

**COURSE  
GUIDE**

**ECE123  
HEALTHCARE IN THE EARLY YEARS**

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© 2022 by NOUN Press  
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Printed 2012, 2022

ISBN: 978-058-162-6

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## **Introduction**

ECE 123: Healthcare in the early years is a two-credit unit course that will discuss the development of children and how to meet their health needs during childhood period of life.

The course is made up three modules. The first module is made up of four units and it discusses maternal wellbeing, foundation for survival, healthy growth and child development. The second module is made up of five units and it talks about child healthcare in the early years. The third module is made up of four units and it discusses the intervention measures on early childhood health problems.

This course guide tells you briefly what the course (ECE 123) is all about, what course materials you will be using and how you can work your way through these materials. It suggests some general guidelines for the amount of time you are likely to spend on each unit of the course in order to complete it successfully.

## **What You Will Learn in This Course**

ECE 123: Healthcare in the early years introduces you to the various ways by which you as caregiver can have knowledge of childhood and how to meet the health needs of children for good health and better learning outcomes.

## **Course Aims**

The aim of the course can be summarised as follows:

- the course aims to give you an understanding of relationship between maternal wellbeing and health status at childhood period of life.
- it exposes you to the nature of health needs at childhood period of life
- it will also help you to understand the intervention measures on early childhood health problems by international donor agencies.

## **Course Learning Outcomes**

To achieve the aims set out above, you are expected to achieve the following learning outcomes at the end of the course.

On successful completion of the course, you will be able to:

- explain the concept of health and wellbeing
- discuss issues relating to maternal wellbeing

- mention the traditional and modern methods of family planning
- name and discuss the causes of infertility in women
- discuss the various threats to childhood healthy growth and development
- explain the various types of child healthcare in the early years
- list some international donor agencies that control childhood health problems and
- discuss the activities of some of these donor agencies listed earlier.

### **Working Through This Course**

To complete this course, you are required to read the study units, read set books and read other materials provided by the National Open University of Nigeria (NOUN). Each unit contains self-assessment exercises, and at a point in the course, you are required to submit assignments for assessment purposes. At the end of the course, is a final examination. The course should take you about 16 – 17 weeks in total to complete.

Below you will find listed all the components of the course, what you have to do, and how you should allocate your time to each unit in order to complete the course successfully on time.

Below are the lists of all the components of the course:

### **Course Materials**

Major components of the course are:

- Course Guide
- Study Units
- References
- Assignment
- Presentation Schedule.

### **Study Units**

The study units in this course are as follows:

#### **Module 1**

Unit 1	Issues Relating to Maternal Wellbeing
Unit 2	Family Planning in Maternal Wellbeing
Unit 3	Infertility in the Female

Unit 4 Threats to Childhood Healthy Growth and Development

## **Module 2**

Unit 1 Determinants of Child Health  
Unit 2 An Overview of the General Characteristics of Children  
Unit 3 Provision of School Health Services for Children  
Unit 4 World Declaration on the Rights of a Child  
Unit 5 World Declaration on Child Abuse

## **Module 3**

Unit 1 Intervention Measures by the United Nations International Children's Emergency Fund (UNICEF)  
Unit 2 Intervention Measures by the United States Agencies for International Development (USAID)  
Unit 3 Roles/Intervention Measures by the World Health Organisation (WHO) on Childhood Health Problems  
Unit 4 Roles/Intervention Measures by the Food and Agricultural Organisation (FAO)

## **Assignment Files**

There are 13 Tutor- Marked Assignments in this course. The 13 assignments which cover all the topics in the course material are there to guide you to have proper understanding and grasp of the course.

## **Presentation Schedule**

The Presentation Schedule included in your course materials gives you the important dates for the completion of tutor-marked assignments and attending tutorials. Remember, you are required to submit all your assignments by the due date. You should guard against falling behind in your work.

## **Assessment**

There are three aspects to the assessment of the course: first is self-assessment exercises, second, are the tutor-marked assignments; and third, is a written examination.

In tackling the assignments, you are advised to be sincere in attempting the exercises; you are expected to apply information, knowledge and techniques gathered during the course. The assignments must be submitted to your tutor for formal assessment in accordance with the deadlines stated in the *Presentation Schedule* and the *Assignment File*.

The work you submit to your tutor for assessment will count for 50% of your total course mark.

At the end of the course, you will need to sit for a final written examination of 'three hours' duration. This examination will also count for 50% of your total course mark.

### **Tutor-Marked Assignment**

There are 13 tutor-marked assignments in this course. You only need to submit five of the 13 assignments. You are encouraged, however, to submit all 13 assignments in which case the highest five of the 13 marks will be counted. Each assignment counts 10% towards your total course mark.

Assignment questions for the units in this course are contained in the *Assignment File*. You will be able to complete your assignment from the information and materials contained in your reading, references and study units. However, it is desirable in all degree level education to demonstrate that you have read and researched more widely than the required minimum. Using other references will give you a broader viewpoint and may provide a deeper understanding of the subject.

When you have completed each assignment, send it together with a tutor-marked assignment form, to your tutor. Make sure that each assignment reaches your tutor on or before the deadline given in the *Presentation Schedule* and *Assignment File*. If for any reason, you cannot complete your work on time, contact your tutor before the assignment is due to discuss the possibility of an extension. Extensions will not be granted after the due date unless there are exceptional circumstances.

### **Final Examination and Grading**

The final examination for ECE 123 will be of three hours' duration and have a value of 50% of the total course grade. The examination will

consist of questions, which reflect the types of self-testing, practice exercise and tutor-marked problems you have previously encountered. All areas of the course will be assessed.

You are advised to use the time between finishing the last unit and sitting for the examination to revise the entire course. You might find it useful to review your self-test, tutor-marked assignments and comments on them before the examination. The final examination covers information from all parts of the course.

## Course Marking Scheme

### Total Course Marking Scheme

ASSESSMENT	MARKS
Tutor marked Assignment(TMA) 1 – 3	10% each = 30%
Final Examination	70% of overall course marks
<b>Total</b>	<b>100% of course marks</b>

### How to get the Most from This Course

In distance learning, the study units replace the university lecturer. This is one of the great advantages of distance learning. You can read and work through specially designed study materials at your own pace, and at a time and place that suits you best. Think of it as reading the lecture that a lecturer might set you some reading to do, the study unit will tell you when to read your other materials. Just as a lecturer might give you an in-class exercise, your study units provide exercises for you to do at appropriate points.

Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit, and how a particular unit is integrated with the other units and the course as a whole.

Next is a set of learning outcomes. These objectives let you know what you should be able to do by the time you have completed the unit. You should use these objectives to guide your study. When you have finished the unit, you must go back and check whether you have achieved the objectives. If you make a habit of doing this, you will significantly improve your chances of passing the course.

The main body of the unit guides you through the required reading from other sources. This will usually be either from a *Reading Section* of some other sources.

Self-tests are interspersed throughout the end of units. Working through these tests will help you to achieve the objectives of the unit and prepare you for the assignments and the examination. You should do each self-test as you come to it in the study unit. There will also be numerous examples given in the study units, work through these when you come to them too.

The following is a practical strategy for working through the course. If you run into any trouble, telephone your tutor. Remember that your tutor's job is to help you. When you need help, don't hesitate to call and ask your tutor to provide it.

- (1) Read this course guide thoroughly.
- (2) Organise a study schedule. Refer to the course overview for more details. Note the time you are expected to spend on each unit and how the assignments relate to the units. Important information e.g. details of your tutorials, and the date of the first day of the semester will be made available. You need to gather all this information in one place, such as your diary or a wall calendar. Whatever method you choose to use, you should decide on and write in your own dates for working on each unit.
- (3) Once you have created your own study schedule, do everything you can to stick to it. The major reason that students fail is that they get behind with their coursework. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.
- (4) Turn to unit 1 and read the introduction and the objectives for the unit.
- (5) Assemble the study materials. Information about what you need for a unit is given in the 'Overview' at the beginning of each unit.

You will always need both the study unit you are working on and one of your references, on your desk at the same time.

- (6) Work through the unit. The content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the units, you will be instructed to read sections from your other sources. Use the unit to guide your reading.
- (7) Well before the relevant due date, check your Assignment File and make sure you attend to the next required assignment. Keep in mind that you will learn a lot by doing the assignments carefully. They have been designed to help you meet the objectives of the course and, therefore, will help you pass the exam. Submit all assignments not later than the due date.
- (8) Review of the objectives for each study unit confirms that you have achieved them. If you feel unsure about any of the objectives, review the study material or consult your tutor.

- (9) When you are confident that you have achieved a unit's objectives, you can then start on the next unit. Proceed unit by unit through the course and try to face your study so that you keep yourself on schedule.
- (10) When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When the assignment is returned, pay particular attention to your tutor's comments, both on the tutor-marked assignment form and also written on the assignment. Consult your tutor as soon as possible if you have any questions or problems.
- (11) After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in the Course Guide).

### **Tutors and Tutorials**

There are 17 hours of tutorials provided in support of this course. You will be notified of the dates, times and location of these tutorials, together with the names and phone numbers of your tutor, as soon as you are allocated a tutorial group.

Your tutor will mark and comment on your assignments, keep a close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor-marked assignments to your tutor well before the due date (at least two working days are required). They will be marked by your tutor and returned to you as soon as possible. Do not hesitate to contact your tutor by telephone, e-mail, or discussion board if you need help. The following might be circumstances in which you would find help necessary.

#### ***Contact your tutor if:***

- You do not understand any part of the study units or the assigned readings
- You have difficulty with the self-test or exercise
- You have a question or problem with an assignment with your tutor's comment on an assignment or with the grading of an assignment.

You should try your best to attend the tutorials. This is the only chance to have face-to-face contact with your tutor and to ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefit from course tutorials, prepare a question list before attending them. You will learn a lot from participating in discussions actively.

### **Summary**

ECE 123: Healthcare in the Early Years is a course that intends to introduce you to various techniques, guides, principles, practices, etc. relating to healthcare especially for mother and child in Nigeria.

We hope you enjoy your acquaintances with the National Open University of Nigeria (NOUN). We wish you every success in the future.



