addition, certain fundamental values are imparted and assimilated.

Parents must work together, exercising authority with respect and gentleness, but also when necessary with firmness and vigour. Paul says in Ephesians 6:4: *"Fathers do not provoke your children to anger, but bring them up with the training and instruction of the Lord."*

Parents should create a spiritual atmosphere of love, gentleness, trust, friendship, peace and understanding.

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

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

Role Modelling

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

Religious and Moral Development

i. Parents have the duty and right to impart religious education and moral formation to their children.

- In Judges 13:8-12, Manoah is praying: *"Oh Lord, I beseech you, may the man of God whom you sent return to teach us what to do for the boy who will be born."* The text points out the need for parents to rely on Godly principles in instructing their young ones.

ii. The Bible urges care in the rearing of children, as exemplified in:

- Proverbs 13:24: *"He who spares his rod hates his son, but he who loves him takes care to chastise him."* Strict discipline is an expression of love.

- Proverbs 29:15: *"The rod of correction gives wisdom, but a boy left to his whims disgraces his mother."* This includes constant religious nurturing and parental justice.
- Deuteronomy 6:6: *"Take to heart these words which I enjoin on you today. Drill them into your children."* The Lord is enjoining the teaching of his law to parents to in turn teach their children. *"Speak of them at home and abroad whether you are busy or at rest..."*
- Deuteronomy 11:19: *"Teach them to your children..."*
- Deuteronomy 24:16: *"Fathers shall not be put to death for their children, nor children for their fathers; only for his own guilt shall a man be put to death."*

iii. On their part, children should revere and obey their parents for this is right.

- Ephesians 6:1-3 says: *"Children obey your parents (in the Lord) for this is right. Honour your father and mother, this is the first commandment with a promise, that it may go well with you and that you may have a long life on earth."*
- Exodus 20:12 says: *"Honour your father and your mother; that you may have a long life in the land which the Lord, your God, is giving you."*
- Leviticus 19:3 reads: *"Revere your mother and father, and keep my Sabbaths. I the Lord, I am your God."*
- Proverbs 1:8 advises: *"Hear, my son your father's instruction and reject not your mother's teaching."*
- Proverbs 3:1-18 says: *"My son, forget not my teaching. Keep in mind my commands; for many days and years of life, and peace, will they bring you ..."*
- Colossians 3:20 reads: *"Children obey your parents in everything, for this is pleasing to the Lord."*

Key Messages

- Parents should ensure their children are legally registered and have birth certificates.
- Parents should ensure their children take nutritious food, have access to basic healthcare and education and are protected from any harm, abuse and discrimination.
- Parents should engage their children in interactions that promote positive development and growth e.g. playing, singing and talking.





a. Safe Drinking Water

Introduction

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

Families have fewer illnesses when they have an adequate supply of safe water and know how to keep it clean and free from germs. If the water is not safe, it can be purified using low-cost solutions at home. It can be:

- i. Boiled;
- ii. Cleaned through a filter;
- iii. Purified with chlorine; or
- iv. Disinfected with sunlight or other simple measures.

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

Current Situation in Kenya

- i. Forty six per cent of Kenyans have no access to basic sanitation; therefore, their activities have direct impact on water safety.
- ii. Forty two per cent of Kenyans have no access to safe water supply and therefore, it's a big challenge to ensure affordable and safe drinking water, especially at household level. It requires partnerships, consultative and sector wide approach.
- iii. The national average distances to domestic water points have increased to 25-30kms from seven

kilometres.

- iv. The average quantity of water available for domestic use has reduced to five litres per person daily from 10 litres per person, per day (KFSSG 2009).
- v. There are constant outbreaks of waterborne diseases, which are a major concern to the ministry.