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**MODULE 1            MATERNAL WELLBEING: THE  
FOUNDATION FOR SURVIVAL, HEALTHY  
GROWTH AND DEVELOPMENT OF THE  
CHILD**

- Unit 1            Issues Relating to Maternal Wellbeing
- Unit 2            Family Planning in Maternal Wellbeing
- Unit 3            Infertility in the Female
- Unit 4            Threats to Childhood Healthy Growth and Development

**UNIT 1            ISSUES RELATING TO MATERNAL WELLBEING**

**Unit Structure**

- 1.1    Introduction
- 1.2    Intended Learning Outcomes
- 1.3    Definitions and Concepts of Maternal Wellbeing
  - 1.3.1    The Scope of Maternal Wellbeing
  - 1.3.2    Diet in Pregnant Women
- 1.4    Pregnancy: Signs and Symptoms
  - 1.4.1    Foetal Growth and Development during Pregnancy
  - 1.4.2    Guides to a Healthy Pregnancy
- 1.5    Antenatal Care during Pregnancy
  - 1.5.1    Conditions that Require Close Medical Attention to a Pregnant Woman
  - 1.5.2    Why Pregnant Women do not go for Antenatal Health
  - 1.5.3    Aims and Objectives of Antenatal Health Care Services
  - 1.5.4    Causes of Maternal Mortality
  - 1.5.5    Minor and Major Disorders of Pregnancy
  - 1.5.6    Still-birth and its Causes in Pregnancy
- 1.6    The Scope of Health Education for Pregnant Women
- 1.7    Labour and Child Birth
  - 1.7.1    *Three stages of labour*
- 1.8    Summary
- 1.9    References/Further Reading/Web Resources
- 1.10    Possible Answers to Self-assessment exercise(s)



**1.1 Introduction**

Good health and general wellbeing of women of reproductive age is a pillar for having and raising healthy children in a nation. As it was conceived by the Ancient Greeks, a healthy and strong woman has the tendency to give birth to a strong and healthy child. This is a very important factor, and all relevant stakeholders must accord maternal

health appropriate provisions it deserves because the health care services that are given to women are not only for them, but also for the foetus (in case of pregnant women) and by extension, the women generally need quality health care essential for delivering healthy children and energy and strength to care for children under their care. In summary, Kolander, Ballard and Chandler [1999] noted that the health of the world, a country, or a community rests on the health and well-being of its women as well as that of children and not only on its men.



## 1.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain why maternal wellbeing is said to be the foundation for child survival, growth and development
- list the stages of foetal growth and development
- explain the importance of antenatal health care to a pregnant woman and the child
- identify the possible causes of maternal and foetal deaths.



## 1.3 Definitions and Concepts of Maternal Health and Wellbeing

Maternal health is about the health of women during pregnancy, childbirth and postpartum period [after childbirth]. Usually maternal well-being is ability to take care of health risks or challenges women may face especially during pregnancy, labour and delivery. It is the total wellbeing of a woman who is within the child bearing age (15-45 years). The role of a woman in the promotion and maintenance of the health of a child cannot be over-emphasised. Maternal health is directed towards promotion and maintenance of the health of a woman for safe child bearing and weaning. Maternal wellbeing encompasses healthy conditions of the anatomical and physiological aspects of the woman's reproductive system and organs. Maternal health is the foundation for healthy children.

### 1.3.1 The Scope of Maternal Wellbeing

Here, take note of the following:

- Reproductive anatomy and physiology
- Conception
- Health care given to the pregnant woman right from conception
- Antenatal health care
- Prenatal health care

- Post natal health care
- Foetal development
- Examination of the reproductive system and organs during pregnancy
- Diet during pregnancy to meet the needs of the growing foetus
- Maintenance and promotion of maternal health
- Examination of the breast to ensure adequate provision of the needed nutrients for the foetus
- Personal hygiene of the pregnant woman
- Health education for the pregnant woman
- Drug and alcohol education for the pregnant woman
- Vagina examination
- Causes of maternal death
- Prevention of maternal death through antenatal health care
- Disorders of pregnancy
- Diseases associated with pregnancy
- Care of the pregnant woman during labour
- Signs and symptoms of labour
- Causes of prolonged labour
- Education of the pregnant woman on exclusive-breast feeding
- Still-birth and its causes
- Family planning: Its definitions, concepts and methods
- Aims and objectives of family planning
- Infertility in woman: Its definition, concepts, types and causes, etc.

### 1.3.2 Diet in Pregnancy

Pregnancy occurs when sperm attaches to an egg within 24 hours when such egg leaves the ovary to form a zygote. In the fallopian tube, the fertilised egg divides and grow and moves towards the womb gradually within five days and attaches itself to the womb lining the process of which is known as implantation.

The signs and symptoms of pregnancy include:

- (1) Missed period ( *stoppage of menstruation*)
- (2) Enlargement of breasts and *their* tenderness
- (3) Nausea
- (4) Vomiting
- (5) Change in frequency of urination
- (6) Fatigue and dizziness
- (7) Increased vaginal secretion.

Nourishing diet, is very essential throughout pregnancy so as to have essential nutrients for developing foetus and the pregnant mother also has adequate nutrients to maintain her own health. ***Why is adequate***

**nutrition important?** Adequate nutrition is important for tissue, bone, organ development as well as neurological development of the fetus. Good available nutrition during foetal development is also important for subsequent physical and cognitive of each person later in life. Such classes of food nutrients are:

- (1) Carbohydrates which is an energy giving food
- (2) Protein repairs the worn out tissues in the body
- (3) Fats are also energy giving foods
- (4) Minerals help in the formation of the bones and teeth e.g. calcium, magnesium and phosphorus
- (5) Vitamins are the organic regulators which help in blood clotting and function as coenzymes for energy production, protein metabolism, DNA formation, development of red blood cells, carbohydrate metabolism, etc. Vitamins are of different types – A, B1, B12, C, D, E & K
- (6) Water helps in regulating body temperature and in food digestion.

## 1.4 Pregnancy: Signs and Symptoms

### 1.4.1 Foetal Growth and Development during Pregnancy

- (a) **First Trimester (0 – 14 Weeks)**
  - Formation of the eyes, ears, hands and feet
  - The head is large compared to the body
  - Formation of the main organs e.g. heart, kidneys and lungs
  - The heart beat starts; the blood circulates through blood vessels
  - Kidneys and liver begin to function
  - Development of external genitalia.
- (b) **Second Trimester (14 – 28 Weeks)**
  - The heart beats strongly
  - The sex of the foetus may be distinguished
  - The foetus is clearly human in appearance
  - The lungs are still not properly developed
  - The skin remains reddish and covered with a waxy protective substance
  - The foetus can live after 24 weeks but with specialised care.
- (c) **Third Trimester (28 – 40 Weeks)**
  - The skin is reddened and wrinkled
  - The lungs are well developed to support life
  - Pregnancy reaches full term
  - The head is proportionate to the body
  - The ears, nose and genitals are well formed.

## 1.4.2 Guides to a Healthy Pregnancy

- Pregnancy test as soon the woman's period is missing for confirmation
  - Talk with your partner or someone else you trust
  - Begin antenatal care
  - Check-ups with the medical provider
  - Follow proper antenatal care instruction. This includes avoiding all drugs and medicines that are not prescribed by a medical provider
  - Do not smoke cigarettes or take alcohol
  - Eat nourishing foods, rich in protein, calcium, folic acid, iodine, iron and drink plenty of water and fruits juices.
  - Get adequate rest, sleep and recreation
  - Proper dressing.

## 1.5 Antenatal Care during Pregnancy

Antenatal care is health care and education towards good health and safe delivery given to pregnant women. It is expected that a pregnant woman is expected to start attending antenatal clinic as from four months of pregnancy when medical history [age, number of living children, last menstrual period, how regularity of menstrual period, number of living children, any prior antenatal care or medicines used etc], will be taken and physical health examination [head to toe examination of the woman, signs of anaemia etc] will be carried out on her. During pregnancy, another living being is growing inside the woman. At this time, the woman needs lots of energy, protein, *water* vitamins, and minerals for her health and that of the foetus in her womb. There are several steps to providing proper and adequate care during pregnancy. Antenatal care involves the steps taken during pregnancy, including medical check-ups to be sure that all is well with the woman and the foetus.

### 1.5.1 Conditions that Require Close Medical Attention for a Pregnant Woman

- (1) Difficulty in last pregnancy or birth
- (2) Anaemia
- (3) Hypertension (High Blood Pressure)
- (4) Bladder/Kidney infection
- (5) HIV/AIDS infection
- (6) Convulsion
- (7) Malaria
- (8) Sexually Transmitted infections (STIs)
- (9) Untreated Tuberculosis

- (10) Hepatitis 'B'
- (11) Poor food intake due to poverty
- (12) Diabetes
- (13) Swelling of legs
- (14) Poor sanitation, etc.
- (15) *Blood group*
- (16) Sickle cell.

### **1.5.2 Reasons why Pregnant Women do not go for Antenatal Health Care**

- (1) Ignorance
- (2) Fear
- (3) Shame
- (4) Cultural factors
- (5) Poverty
- (6) Lack of encouragement or motivation
- (7) Carelessness
- (8) *Distance*
- (9) Carelessness
- (10) Attitude of health workers

### **1.5.3 Aims and Objectives of Antenatal Health Care for Pregnant Women**

It is essential that every pregnant woman receives adequate antenatal health care from competent providers as soon as pregnancy is detected. The following are the aims and objectives of antenatal health care for pregnant women:

- (1) Preparing pregnant women for normal labour and safe delivery
- (2) Preparing pregnant women for successful lactation
- (3) Preparing pregnant women for proper care of the child after delivery
- (4) To give pregnant women toxoid to prevent tetanus in both woman and children
- (5) To reduce or prevent maternal morbidity and mortality rate of both pregnant women and children
- (6) To give pregnant women adequate and proper health education on relevant topics such as nutrition, personal environmental hygiene, exercise, rest, recreation, family planning, immunisation, dressing, dangers of self-medication, cigarette smoking, alcohol, etc.

### 1.5.4 Causes of Maternal Mortality

- Anaemia
- Nutritional deficiency
- Abnormal haemoglobin
- Obstructed labour
- Rupture of the uterus
- Eclampsia
- Cardiac failure
- Haemorrhage
- Acute renal failure
- Asphyxia
- Post operative complication
  - Abortion
  - Hepatic coma.

### 1.5.5 Minor and Major Disorders of Pregnancy

#### (a) Minor Disorders

- Morning sickness
- Heart burn
  - Constipation
  - Vaginal discharge
  - Cramp
  - Oedema
  - *Backache*
  - *Varicose[swollen] Veins*
  - *Piles/Haemorrhoids*
  - *Urinary discomfort*

#### (b) Major Disorders

- Excessive vomiting
- Dehydration
- Eclampsia
- Hypertension
- Miscarriage
- *Bleeding from the vagina*
- *Ectopic or Tubal pregnancy*

### 1.5.6 Still-birth and its Causes in Pregnancy

Still-birth refers to situation in which a child is born already dead which might have occurred few days or weeks in the uterus before birth. The causes of still-birth include the following:

- (1) Post-maturity placenta deficiency

- (2) Accident that affects the abdomen of the pregnant Woman
- (3) Eclampsia
- (4) Drugs
- (5) Cord anoxia
- (6) Severe anaemia
- (7) Placenta previa. Having chronic diseases e.g diabetes, hypertension

### **1.6 The Scope of Health Education for Pregnant Women**

The areas of coverage in the health education for pregnant women include the following:

1. Anaemia
2. Nutritional deficiency
3. Abnormal haemoglobin
4. Obstructed labour
5. Rupture of the uterus
6. Eclampsia
7. Cardiac failure
8. Haemorrhage
9. Acute renal failure
10. Asphyxia
11. Post operative complication
12. Abortion
13. Hepatic coma.

### **1.7 Labour and Child Birth**

Labour is the period in which the process of child delivery starts. It begins with the opening and dilation of the cervix and ends with the delivery of the placenta. The happenings during labour are as follows:

- (1) For many women, labour starts with the gushing out of fluid or a bit of blood
- (2) Each individual labour/childbirth differs
- (3) The woman experiences pains with variation
- (4) The onset of labour is marked by regular painful uterine contractions
- (5) The lasting period of labour varies among women ranging from hours to a day or more in some cases
- (6) In some labour cases a baby is removed through surgical operation (caesarean section)
- (7) Blood stained discharge from the vagina
- (8) There is the rupture of membranes follow by a flood of clear fluid
- (9) Contraction of the muscles of the uterus

This facilitates the opening of the cervix and the expulsion of the baby.

**Self-assessment exercises**

1. Advance any five (5) causes of maternal death.
2. Give five (5) reasons why most Nigerian pregnant women and adolescent girls do not attend antenatal clinics.

**1.7.1 Three Stages of Labour****First stage**

Womb neck starts opening with frequent contraction. Downward pushing down of the baby towards birth canal all lasting 5-18hours.

**Second Stage**

Sufficient opening of the neck of cervix[womb] permitting the delivery of the baby last about one hour.

**Third stage**

Sequel to the delivery is coming out of the placenta that may last up to 30minutes.

**1.8 Summary**

In this unit, you have learnt that maternal health care is the foundation for child survival, healthy growth and development. You have also learnt that the quality of maternal health care determines to a great extent the survival, healthy growth and development of both the pregnant woman and the child.

In this unit, you have learnt about the scope of maternal health care services. These services are geared towards ensuring the survival of both the pregnant woman and the child. The areas of coverage in this unit include:

- Definitions and concepts of maternal *health and* wellbeing
- Pregnancy
- Diet in pregnant women
- Foetal growth and development
- Tips/guides to healthy pregnancy
- Antenatal care during pregnancy
- Conditions that require close medical attention to pregnant women
- Why pregnant women do not go for antenatal health care
- Aims and objectives of antenatal health care
- Causes of maternal death
- Disorders of pregnancy
- Causes of still-birth.

- Health education for pregnant women
- Labour and birth.



### **1.9 References/Further Reading/Web Resources**

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**1.10 Possible Answers to self-assessment Exercise(s)****Self-Assessment Exercise****Answer**

1. Causes of death in pregnant women includes all the following
  - i. Anaemia
  - ii. Nutritional deficiency
  - iii. Abnormal haemoglobin
  - iv. Obstructed labour
  - v. Rupture of the uterus
  - vi. Eclampsia
  - vii. Cardiac failure
  - viii. Haemorrhage
  - ix. Acute renal failure
  - x. Asphyxia
  - xi. Post operative complication
  
2. Some women don't go for antenatal for the following reasons
  - xii. Ignorance
  - xiii. Fear
  - xiv. Shame
  - xv. Cultural factors
  - xvi. Poverty
  - xvii. Lack of encouragement or motivation
  - xviii. Carelessness
  - xix. *Distance*
  - xx. Carelessness
  - xxi. *Attitude of health workers*

## **UNIT 2      FAMILY PLANNING IN MATERNAL WELLBEING**

### **Unit Structure**

- 2.1 Introduction
- 2.2 Intended Learning Outcomes
- 2.3 Definitions and Concepts of Family Planning
  - 2.3.1 Aims and Objectives of Family Planning
  - 2.3.2 Benefits of Family Planning to the Family and the Nation
  - 2.3.3 Methods of Family Planning
  - 2.3.4 Description, Advantages and Disadvantages of Different Methods of Family Planning
  - 2.3.5 Why Couples may not want to have more Children at a Particular Period
  - 2.3.6 Factors that may inhibit the Practice of Family Planning in Nigeria
- 2.4 Summary
- 2.5 References/Further Reading/Web Resources
- 2.6 Possible Answers to self-assessment Exercise(s)



### **2.1 Introduction**

Family planning plays a vital role in the lives of women of reproductive age as well as in the lives of the children and the entire family as a whole. It helps in child-spacing which in turn gives room for equal quality attention to children, proper upbringing of the children, proper and adequate nutrition and provision of adequate medical services for the children. Unfortunately, children from many families in Nigeria today are undernourished, malnourished and are not given their well deserved attention especially good health and education opportunities due to non-availability of resources to meet their various needs. The resources for the healthy growth and development of many children due to the low income available to take of them and meet up with other necessary expenses. This limitation is responsible for many health problems faced by children from the families with low socio-economic status.



## 2.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the relevance of family planning to the wellbeing of both the mothers and children in the family
- discuss the aims and objectives of family planning
- state the methods of family planning
- explain the advantages and disadvantages of each method of family planning
- list and explain factors that inhibit family planning practice in Nigeria, etc.



## 2.3 Main Course

### 2.3.1 Definitions and Concepts of Family Planning

Family planning refers to those attempts made by the couples to control their fertility *to be able to have number* of children they wanted. It also involves contraception which is referred to as the means or ways of preventing conception or pregnancy. It can also be referred to as birth control or child spacing where the female egg is prevented from ovulation (uniting). The contraceptives are the devices used for preventing pregnancy. Family planning is also defined as a way of thinking and living that is adopted voluntarily on the basis of knowledge, attitude and responsible decisions are made by the individual couples to promote the health and welfare of the entire family. Family planning enables couples to have safe sexual intercourse without fear of pregnancy, and thereby having children by choice and not per chance in order for the family and the nation to be in good health.

### 2.3.2 Aims and Objectives of Family Planning

- (1) To encourage good building up of the community and family health.
- (2) To promote the health of the mother and the children.
- (3) To reduce the high incidence of infant, maternal morbidity and mortality rates.
- (4) To reduced or eradicate the incidence of *sexually transmitted infections*.
- (5) To control the population of the country and make everybody healthy.

- (6) To help the couples in spacing their children to make them have better and brighter future.
- (7) To enable parents give their children quality parental care.
- (8) To make the take-home-pay commensurable to the size of the family, etc.

### 2.3.3 Benefits of Family Planning to the Family and the Nation

- (1) It provides better health, good clothing, good feeding, better education and housing.
- (2) It provides better condition of living.
- (3) It makes the family to be happy.
- (4) It encourages devotion of time to one another in the family.
- (5) It promotes effective sharing of the available resources, no matter how meager it may be.
- (6) It promotes effective monitoring and modification of way ward behaviours in the children.
- (7) It helps in reducing juvenile delinquency rates in the family.
- (8) It helps in building a happy, healthy and wealthy nation, etc.

### 2.3.4 Methods of Family Planning

There are many methods of family planning, each with its advantages and disadvantages. These family planning methods are grouped into the following categories/classes:

- (1) Traditional Methods consist of:
  - (a) Total abstinence method
  - (b) Withdrawal method
  - (c) Natural Family Planning.
- (2) Barrier Methods consist of:
  - (a) Male condom
  - (b) Female condom (femidom)
  - (c) Vaginal spermicides
  - (d) Diaphragm
- (3) Reversible Methods consist of:
  - (a) Oral contraceptive pills )
  - (b) Injectables )
  - (c) Hormonal implants ) Female
  - (d) Emergency contraceptives )
- (e) Intra-Uterine Contraceptive Device (IUCD)
- (4) Permanent Methods consist of:
  - (a) Tubal ligation - Female
  - (b) Vasectomy - Male

### 2.3.5 Description, Advantages and Disadvantages of Different Methods of Family Planning

METHOD	DESCRIPTION	ADVANTAGES	DISADVANTAGES
TOTAL ABSTINENCY	Keeping away from having Sex when a decision of not having a child has been reached by the couple.	It is the only completely safe method. It costs nothing and easy to obtain.	It can be difficult to be implemented.
WITHDRAWAL	It involves no artificial devices or chemical. It prevents fertilization by preventing contact between sperm and the egg. It involves withdrawing the penis from the vagina at the point of ejaculation.	No supply of equipment is needed. No introduction of chemicals into the body. It is available in any situation.	Withdrawal of the Penis Requires perfect timing and self-control on the part of the male. Semen and sperm are released into the vagina in most sexual intercourse.
NATURAL FAMILY PLANNING	It includes rhythm method, the Basal Body Temperature (BBT) method, the Ovulation Billings method and the symptom thermal method. It involves timing and recording or the menstrual cycle of female.	It increases the user's knowledge of reproductive physiology. It enhances self-awareness and self-reliance. It has no adverse side effects. No cost, no fuss and no mess.	No Protection against STIs. Male partner's co-operation is difficult. It involves Careful monitoring by the woman for several months. The information May not be accurate.
MALE CONDOM	It involves fitting the condom over male's penis. It is rolled onto erect Penis before sexual intercourse. It catches and holds the semen that is released during The intercourse.	Easily and widely available without prescription. Generally inexpensive. It provides Protection against STIs. It helps users maintain an erection longer. Prevents pre-mature ejaculation. It is hygienic, etc.	Reduces sensitivity. Decreases pleasure. It interrupts foreplay to put on the condom. In Rare cases, Allergic reaction occurs. Break-age of the condom. Sizes not always suitable. It may slip off.

FEMALE CONDOM	It is a thin, loose, polyurethane (plastic sheath with two flexible plastic rings on either end. It provides a physical barrier that lines the entire vagina and part of the external vulva. It is inserted into the vagina before sexual intercourse.	It protects against STIs. It does not alter the woman's hormonal patterns. No systematic side effects.	Some of them are expensive. It is bulky, noisy and unattractive. Vaginal discomfort. Not readily Available for most. May require Additional support to keep in place.
VAGINAL SPERMICIDES	It is a vaginal cream or jelly foaming tablets which act by killing the sperm. Such tablets are inserted into the vaginal before sexual intercourse. These tablets Can provide both and road physical chemical blocks to sperm. They could be used alongside with condom.	Could be used alongside with other methods. Widely available without prescription. Have few side effects. Easy to use. Provides Protection against STIs. Provide lubrication During intercourse.	Not recommended as an Effective method to be used on its own. May not Always be available. It is messy and may be allergic to individuals. Requires Precise techniques of insertion. Protection is short-lived. Does not provide full protection against STIs.
DIAPHRAGM	It is one of the barrier methods. It involves inserting a rubber cap into the vagina shortly before the sexual intercourse. It covers the entrance of the womb so as to prevent the sperm from entering the uterus. It must be left in at least 6 hours after sexual intercourse.	It prevents pregnancy	It offers very little protection against STIs. It is complicated to be used. It may shift during sexual inter-course. There maybe spillage of sperm on the process of removal.