Rationale

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

Myths, Misconceptions and Current Wrong Practices

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

Correct Practices to be Promoted

- i. Boil or treat drinking water.
- ii. Store drinking water in clean, covered containers.
- iii. Drink water using clean containers.
- iv. Drinking water sources should be protected from contamination – animal drinking points should be separated from those of people.
- v. Avoid the use of pesticides or chemicals anywhere near a water source.
- vi. Use of clean covered containers to store drinking water.
- vii. Protection of water sources.
- viii. Drink water with less than 2ppm fluoride as advised by health workers.

Supportive Scriptural References

Water is a gift from God and is vital for survival. Insufficient access to safe drinking water affects the well-being of

many people and is often the cause of disease, suffering, conflicts, poverty and even death. The right to water is based on the dignity of the human person because without water, life is threatened. The right to safe drinking water is universal and inalienable. Water was considered in the scriptures as a symbol of purification and of life.

- John 3:5 says: *"...Amen, Amen I say to you, no one can enter the kingdom of God without being born of water and spirit."* Jesus here refers to the purifying effect of water.
- Galatians 3:27: *"For all of you who were baptised into Christ have clothed yourselves with Christ."* The water of baptism purifies.
- John 9:11-12: *"The man called Jesus made clay and anointed my eyes and told me Go to Siloam and wash. So I went there and washed and was able to see."* This was a symbolic cleansing from sin. Treatment and safe storage of drinking water was shown to dramatically reduce the risk of disease.
- In an episode in 2 Kings 2:19-22, water is made clean by salting, hence purifying it. Verse 20 says: *"Bring me a new bowl," Elisha said, "and put salt into it." ... I have purified this water. Never again shall death or miscarriage spring from it."*
- The Hebrews were well acquainted with the use of mineral and vegetable alkalis for increasing the cleansing properties of water (Job 9:30: *"If I should wash myself with snow and cleanse my hands with life ..."*)

Key Messages

- Collect drinking water hygienically.
- Boil or treat and store water in clean covered containers before drinking.
- Ensure water sources are protected from contamination.

b. Cleanliness

Introduction

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

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

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

- After cleaning an infant or young child who has defecated.
- Before and after handling food.
- After visiting latrines or toilets.
- Before feeding young children.

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

Current Situation in Kenya

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

Rationale

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

Correct Practices to be Promoted

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

Supportive Scriptural References

In the process of religious development the words 'clean', 'unclean', 'purity', 'purification' have acquired a spiritual connotation, which obscures their original meaning. Their primitive significance is entirely ceremonial and the conceptions they represent date back to a very early stage of religious practice that may be referred to as pre-religious.

- Cleanliness was recommended for elementary sanitation. Originally though, the savage regarded as a taboo, certain persons, material substances and bodily acts or states which he considered to possess a kind of transmissible electric energy with which it was dangerous to meddle. These taboos were keenly guarded by the sanctions of civil authorities and later, of religious belief.
- At a later stage, rules of purity were associated with the conscious command of God and their motive found in God's personal character. Leviticus 14:44 says: "... and if he finds that the

infection has spread in the house, it is corrosive leprosy, and the house is unclean."

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

Hand-Washing

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

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

Key Messages

- i. Wash your hands with clean water and soap after visiting the toilet, and after cleaning the baby or changing their nappy.
- ii. Wash your hands before handling food, cooking or eating.
- iii. Always use a toilet and keep it clean.



a. Role of Religious Leaders in Child & Maternal Survival

This Manual has been designed to help religious leaders to view the many issues surrounding maternal and child survival in the light of teachings from the Holy Bible and identify your role as a religious leader. It is your responsibility to use this information to take lead on the wellbeing of your community and people.

Your role should be to spread awareness and care, starting from your home to your street, village, town, and city and throughout the country. If you rise to the occasion, considering that to save a human life is to save the whole of humanity, we are sure that by God's grace we can keep our children and mothers happy and healthy.