ORAL CONTRACEPTIVES	This method purely involves the Use of pills which prevent pregnancy by suppressing ovulation through the combined action of oestrogen and progestin.	It offers continuous protection against STIs. It is highly effective. It regulates monthly periods. It has protective effects against Pelvic inflammatory diseases. Protects against ovarian and endometrial cancer. Decreases risks of breast tumours.	Pills must be taken daily. Pills may be expensive. In some cases, Pills Produce nausea and vomiting. Depression and other mood changes. There is risk of complications with cardio-vascular diseases. Decreased Libido in some women. Provides no protection against STIs. Leads to weight gain decreases lubrication (dryness).
INJECTABLES	It is given to the female in the form of an injection. It works like the pill by suppressing ovulation. It contains progestin hormone which alters the lining of the uterus so that it cannot accept a fertilised egg. It makes sperm difficult to penetrate and alters the ability of the fallopian tubes to transport the ovum to the uterus.	It provides continuous and long-term protection. It is highly effective as it does not interfere with spontaneity of sexual intercourse. It has lower failure rate than other contraceptive methods. It helps with menstrual problems. It reduces the incidences of ovarian cancer anaemia ectopic pregnancy breast lumps etc.	It does not protect against STIs/HIV. Menstruation becomes light and irregular. It stops Menstruation in many women. Weight gain is common. It requires medical supervision. It also requires constant clinic visits. It can not be reversed. In some women it becomes difficult to get pregnancy after discontinuation of use. It is difficult to determine when the drug wears off.
HORMONAL IMPLANTS	Norplant is the brand name for a set of tiny, silicon rubber tubes, each containing a Manufactured form of a single hormone called progesterone. They are implanted by a doctor or specially trained nurse just under the Skin on the inside of the woman's upper arm. They become invisible after insertion.	It provides long lasting and continuous protection. It requires no attention after insertion. It does not interfere with intercourse.	It Produces irregular bleeding. It requires minor surgery for insertion and removal. It produces unknown long-term risks. It does Not Provide protection against STIs.

EMERGENCY CONTRACEPTIVES	<p>These are used during problematic situations that may require emergency contraception. A woman may have missed too many oral contraceptive pills, the condom broke, the woman was raped or simply did not think of having sexual intercourse. This method is used to protect unplanned or unwanted pregnancy.</p>	<p>It is easy to use. It has minimal medical risks. Out of 100 Women using this method, 98% of them will not be pregnant. 2% have the chances of being pregnant.</p>	<p>Nausea and vomiting is common. It does not provide protection against STIs/HIV.</p>
INTRA-UTERINE CONTRACEPTIVE DEVICES (IUCD)	<p>Examples of the method includes; Henley's Loop or Cooper – T. It is a small, flexible plastic device which is inserted into the womb by a doctor. It is a little piece of soft plastic, usually with a tiny, nylon tail thread attached to it. It can be left in the woman's uterus for 1-8 years. It immobilizes sperm or its movement to the fallopian tubes or irritate the wall of the womb preventing the fertilized egg from attaching to the wall of the uterine.</p>	<p>It provides long lasting and continuous protection from pregnancy. It is inexpensive. It does not involve insertion during sexual intercourse. Out of 100 Women who use IUCD Method for one year, only 1-2 will become pregnant.</p>	<p>Expulsion of the device by 2-10% of the users in the first year of use. It requires medical examination. Not advisable for women who have not had children. There are increased risks of pelvic infections. Risk of increased menstrual bleeding. Increased risk of ectopic pregnancy. Uncomfortability during sexual intercourse. Does not protect against STIs.</p>

<b>TUBAL LIGATION</b>	It is an operation on women in which the fallopian tubes are cut and tied of so that no egg is able to reach the uterus or be reached by the sperm. It sterilizes the woman. It involves surgery	It is safe. It is highly effective. It has no long-term side effects.	It leads to permanent sterilization the Procedure requires Highly skilled personnel. It does not protect against STIs/ HIV.
<b>VASECTOMY</b>	It is a safe surgical procedure for men. It involves cutting and tying of the tubes through which sperm travels during sexual intercourse. It sterilises the man.	It is safe. It is highly effective. It is 100% against pregnancy. It is permanent. No known long-term side effects. Available, though not widely used as a result of fear of negative effects on Sexual performance.	Permanent sterilisation. Does protection STIs/HIV. against Psychologically induces Sexual dysfunction in man.

### Self-assessment exercises 1

1. Explain the concept of family planning.
2. Enumerate any five (5) objectives of family planning.

### 2.3.6 Why Couples May Not Want to Have More Children at a Particular Period

There are some reasons why couples may not want to have more children at a particular time, and as such will adopt certain family planning methods. Some of these reasons may include the following:

- (1) It may be that they cannot afford to have additional children for economic reason
- (2) They may feel that they have had enough children
- (3) Wanting to provide emotional support for a few children
- (4) For medical/health reasons
- (5) For educational purpose (one of the couples may still be interested in schooling)
- (6) One may feel too young to have children
- (7) Demand of jobs
- (8) Other psychological and social reasons.

### 2.3.7 Factors that May Inhibit the Practice of Family Planning in Nigeria

- (1) Religious factors
- (2) Cultural factors
- (3) Socio-economic factors
- (4) Educational background/ignorance
- (5) Fear
- (6) Lack of enlightenment
- (7) Carelessness
- (8) Lack of concern for healthy growth and development of the children
- (9) Lack of understanding and agreement between couples (10) Lack of accessibility to child and family health services (11) Lack of provision of health counselling services.
- (12) Attitude of health workers



## 2.5 Summary

In this unit, you have learnt about the concepts of family planning, aims and objectives of family planning, benefits of family planning to the children, family and the nation and methods of family planning. You have also learnt about the advantages and disadvantages of each method of family planning. In addition to the above, you have also learnt about those factors that may inhibit the practice of family planning in Nigeria.

In this unit, you have learnt about the role of family planning in the healthy growth and development of the children. You also learnt about the objectives of family planning such as:

- Promoting the health of the mother and children
- Building up of the health of the family and the community
- Reducing high incidence of infant and maternal morbidity and mortality rates in society
- Population control, etc.

You also learnt that family planning has many benefits to the children, family, community and the society at large. Various methods of family planning were discussed in this unit. These include:

- (1) Total abstinence
- (2) Withdrawal method
- (3) Natural family planning method
- (4) The use of male condom
- (5) The use of female condom

- (6) Vaginal spermicides
- (7) Diaphragm
- (8) Pills
- (9) Injectables
- (10) Hormonal implants
- (11) Emergency contraceptives
- (12) Tubal ligation
- (13) Vasectomy, and
- (14) Intra-uterine contraceptive device.

You learnt about the advantages and disadvantages of each of the above listed methods of family planning. The reasons why couples may not want to have more children at certain periods and factors that inhibit the practice of family planning in Nigeria were also discussed.



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## 2.7 Possible Answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

1. Family planning refers to those attempts made by the couples to control their fertility *to be able to have number* of children they wanted. It also involves contraception which is referred to as the means or ways of preventing conception or pregnancy. It can also be referred to as birth control or child spacing where the female egg is prevented from ovulation (uniting).

### Self-Assessment Exercise 2

2. Any of the five out of the following objectives:

#### Answer

1. To encourage good building up of the community and family health
2. To promote the health of the mother and the children
3. To reduce the high incidence of infant, maternal morbidity and mortality rates
4. To reduced or eradicate the incidence of sexually transmitted infections
5. To control the population of the country and make everybody healthy
6. To help the couples in spacing their children to make them have better and brighter future
7. To enable parents give their children quality parental care
8. To make the take-home-pay commensurable to the size of the family, etc.

## UNIT 3 INFERTILITY IN THE FEMALE

### Unit Structure

- 3.1 Introduction
- 3.2 Intended Learning Outcomes
- 3.3 Definitions and Concepts of Infertility
  - 3.3.1 Types of Infertility
  - 3.3.2 Causes of Infertility in the Female
  - 3.3.3 Risk Factors of Infertility
  - 3.3.4 Factors that Promote Fertility in the Female
- 3.4 What to do in the Case of Infertility
- 3.5 Summary
- 3.6 References/Further Reading/Web Resources
- 3.7 Possible answers to Self-Assessment Exercise(s)



### 3.1 Introduction

Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.”... (WHO-ICMART glossary). Infertility in either the man or the woman constitutes a serious problem to every family in Nigeria and in Africa as a continent. On the other hand, fertility is what every family prays for, because it is the sign of fruitfulness in every marriage. Infertility is of two (2) types, and is caused by certain factors. But with good medical care, infertility could be overcome either in the male or in the female. Infertility is a serious problem in marriage because it inhibits conception, and without conception there can be no child bearing. This makes fertility the most important aspect of the process of the life of a human being.



### 3.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- define infertility
- explain the causes of infertility in the female
- explain the signs and symptoms of fertility in the female.



### 3.3 Definition and Concepts of Infertility

Infertility is the failure of a couple to achieve pregnancy after one year of regular unprotected sexual intercourse. It is also defined as the inability of a couple to conceive after one or more years of frequent unprotected

sexual intercourse (Rutishauser, 1994).

### 3.3.1 Types of Infertility

Infertility has been classified into two (2) types:

- (1) Primary infertility
- (2) Secondary infertility.

Primary infertility refers to the inability of a woman to get pregnant despite frequent unprotected sexual intercourse and she is willing to become pregnant.

Secondary infertility refers to the situation whereby the woman has become pregnant at least once before and she is unable to become pregnant any more despite frequent unprotected sexual intercourse with the desire to be pregnant.

### 3.3.2 Causes of Infertility in the Female

Here, take note of the following.

- (1) Inability of the ovum to reach the uterus
- (2) Inability of the sperm to reach the ovum
- (3) Obstruction of the uterine tubes due to infection
- (4) Previous surgery (tubal ligation)
- (5) Retroversion of the uterus (backward tilting of the uterus) which prevents the collection of semen around the cervix
- (6) Infection of the cervix in which the pus and infected mucus forms a barrier to sperm
- (7) Irregular normal ovulation. This could be caused by:
  - (a) Severe physical or mental illness
  - (b) Anorexia nervosa
  - (c) Obesity
  - (d) Lack of, or infrequent ovulation due to disorders of the ovaries; which is caused by cysts, tumours or endometriosis
- (8) Endocrine disorders affecting the production of follicle stimulating hormones (FSH) and Luteinising hormones (LH) may also prevent ovulation
- (9) Inability of the fertilised ovum to implant into the uterus
- (10) The endometrium may not be receptive due to hormonal imbalance (estrogen and progesterone)
- (11) Congenital abnormalities
- (12) Blockage of fallopian tube
- (13) Pelvic inflammatory diseases
- (14) Sexually transmitted diseases (STDs)

- (15) Uterine fibroid cancer
- (16) Adhesion of the fallopian tubes, uterus and ovaries
- (17) Cervical hostility and incompetence.

### **3.3.4 Risk Factors of Infertility**

- (1) Malnutrition
- (2) Prostitution, multiple sexual partners which make a woman more prone to all kinds of sexually transmitted diseases (STDs) and sexually transmitted/infections (STIs)
- (3) Illegal abortions which may cause serious damages to the reproductive organs
- (4) Tropic infections, e.g. malaria
- (5) Voluntary surgical sterilisation
- (6) Late marriage
- (7) Too much exposure to radiation such as X-ray
- (8) Defective reproductive system.

### **3.3.5 Factors that Promote Fertility in the Female**

- (1) Ability of the female to ovulate regularly every month
- (2) When a man is able to produce normal and healthy sperm
- (3) Ability of the female to react favourably to the normal and healthy sperm
- (4) Ability of the sperm to move normally to fertilise the ovum
- (5) Ability of the fertilised ovum to travel successfully to the uterus for the embodiment
- (6) Ability of the uterus to nourish the fertilised ovum until delivery.

### **3.3.6 What to do in the Case of Infertility**

- (1) The history of the client should be considered by the family doctor
- (2) The client may need counseling
- (3) Health education of the client
- (4) Attending gynecological clinics for proper medical attention
- (5) Use of fertility drugs e.g. gonadotropic hormones that stimulate the ovaries and bring about ovulation
- (6) Adoption of a child when reproduction does not occur in the usual manner
- (7) Adoption of assisted reproductive technologies such as:
  - (a) Artificial insemination which involves placing sperm in the vagina by a physician
  - (b) In-Vitro Fertilisation (IVF) in which conception takes place in the laboratory with the use of ultra-sound machines.

- (c) Intracytoplasmic sperm injection (ICSI) which involves injecting a single sperm into an egg when a man has severe infertile problems.

### Self-Assessment Exercises

- |    |  |
|----|--|
| 1. | Identify and explain two (2) types of infertility in the female. |
| 2. | State any eight (8) causes of infertility in the female.         |



### 3.4 Summary

In this unit, you have learnt about infertility in the woman: Its concepts, types, causes, risk factors that could lead to infertility and what to do as the way out or alternatives.

You have learnt in this unit that infertility is a serious problem to the affected families. This is because it inhibits conception which is an important aspect of the process of the beginning of the life of human beings.



### 3.5 References/Further Reading/Web Resources

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### 3.6 Possible answers to Self-Assessment Exercise(s)

#### Self-Assessment Exercise 1

##### Answer

1. Infertility is the failure of a couple to achieve pregnancy after one year of regular unprotected sexual intercourse. Infertility has been classified into two (2) types: Primary infertility and Secondary infertility.

Primary infertility refers to the inability of a woman to get pregnant despite frequent unprotected sexual intercourse and she is willing to become pregnant.

Secondary infertility refers to the situation whereby the woman has become pregnant at least once before and she is unable to become pregnant any more despite frequent unprotected sexual intercourse with the desire to be pregnant.

#### Self-Assessment Exercise 2

2. State eight out of the following:
  1. Inability of the ovum to reach the uterus
  2. Inability of the sperm to reach the ovum
  3. Obstruction of the uterine tubes due to infection
  4. Previous surgery (tubal ligation)
  5. Retroversion of the uterus (backward tilting of the uterus) which prevents the collection of semen around the cervix
  6. Infection of the cervix in which the pus and infected mucus forms a barrier to sperm
  7. Irregular normal ovulation. This could be caused by: severe physical or mental illness, anorexia nervosa, obesity, lack of, or infrequent ovulation due to disorders of the ovaries; which is caused by cysts, tumours or endometriosis
  8. Endocrine disorders affecting the production of follicle stimulating hormones (FSH) and Luteinising hormones (LH) may also prevent ovulation
  9. Inability of the fertilised ovum to implant into the uterus
  10. The endometrium may not be receptive due to hormonal imbalance (oestrogen and progesterone)
  11. Congenital abnormalities
  12. Blockage of fallopian tube
  13. Pelvic inflammatory diseases
  14. Sexually transmitted diseases (STDs)
  15. Uterine fibroid cancer

## UNIT 4 THREATS TO CHILDHOOD HEALTHY GROWTH AND DEVELOPMENT

### Unit Structure

- 4.1 Introduction
- 4.2 Intended Learning Outcomes
- 4.3 Nutritional-Related Threats to Childhood Healthy Growth and Development
  - 4.3.1 Nutritional-Related Problems and Diseases that Threaten Childhood Healthy Growth and Development
  - 4.3.2 Role of Nutrition in the Promotion of Childhood Health
  - 4.3.3 Measures for the Intervention of Childhood Health Problems
- 4.4 Summary
- 4.5 References/Further Reading/Web Resources
- 4.6 Possible answers to Self-Assessment Exercise(s)



### 4.1 Introduction

Child health is related to so many factors. The relationship of such factors to health is either positive or negative. Factors that exert negative effects on the health of a child constitute the threats to his physical, cognitive, social and emotional growth and development. Nutritional deficiencies constitute the major source of many threats to the childhood healthy growth and development. Therefore, the family, school, government and non-governmental organisations (NGOs) and the international health organisations, must put all hands on deck to combat all those factors that constitute threats to the health of children.



### 4.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- enumerate those factors that threaten healthy growth and development of the children
- explain the intervention measures to be taken on the threats to early childhood health
- discuss the collaborative roles of the parents, schools, government and non- governmental organisations in combating the threats to childhood health.



### 4.3 Nutritional-Related Threats to Childhood Healthy Growth and Development

As earlier mentioned, nutrition constitutes one of the major sources of childhood health problems. These problems emanate from either malnutrition or undernourishment which results to certain deficiencies that threaten the life of pre-primary and primary school age children. Nutrition plays a vital role in the life of every child, especially to the most vulnerable and disadvantaged children in the society. Children, in their early years, need proper and adequate nutrition for healthy growth and development. But the bad news is that millions of children lack these advantages and are locked at an early age into long-term cycles of deprivation. Some of the adverse effects of malnutrition on childhood health include the following:

- (1) Malnutrition or micronutrients deficiency in the early years of a child can impair brain development
- (2) Malnutrition impairs the functioning of the central nervous system with irreversible consequences
- (3) Nutritional deficiencies lead to poor cognitive development which is responsible for weaker academic outcomes and more limited life chances
- (4) High levels of child mortality and malnutrition represent a formidable developmental challenge to every human society
- (5) A high percentage of the pre-mature death of the pre-primary and primary school-age children is attributed to malnutrition and early childhood diseases
- (6) Micronutrients deficiency is the cause of diarrhea in children
- (7) Many children in developing nations who are below the age of six start primary school with their bodies, brains and long-term learning prospects permanently damaged by malnutrition and ill-health
- (8) So many children entering schools have had their lives blighted by sickness and hunger which affect their education negatively
- (9) Malnutrition causes severe stunting in school children
- (10) Poor nutrition in early childhood affects cognitive development, fine motor skills, learning acquisition and behaviour, even moderate malnutrition results in altered behaviour including lower activity levels, greater apathy and less enthusiasm for play and exploration
- (11) Malnourished children are less likely to start school at the official age and less equipped to learn
- (12) Malnutrition is one of the leading causes of diminished learning capacity. Iodine deficiency in pregnant women can cause congenital mental impairment in children.
- (13) Malnutrition impairs cognitive development and increases vulnerability to infectious diseases in many pre-school children, etc.

### **4.3.1 Nutritional-Related Problems and Diseases that Threaten Pregnancy and Childhood Health**

- (1) Diarrhea
- (2) Pneumonia
- (3) Tetanus
- (4) Measles
- (5) Low birth weight
- (6) Diphtheria
- (7) Whooping cough
- (8) Malaria
- (9) Intrauterine growth retardation
- (10) Childhood anaemia
- (11) HIV/AIDS. (12) Kwashiorkor (13) Pellagra
- (14) Short-term hunger
- (15) Obesity
- (16) Marasmus
- (17) Protein-Energy Malnutrition

### **4.3.2 The Role of Nutrition in the Promotion of Childhood Health**

- (1) Good nutrition promotes healthy growth and development of children
- (2) Good nutrition enhances learning and promotes good academic achievement among children
- (3) Nutrition promotes good quality of health which is the foundation of child's learning
- (4) Nutrition and health are the two foundations for early childhood development and life-long learning
- (5) Good nutrition reduces mortality and morbidity rates in children
- (6) Child's development starts from the womb where it is affected by the state of mother's health and nutrition
- (7) Children in their crucial early years need good nutrition and health, because it is a critical period for acquisition of the cognitive skills that will carry them through school and influence their life chances in adulthood
- (8) Good nutrition enhances healthy development of the child's brain and prevents impairment of the functions of the central nervous system, etc.

### 4.3.3 Measures for the Intervention of Childhood Health Problems

- (1) Formulation and enforcement of child health policy
- (2) Expanded Immunisation programme for children
- (3) Provision of anti-mosquito bed-nets
- (4) Provision of preventive drugs for malaria treatment
- (5) Distribution of key micronutrients to vulnerable children
- (6) Measures to prevent mother-to-child HIV transmission
- (7) Embarking on integrated maternal and child health interventions which should include improved water and sanitation provision, mass immunisation, and malaria prevention
- (8) Comprehensive antenatal health care programme
- (9) Provision of essential drugs and vaccines to combat children health problems
- (10) Provision of DPT3 vaccination
- (11) Improvement of family socio-economic status through provision of employment opportunities to enable parents meet the nutritional requirements of the children
- (12) Integrated Child Development Services (ICDS) programmes to combat children malnutrition
- (13) Lowering of food prices to enable those families with low incomes to meet the nutritional needs of the children
- (14) Pre-school provision should be made. This should include good quality nutritional services for healthy growth and development of the children
- (15) Provision of good nutrition for those women undergoing exclusive breast-feeding
- (16) Nursery, day care and child development centres should provide good play space with equipment for play and exploration. This will enhance development of physical fitness and muscular coordination in children
- (17) Producing mothers should be given adequate maternal education
- (18) Provision of good water, clothing and sanitary conditions for children, etc.
- (19) Proper implementation of Home-Grown School Feeding Programme

#### Self-assessment exercises 1

- |  |
|--|
| 1. Discuss the five roles of nutrition in the healthy growth and development of the pre-primary school children. |
|--|



#### 4.4 SUMMARY

In this unit, you have learnt about the threats to childhood health, the role of good nutrition in the promotion of childhood health, the negative effects of nutritional deficiencies on the childhood healthy growth and development. You also learnt about the various intervention measures to the children's health problems. You also learnt about the health problems which nutritional deficiencies cause in children. Some of these problems include:

- Child stunting
- Diseases such as diarrhea, pneumonia, anaemia, malaria, whooping cough, measles, HIV, tetanus, etc.
- Impairment in brain development
- Impairment in the functions of the central nervous system, etc.

You also learnt about the important role of good nutrition in the early childhood growth and development. In addition, you learnt about the various intervention measures for combating various childhood health problems.



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## 4.7 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answers

Discussion on any five of the following:

1. Good nutrition promotes healthy growth and development of children,
2. Good nutrition enhances learning and promotes good academic achievement among children,
3. Nutrition promotes good quality of health which is the foundation of child's learning,
4. Nutrition and health are the two foundations for early childhood development and life-long learning,
5. Good nutrition reduces mortality and morbidity rates in children
6. Child's development starts from the womb where it is affected by the state of mother's health and nutrition,
7. Children in their crucial early years need good nutrition and health, because it is a critical period for acquisition of the cognitive skills that will carry them through school and influence their life chances in adulthood,
8. Good nutrition enhances healthy development of the child's brain and prevents impairment of the functions of the central nervous system, etc.