At the church level

- i. The clergy should take lead in promoting health and development seeking behaviours.
- ii. Discuss child and maternal health problems in church and ensure that the reaction and outcome of this discussion is based on sympathy, spiritual values and tolerance and a favourable/supportive attitude, instead of condemnation.
- iii. Sympathetic language should be used while addressing religious gatherings and the words used should avoid encouraging stigma or discrimination.
- iv. Convince people to live according to the Biblical teachings, thus protect themselves against risky behaviours.
- v. Pray for the health of people living with HIV and AIDS and seek forgiveness from God for those who have died of it.
- vi. Discuss in your Sunday sermons how people living with HIV and AIDS in other societies of the world are leading a normal life. They can work, feed their families and are part of the social development process.
- vii. Ensure the Church is kept clean all the time and toilets are maintained to avoid the spread of diseases due to unhygienic conditions.
- viii. Support special campaigns and initiatives, such as immunisation, HIV testing, cleanliness, handwashing, exclusive breastfeeding,

distribution of ITN bed nets by providing space and facilitation through the church.

At the community level

- i. As far as possible, assume the role of a community leader, using your status and position as a preacher and guardian, to persuade your community to identify child and maternal survival issues and help them to come up with local solutions.
- ii. Ensure that at marriage ceremonies, subjects related to married life, sexual relations, faithfulness to spouse, etc are discussed in the light of Biblical teachings.
- iii. Ensure that during celebrations for international days, such as the World Water Day marked on March 22, the World Health Day (April 7), the Day of African Child (June 6), the World Breastfeeding Week which starts on August 1, the World Teachers' Day (October 6), the Global Handwashing Day (October 15), the World Aids Day (December 1) or any other relevant occasion, you mobilise the community and your church faithful to celebrate with renewed efforts for individual and collective actions.
- iv. In creating CSD awareness, religious gatherings and congregations, such as meetings of youth and women's groups, marriage and funeral ceremonies, wakes and special worship sessions and other festive occasions and events of jubilation, ensure that relevant CSD topics are discussed.
- v. Lead discussions on PMTCT, with emphasis on testing and prevention, and the need to motivate all to provide an enabling environment for pregnant mothers.
- vi. Visit pregnant women and other patients at home, seek out widows and orphans to establish their problems, support needed and motivate patients and their families to offer prayers.
- vii. Arrange for the orientation and mobilisation of local women's and youth groups in the light of religious teachings and child survival and encourage them to play roles in promoting healthy practices i.e. explore ways of cooperation.
- viii. Avail opportunities to talk about issues related to faith and child survival and development on local electronic and print media.

- ix. Write letters to newspaper editors in the national press and religious publication.
- x. Seek opportunities for radio and TV talk shows.
- xi. Religious leaders can end the silence over HIV and AIDS in many areas and convince people to openly discuss the scourge. Those affected should not be regarded as sinners as this may force them to keep their status secret, fail to seek help and further spread the virus.
- xii. As a true representative of God's love on earth, help people with HIV and AIDS to live longer, more meaningful and dignified lives, devoid of stigma and incriminations. This approach may help to change people's attitudes towards those infected, offer them hope and enable them to lead normal lives.
- xiii. Take lead in discussing and arranging for the facilities and information required for community health, especially for pregnant women and HIV testing, their families for their spiritual, mental, and physical help.

Face to face persuasion

- i. Visit local health facilities and hospitals and talk to patients, their families, guardians and listen to them sympathetically.
- ii. People living with HIV and AIDS should be encouraged to live according to religious ethics and to nominate a guardian for their children and prepare a will.
- iii. Orphans, widows and widowers should be consoled and proper advice/guidance be given to them.
- iv. Pregnant women should be encouraged to go for testing and help those living with HIV and AIDS, their widows, orphans, guardians, married couples, and young people and AIDS affected. Volunteer groups should be formed to assist families.
- v. Show sympathy with those infected because Jesus was always ready to boost the morale of patients and pray for their welfare.
- vi. Provide protection to the property, land, rights of people living with HIV and AIDS.

b. Who should use *Faith for Life Manual*?

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

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

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

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NOTES

NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