## MODULE 2 CHILD HEALTH CARE IN THE EARLY YEARS

Unit 1	Determinants of Child Health
Unit 2	An Overview of the General Characteristics of Children
Unit 3	Provision of School Health Services for Children
Unit 4	World Declaration on the Rights of a Child
Unit 5	World Declaration on Child Abuse

### UNIT 1 DETERMINANTS OF CHILD HEALTH

#### Unit Structure

- 1.1 Introduction
- 1.2 Intended Learning Outcomes
- 1.3 Nutrition/Breast Feeding
  - 1.3.1 Personal Hygiene
  - 1.3.2 Heredity/Biological Factors
  - 1.3.3 Medical /Health Care
  - 1.3.4 Socio-economic Status of Parents
  - 1.3.5 Environmental Factors
  - 1.3.6 Parental Care
- 1.4 Summary
- 1.5 References/Further Reading/Web Resources
- 1.6 Possible answers to Self-Assessment Exercise(s)



#### 1.1 Introduction

Health has wide range of meanings as defined by different authors and organisations. Health is dynamic and not static in nature. It is dynamic because it keeps changing in quality and levels. It can be quantified, measured and appraised. Health depends upon multiple factors, and has qualitative and quantitative dimensions. It is optimal personal fitness for full, fruitful and creative living. *Health is that ability and capacity of an individual to cope with all of his daily demand function physically, mentally, socially, emotionally, spiritually and effectively cope with life challenges. The components or dimensions of health are ; physical, mental, social, emotional and spiritual in nature.* According to the World Health Organisation (WHO), health is a state of complete physical, mental, social and emotional wellbeing of an individual, and not merely the absence of disease or infirmity.



## 1.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the concept of health
- state those factors that determine the health of an individual
- explain how nutrition, heredity, personal hygiene, lifestyle, medical care, environment and socio-economic status of parents affect the health of children.



## 1.3 Nutrition as One of The Determinants of Health

Nutrition contributes greatly in determining the health of an individual. It is the science of feeding. It deals with the study of foods and nutrients and their effect on health, growth, and development of the individual. The body needs all the food nutrients for healthy growth and development. A well fed child has the tendency to grow and develop much better than malnourished and undernourished counterparts. Malnutrition and undernourishment make children more prone to diseases. For healthy growth and development of children, they require all the food nutrients (carbohydrate, protein, fats, vitamins, water and minerals) in appropriate proportions.

### 1.3.1 Personal Hygiene

This has to do with personal cleanliness of an individual which include the following:

- Care of the hands (finger nails) by washing the hands with clean water and soap after visiting toilets or after touching dirty or harmful objects. Finger nails should be cut frequently
- Care of the skin by constant bathing and wearing of the appropriate clothes. The skin should not be exposed to harmful chemicals and injurious objects. No sharing of clothes with those who have skin disease
- Care of the mouth by constant washing and brushing with clean water and tooth paste. Chewing sticks from appropriate or harmless plants could be used in the absence of tooth-brush and paste
- Care of the hair by washing with clean water and soap. The hair should be well kept by combing and trimming (cutting)
- Care of the clothes through washing with clean water and soap and ironing
- Care of the nose can be done by avoiding sharp objects inside the

- nose. The nostrils should be cleaned with clean handkerchiefs
- Care of the eyes by avoiding straining the eyes, visiting the ophthalmologist or optician when having eye-problem, avoiding prolonged reading of books with tiny writings and avoiding using light that is either too bright or dull. Provision of adequate proteins and vitamins A & B for children also helps in caring for the eyes. Children should avoid dust and smoked environment. They should also avoid rubbing of eyes with dirty hands and dirty handkerchief. In the cases of short – sightedness and long-sightedness, the correct lenses should be used
  - Care of the ears by cleaning with extra care the lining of the ear tube and the drum which are very delicate, and as such could easily get damaged. Sharp objects should not be used in poking the ears. Consult the doctors when having ear problem. A doctor should be consulted when a foreign object enters the ear
  - Physical exercise, rest, sleep, and recreation. Physical exercise promotes effective functions of the heart and lungs. This can be achieved through running, jogging, endurance trek, and playing games/sport participation. Rest and sleep are good health practices. One could rest by sleeping, reading, watching games or films, listening to music, playing guitar or piano, etc. Recreation could take the form of playing games or sport, dancing, sight-seeing, outdoor pursuit such as camping and mountaineering
  - Good eating habits. This involves eating the right food at the right time. Eating in-between meals is not a good eating habit. Eating moderately is encouraging. Eating in dirty environment e.g. toilets is a bad health attitude. Eating while talking or vice-versa is not encouraging because one could get choked. Eating different kinds of food at short interval creates digestion problems
  - Proper nutrition. This can be ensured by eating balanced diet food that contains all the nutrients such as carbohydrate, proteins, vitamins, minerals, water and fats. This also entails eating regular meals (breakfast, lunch and dinner at the appropriate time). This will prevent malnutrition and malnourishment
  - Good toilet habits. This requires emptying of bowl when it is full and when there is the urge to do so. This should not be delayed; hence one would not be comfortable. The habit of holding urine and faeces for a prolonged period even with the pressing urge to empty one's bowl is extremely bad. After visiting toilet, hands should be properly washed with clean water and soap. It is good to sit and not to stand on the water-system toilets. But sitting is only encouraging in the toilet that is clean. Use either water or tissue paper and not hard objects such as sticks or stones or hard papers that do not dissolve easily and cause blockage
  - Desirable table manners. These include eating quietly, drinking water to facilitate digestion and eating slowly with proper chewing before swallowing.

### **1.3.2 Heredity/Biological Factors**

It is the major factor that determines and/or influences the health of individuals. It is the innate endowment which is given to an individual by his parents or ancestors. Each generation passes on to the next generation a distinct genetic message, transmitted through genes and chromosomes. One could inherit his quality of health from the genes and chromosomes of his parents. On the other hand, one could also inherit certain health problems from his parents, e.g. obesity, high blood pressure, epilepsy, diabetes, etc. Good heredity provides the basis for a sound health, a well developed body and normal intelligence.

### **1.3.3 Medical/Health Care**

The quality of medical care determines to a great extent the healthy growth and development of every child. This include: good nutrition, dental care, auditory care, medical check-ups, health screening and appraisal, medical treatment, immunisation against the killer diseases, anthropometric assessment, provision of drugs, etc.

### **1.3.4 Socio-Economic Status of the Parents**

This has to do with the income of the family. Other determinants of health such as nutrition and medical care of a child depend greatly upon the socio- economic status of the parents. Meager incomes have negative effects on the healthy growth and development of children. The income of each family determines the quality and quantity of the food provided for the children. Similarly, the income of the family also determines the quality of medical care and health services provided its members. Poor people are unable to enjoy the luxury of preventive, curative and promotive health care services. The poor usually live in conditions which undermine physical and mental health, malnutrition, under-nourishment, crowded and unclean housing, inadequate sanitary facilities, poor provision for personal hygiene, etc.

#### **Self-Assessment Exercises 1**

- |   |
|---|
| 1. Explain the term “health” to include its components. |
|---|

### **1.3.5 Environmental Factors**

The healthy growth and development of children also depends upon the environment in which they live. A particular environment is either comfortable or detrimental to the life of an organism, human beings inclusive. The environmental factors which influence the health of individuals include:

- **The Physical Environment**

There are factors that constitute physical environment. These factors exert influence on the health of individuals. Such factors include weather or climatic conditions (temperature), water, air, food, light, noise, pollutants, refuse, sewage, drainage, houses, industries, roads, chemicals, etc. These factors affect our health and life either positively or negatively.

- **The Biological Environment**

This encompasses all living things and plants that exist in our environment. Germs, plants and other living organisms (animals, reptiles, insects, birds, etc). These factors are very helpful to man, and at the same time constitute danger to his health, if not properly controlled.

- **The Psychological Environment**

This deals with those factors that influence human behaviour, such as fear, anxiety, motivation, interest, perception, anger, aggression, temperament, self-esteem, self-actualisation, love, hatred, recognition, happiness, sadness, sense of belongingness, etc. These factors have the tendency of influencing one's health both positively and negatively.

- **The Chemical Environment**

There are chemical substances that have both positive and negative influence on our health. Some of these substances include kerosine, petrol, gas, insecticides, chemicals for food preservation or storage, medicines for curing of certain ailment, radiological substance that are used for X-ray, etc.

- **The Social Environment**

This covers interaction between and among people in the human environment. In clear terms, it involves people's lifestyle and association in the environment. These include friendships, communication, nutrition, substance abuse, prostitution, armed-robbery and stealing, recreation, child-abuse, human trafficking, mode of dressing, nutrition, etc. (Bulus, 2004).

Each aforementioned component of the environment could influence the health of individuals in one way or the other.

### 1.3.6 Parental Care

The degree of concern which parents show to children counts much on the physical, mental, social and emotional aspects of their health. There are many dimensions of parental care. These include:

- **Provision of the basic needs of the children**

The basic needs for life include shelter, clothing, food and water. These basic needs play vital role in the healthy growth and development of children. The provision of these basic needs is an important aspect of the parental role which parents owe their children.

- **Provision of medical/health care**

It is the responsibility of the parents to ensure that children are given adequate medical attention. It requires parents to initiate actions or show concern over matters relating to child health.

- **Provision for medical treatment**

Provision for the medical treatment of the children is an obligatory role of parents. This involves initiating actions towards obtaining drugs, vaccines, health and counseling. There are many health problems that are being faced by children which requires prompt medical treatment e.g. malaria, chicken-pox, measles, small-pox, typhoid, cycle-cell anaemia, whooping cough, polio, worms etc. It is the responsibility of parents to ensure that the right medical treatment is given to any child that requires it. This involves consulting doctors and attending hospitals seeking for medical treatment.

- **Health Education of the children**

Education of the children on basic health issues should be a shared responsibility between the home and school. It is the responsibility of parents to educate children on simple health matters such as good table manners, good eating habits, safety at home, safety on the road, personal hygiene, dangers of substance abuse, etc.

- **Provision of good toilets facilities**

It is duty of the parents to provide good toilet facilities for proper disposal of human wastes (faeces). It is not just the provision, but the sanitary aspects of the toilets should be ensured by the parents. This will prevent children from being exposed to certain diseases.

- **Provision for medical check-ups**

Parents are required to seek for children medical check-ups, health screening and health examination to detect possible hidden health problems for prompt medical intervention.

- **Psychological care**

Parents owe their children psychological care at home. These include love, affection, recognition, acceptability, praises when due, commendation, approval, etc.



## 1.4 Summary

In this unit, you have learnt about the definitions and concepts of health. You learnt about those factors that determine the health of individuals and about how these factors influence the health of individuals.

In this unit, you have also learnt that the health of an individual is determined and influenced by:

- Nutrition
- Personal hygiene
- Lifestyle
- Socio-economic status
- Heredity
- Medical care
- Environmental factors
- Parental care
- Educational background of the family.



## 1.5 References/Further Reading/Web Resources

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## 1.6 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

1.

Health is that ability and capacity of an individual to cope with all of his daily demand function physically, mentally, socially, emotionally, spiritually and effectively cope with life challenges. The components or dimensions of health are; physical, mental, social, emotional and spiritual in nature. According to the World Health Organisation (WHO), health is a state of complete physical, mental, social and emotional wellbeing of an individual, and not merely the absence of disease or infirmity.

## UNIT 2 AN OVERVIEW OF THE GENERAL CHARACTERISTICS OF CHILDREN

### Unit Structure

- 1.1 Introduction
- 2.2 Intended Learning Outcomes
- 2.3 Physical Characteristics
  - 2.3.1 Social Characteristics
  - 2.3.2 Emotional Characteristics
  - 2.3.3 Mental Characteristics
  - 2.3.4 An Overview of the General Needs of Young Children
- 2.4 Summary
- 2.5 References/Further Reading/Web Resources
- 2.6 Possible answers to Self-Assessment Exercise(s)



### 2.1 Introduction

Little children exhibit certain common characteristics in their early years. These characteristics manifest from one growth and developmental stage to another. These characteristics are classified under physical, mental, social and emotional. It is important for teachers in early childhood schools, classes and child development centres to understand these characteristics.



### 2.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- list the physical, mental, emotional, and social characteristics
- explain the general need of children (physical, mental, social and emotional needs of the children).



### 3.3 Physical Characteristics

- Slow and steady growth
- Highly flexible
- More susceptible to respiratory and communicable diseases
- Loss of milk teeth

At the early childhood period the milk (temporal) teeth are replaced by the permanent teeth.

- **Low recuperative power**

Children recover from sickness slowly.

- **Poor level of physical fitness**

Physical fitness deals with one's ability to perform a given physical work for a long period of time without the onset of undue fatigue, and with the reserved energy to overcome emergency. Children in their early years do not have the capacity to perform physical activity for a long period of time. They get tired easily.

- **Limited strength and endurance**

During the early years children are weak and as such, cannot endure hardship. They lack perseverance and stamina. This emanates from the weakness of the joints, bones and muscles.

- **Highly agile**

Children in their early years are not strong. This makes them more prone to injuries during play. Their bones are very soft.

- **Restlessness**

Children in their early years do not stay in one place for a long period of time, and as such, they do not have enough resting time.

- **Poor eye–hand coordination**

The synchronisation of eyes and hands is extremely poor. The rate at which a child reacts to what he sees is slow e.g. late attempt to catch a ball that has been thrown to him. When a ball is thrown to a child, he attempts catching it either when it has not reached him or when it has past him.

- **Poor muscle coordination and control**

Their muscles in the early years are poorly coordinated. Movements involve muscles contraction and synchronisation. This poor muscle coordination is as a result of poor development of the nervous system. This makes control difficult in certain movements.

- **Active in play**

Children are very active in their early years. They are always in active play. They enjoy playing both in school and at home.

- **Small heart and lungs**

The heart and lungs are relatively smaller in size. This is as a result of slow and steady development of the systems and organs.

- **Fast heart rate**

The heart beats faster than that of the adults. This is due to its smaller size.

- **Postural problems**

Children easily develop postural problems such as Kyphosis, Lordosis and Scoliosis. This may be as a result of prolonged bad sitting or standing position.

- **Slow brain development**

In the early childhood period, the brain develops slowly and steadily. This is responsible for gradual development in reasoning.

- **Slow but steady facial development**

The eyes, nose and ears develop slowly and steadily.

- **Bed-wetting**

At night, most children in their early years urinate on bed.

- **Dirty appearance**

In the early years, most children appear dirty due to the way they play which involves lying, sitting and rolling on dirty grounds.

### 2.3.1 Social Characteristics

- **Children in their early years tend to show no sex preference**

Both boys and girls play together without necessarily selecting who to play with.

- **Self-centredness**

This has to do with self-ego. Children in their early years always want to be first in whatever, they do. They claim the ownership of parents, property and achievement, even if it is a group achievement. Statements such as "I did it", "It is mine", are common among children.

- **Sense of belongingness**

Children like to belong to groups. They like playing in groups rather than in isolation. Interaction with peers is common among children.

- **Leadership and followership**

They are easily carried along with and by others. At play, some lead while others follow.

- **Exhibition of bad table manners**

This includes talking while eating, coughing at the dining table.

- **Stealing**

Most children in their early years steal at home and in school. At home some of them indulge in stealing food, while in school, some steal things that belong to their classmates.

- **Lying**

Most children in their early years tell lies against their classmates in an attempt to win favour from teachers, and at home to gain parental recognition.

- **Thumb-sucking**

Early childhood period is the period during which a good number of children suck their thumb. The degree of thumbs sucking varies from one child to the other.

- **Limited in personal hygiene**

Children generally look dirty in their early childhood years. Majority of them do not have the sense of personal cleanliness.

### 2.3.2 Emotional Characteristics

- **Children easily get annoyed**

This makes them fight easily.

- **They give-up easily**

They easily get discouraged when they fail to succeed in the initial trials in doing something. .

- **They easily cry**

Unlike the adolescents, children easily cry when reprimanded by both teachers and parents.

- **Children like praises, acceptance and approval from parents and teachers**

They like praises over little success made by them in the classroom work, in domestic work at home and during play. They like commendation.

- They easily get frightened by the elder ones both at home, in school and at play.

- **They exhibit siblings' jealousy**

This happens when a new born baby arrives in the family. This is as a result of the feeling of not being given parental love and affection.

- They like recognition from teachers and other adults in their immediate environment

Most children in their early years would want their presence to be noticed at, particularly those who are extroverts.

- **Girls exhibit timidity (shyness) more than boys**
- **They imitate**

The early childhood period is the period for imitation of teachers, parents, heroes, film actors/actresses, sports stars and other adults who are regarded by children as models. They imitate the ways parents, teachers and others behave. This makes them learn through imitation.

- **They lack endurance and perseverance to tackling challenges of life This makes them hate hardship.**
- **They like affection and love from parents**

They also like to be pampered by parents and adults.

### 2.3.3 Mental Characteristics

- **Children have short attention span**  
They cannot withstand long hours of teaching. Their period of concentration in teaching/learning situations is so short.
- **Children learn through play, story-telling and dramatization**
- **They are curious about many things within and outside the classroom**

Curiosity refers to the act of wanting to know.

- **They like exploration**  
This makes them exhibit destructive tendencies in an attempt to explore about situations and objects in the environment. For example, children destroy their toys in an attempt to explore their components and how they function.
- **They lack logical thinking over many situations**  
This is the more reason why they adopt wrongful approaches in solving problems.
- **They always raise philosophical questions**  
These are questions which adults sometimes find it extremely difficult to provide right answers to. For example, children ask their pregnant mothers of how the child got into their womb, who put the child into the womb, when the child will come out of the womb and how the child will come out. They also ask questions on the nature of God and the universe. They raise questions on who the father and mother of God are, and on when God was born, etc.

- They have limited ability to withstand complex academic work. Some children hate schooling after a few months of their enrollment; particularly if the school environment is unattractive to learning etc.
- They hate failure in academic work.

### **Self-Assessment Exercises 1**

1. Categorise four physical characteristics of young children
2. List any ten five emotional characteristics of young children and

### **2.3.4 An Overview of the General Needs of Young Children**

- Children need good parental care. Parents are required to pay close attention to their children in terms of meeting their health, social, psychological and emotional needs, e.g. love, affection, medical care, etc.
- They need adequate health care in terms of medical treatment, health screening, medical check-ups and health examination
- Children are restless and active. They need play so much. Therefore, they need to be provided with play facilities and equipment
- Children are always involved in many dangerous play activities that expose them to certain risks. In view of this, they need adequate supervision by teachers in school and adults at home
- Children are more susceptible to all kinds of diseases (communicable and non-communicable) therefore; their classrooms need to be adequately cross ventilated through provision of good windows
- Children need proper clothing to protect them from harsh weather, particularly during winter
- They need to be protected against cold weather, and injuries. This could be achieved through supervision and inspection of their play facilities and equipment
- There is need for the provision of healthy social and physical environment for the children. Children like imitating others therefore, the social interaction between children and others should be checked to be sure that they will not learn bad behaviours. The physical environment such as play grounds should be made safe for participation in physical activities
- Children need to be educated by both parents and teachers on desirable personal hygienic attitude and practices
- Children play so much during which they sweat and get so much hydrated. This makes them much thirsty. Therefore, they need adequate supply of clean water both at home and in school.

- Children demonstrate certain bad eating habits e.g. eating without washing hands, talking while eating, splashing soup on the dining tables, etc. In view of these, they need to be educated on bad and good eating habits.
- They need to be encouraged to keep repeating certain positive health attitudes and practices
- Children need provision of safety and security at the home, on the road and in school, particularly on the play grounds. This could be achieved through periodic inspection of their playgrounds and equipment to ensure they are safe for use.



## 2.4 Summary

In this unit, you have learnt about the:

- Children's physical characteristics
- Children's mental characteristics
- Children's social characteristics
- Children's emotional characteristics and
- General needs of children.



## 2.5 Reference/Further Reading/Web Resources

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## 2.6 Possible Answers to Self-Assessment Exercise(s) within the Contents

### Self-Assessment Exercise 1

1. Little children exhibit certain common characteristics in their early years. These characteristics manifest from one growth and developmental stage to another. These characteristics are classified under physical, mental, social and emotional. It is important for teachers in early childhood schools, classes and child development centres to understand these characteristics.

2. Emotional Characteristics

- Children easily get annoyed  
This makes them fight easily.

- They give-up easily  
They easily get discouraged when they fail to succeed in the initial trials in doing something. .

- They easily cry  
Unlike the adolescents, children easily cry when reprimanded by both teachers and parents.

- Children like praises, acceptance and approval from parents and teachers  
They like praises over little success made by them in the classroom work, in domestic work at home and during play. They like commendation.

- They easily get frightened by the elder ones both at home, in school and at play.

- They exhibit siblings' jealousy  
This happens when a new born baby arrives in the family. This is as a result of the feeling of not being given parental love and affection.

- They like recognition from teachers and other adults in their immediate environment

Most children in their early years would want their presence to be noticed at, particularly those who are extroverts.

- Girls exhibit timidity (shyness) more than boys  
- They imitate

The early childhood period is the period for imitation of teachers, parents, heroes, film actors/actresses, sports stars and other adults who are regarded by children as models. They imitate the ways parents, teachers and others behave. This makes them learn through imitation.

- They lack endurance and perseverance to tackling challenges of life This makes them hate hardship.
- They like affection and love from parents

They also like to be pampered by parents and adults.

## UNIT 3 PROVISION OF HEALTH SERVICES FOR SCHOOL CHILDREN

### Unit Structure

- 3.1 Introduction
- 3.2 Intended Learning Outcomes
  - 3.3.1 Definitions and Concepts of Health Services
    - 3.3.1 The Scope of School Health Services
    - 3.3.2 Components of School Health Services
    - 3.3.3 The Scope of Health Appraisal
    - 3.3.4 The Scope of Health Observation
    - 3.3.5 The Scope of Screening Tests
    - 3.3.6 Areas of Health Counselling
    - 3.3.7 The Importance of School Health Services
    - 3.3.8 Personnel Involved in the School Health Services Programme
    - 3.3.9 School Health Records/Health History
- 3.4 Summary
- 3.5 References/Further Reading/Web Resources
- 3.6 Possible answers to Self-Assessment Exercise(s)



### 3.1 Introduction

The role of health services in the educational and healthy growth and development of the young children cannot be over-emphasised. Therefore, both the school and the home are responsible for the provision of adequate and comprehensive health services for the children. Apart from contributing to the healthy growth and development of children, health services form an essential part of their educational experiences.



### 3.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the concepts of school health services
- list the components of school health services
- state the importance of school health service to young children
- list 10 first aid box content that should be found in schools.



### 3.3 Main Content

#### 3.3.1 Definitions and Concepts of School Health Services

School health services constitute one of the components of school health programme. School health services is that part of the school health programme that appraise, protect, maintain and promote the health of the pupils/students and the school personnel (Udoh, 1999).

#### 3.3.2 The Scope of School Health Services

**Health appraisal** is an evaluation of the current health status of the school children. It is the process that seeks to determine the total health status of children through:

- (a) Parent, teacher and nurse observations
- (b) Screening tests for visual and auditory acuity
- (c) Physical fitness tests.

**Health counselling** is the procedures that are carried out by doctors, nurses, counselors, teachers or other qualified personnel in order to interpret to pupils and parents the nature and significance of health problems.

**Emergency care of sickness & injury:** The school has the responsibility of giving immediate care in case of accident or sudden illnesses as well as notifying parents, getting children home or to some other places of safety and guiding parents, where necessary to sources of treatment.

**Health screening:** covers tests of vision, hearing and physical fitness of the school children. It also involves testing the height and weight of the children.

**Medical examination:** This involves periodic examination of the school children through health appraisal. It also involves referral examination which provides an opportunity for the doctor to check any reported cases of deviation from the normal health.

**Health inspection** involves observation of the physical appearance of children. This covers body cleanliness, finger-nails, hair, etc.

**Provision of drugs/vaccines** It is the collaborative responsibility of the home and school to provide drugs for the treatment of certain illnesses or health problems affecting children. Vaccines are also provided by the schools for the vaccination of children in prevention of certain health

problems.

**Nutrition** is the science of feeding. It is the responsibility of the school to feed the children. This constitutes part of the school health services.

**Anthropometric assessment** is concerned with the assessment/measuring the height, weight and body composition of the school children. This helps in determining the relationships between their height, weight and body composition.

**Health evaluation** is the procedure that is carried out to determine healthy growth and development of the children.

**Dental examination** is the procedure that aims at taking care of the mouth and teeth of the children. This procedure is carried out by a dentist.

**Ambulatory service:** It is the responsibility of the school to provide an ambulance for the conveyance of the school child who needs immediate proper medical attention. This involves provision of the ambulance for the transportation of the victim of any health circumstance to either the hospital or home.

**Referral services:** There are health problems which the school may not be able to properly handle due to lack of qualified personnel, complexity of the problem or lack of the facilities or equipment. In such cases, it becomes the responsibility of the school to make arrangement for sending the affected child to another medical centre.

**Diagnostic examination:** This is the further procedure from the health appraisal. Health appraisal procedures may reveal conditions that indicate the need for diagnostic examination ordinarily not in the health appraisal exercise. For example, a child suspected of being anaemic, or having tuberculosis needs further diagnostic examination for confirmation of his health problem.

**Teachers' health observations:** Teachers occupy a very strategic position to observe the pupil's physical and emotional wellbeing as well as his academic achievement. This is because the school boy or girl spends more of his time with the classroom teacher than with any other adult except the parents. The teacher sees the child on his "rainy day" as well as on his "sunny day", witnesses his success and failures, observes his reactions and interactions with other children and is aware of any changes in the child's behaviour. The scope of the teacher's observation is quite extensive. The areas that are covered in the teacher's observation may include:

- (a) General appearance of the children
- (b) Eyes, ears, nose, throat, mouth, teeth, skin and scalps

- (c) Behaviour at play
- (d) General behaviour
- (e) Health attitude and practices
- (f) Children's complaints
- (g) School attendance.

**Provision of good sanitary conditions:** This includes provision of clean toilet and bath room facilities for school children. School healthful living constitutes part of sanitary conditions.

**Immunisation** is the procedure taken by schools to prevent pupils from being affected by certain health problems e.g. polio, measles, tetanus, small pox, chicken pox, etc. This takes the form of vaccination of the children.

**Provision of safety learning environment:** This involves all measures taken to ensure that the learning environment is free from dangerous objects such as stones, sharp-pointed irons, nails, broken bottles, slippery grounds or floors, falling roofs or walls, etc. All these conditions endanger the lives of school children.

**First aid treatment and emergency care:** It is the responsibility of the school to take immediate actions in the case of injuries or sudden illnesses that may affect a school child. The immediate treatment given to an injured child before drawing the attention of the parents or before securing proper medical care is referred to as "first aid treatment". This treatment is administered to prevent the victim's situation from being deteriorated. Where there is no nurse, it is the responsibility of the health education teacher, to give first aid treatment.

**Provision of first aid box and its content:** Each school, under normal situation, should have a well-equipped first aid box containing the following:

- Adhesive compresses
- Sterile gauze
- Roll of sterile gauze
- Triangular bandages Adhesive bandages Scissors
- Tourniquet Splinter Splints
- Safety pints Skin antiseptic Absorbent cotton Applicator sticks  
Tongue depressors Red cross first aid Manual
- Record book
- Iodine, etc.

**Provision of health facility and equipment:** Every school is required to have a health room or dispensary for emergency health care or first aid treatment. This health room should contain well equipped first aid box,

diagnostic beds and other essential materials. This facility should be manned by health personnel such as nurses, doctors, dentists, etc.

### 3.3.2 Components of School Health Services

The school health services listed above are categorised into the following components:

**Health appraisal** is the procedure that seeks to evaluate the current health status of the school children through medical examination, health diagnosis, and physical fitness tests.

**Health promotion/maintenance** involves those procedures adopted to raise or improve the health status of individuals.

**Health protection/prevention** are those procedures that seek to prevent the health status of an individual from negative fluctuation e.g. immunisation, vaccination etc.

**Curative measures** are those procedures that are taken to help an individual overcome or recover from ill-health or an injury that is sustained.

### 3.3.3 The Scope of Health Appraisal

Health appraisal covers the following areas of the school child:

**Teacher observations:** This has already been explained. It involves observations of the pupil's physical, mental, social and emotional wellbeing. It is done for the purpose of detecting hidden health problems in the children. Whatever health problem that is observed by the teacher is reported or referred to either parents or nurses for prompt action to arrest the situation.

**Screening tests:** This has also been explained earlier. However, they include tests of vision, hearing, physical fitness, anthropometric assessment. It is the preliminary assessments of the state of development and function of the various body organs. The primary purpose of screening tests is to secure a better understanding of the pupils so as to help them attain greater physical effectiveness, and to increase their understanding of ways of living healthfully.

**Physical fitness tests** are those procedures that measure pupils' motor skills, muscle strength, muscle and heart endurance, joints flexibility, agility, power, and other health and performance – related factors. There are a good number of tests that could be used for physical fitness

evaluation. These include Harvard or Cooper's step-test, 12 minutes run/walk test (even though not appropriate for school (pupils), speed tests (50m & 100m run), chin-ups, press-ups, sit-and-reach tests, etc. These tests are conducted by a physical education teacher.

**Anthropometric measurement** is a screening test of a child's healthy growth and development. It involves measurements which provide information about growth including variations due to sex, age and individual growth patterns. In this assessment, growth and development charts, measurement scales, or tensiometer are used.

**Studying of health records** constitutes another aspect of health appraisal. The health records contain vital information concerning individual's past and present health status or health problems. Knowing the historical development of the child's health is an important aspect of health appraisal.

**Medical examination** is of two distinct types namely: Periodic medical examination and referral medical examination. The first type involves periodic medical check-ups and diagnosis of the child. The second type of medical examination provides an opportunity for the doctor to check any reported cases of deviation from the normal health.

**Dental examination** is also another important aspect of health appraisal. It is a programme that aims at helping children to appreciate the importance of having a clean mouth, free from disease and abnormalities for personal care through periodic dental examination. A well-formed set of teeth gives a good shape to the face and aids in speech. Tooth problem can cause one of the greatest pains one can imagine. It is better than to protect one from dental diseases which could lead not only to great pains, but also to other health complications.

### 3.3.4 The Scope of Health Observation

As earlier on stated, health observation constitutes another important aspect of health appraisal. It is done for the purpose of detecting health problems in children for corrective measures and referral services. Health observations cover areas such as general appearance, postural deviation, body cleanliness, eyes, ears, throat, mouth, teeth, skin and scalp and behaviour at play. Other areas of observation include general behaviour (docile, secretive, drowsiness, aggression, depression, unhappiness, etc), health attitudes and practices, academic achievement and school attendance.

### **3.3.5 The Scope of Screening Tests**

Screening tests cover a good number of areas. These tests also form part of the health appraisal which cover the preliminary assessments of the state of development and functions of the various vital systems and organs of the body. Screening tests cover measurement of height and weight of the children, vision screening and hearing screening. Hearing screening involves the procedures taken to obtain information about the hearing ability of pupils and impairments. In this case, the ears of the children are subjected to screening. Vision screening test is conducted to detect obvious eyes diseases which may be evidenced by swelling of the eye-lids, inflammation and redness of the eyes, discharges, unusual blinking of the eyes, etc.

### **3.3.6 Areas of Health Counseling**

This is another important aspect of school health services. It is conducted immediately following the detection of any physical, mental, social and emotional health problems. Counselling services are not given to only children with health problems, but parents inclusive. For example, parents may be counseled on the need to motivate children to attend school regularly and promptly. They may also be counseled to provide children with proper nutrition and adequate parental care at home, and on appropriate ways or methods of handling certain social and emotional health problems of their children e.g. stealing, lying, substance abuse (drugs, alcohol, and smoking) and personal hygiene of the children.

### **3.3.7 The Importance of School Health Services**

- Appraisal of the health status of school children and personnel
- Counseling pupils, teachers and parents
- Preventing and controlling communicable diseases
- Providing emergency care for injury or sudden sickness
- Protecting and promoting health of the pupils and personnel
- Identification and education of the handicapped children
- Adjusting the individual school programme to meet the needs of children with health problems
- Encouraging the correct or remedial defects
- Providing learning opportunities conducive for maintenance and promotion of individual and community health.

**Self-Assessment Exercises**

- |  |
|--|
| 1. State the importance of School Health Services. |
|--|

**3.3.8 Personnel that are involved in the School Health Services Programme**

Health services programme is organised and implemented by a team of personnel from different areas of health. These personnel collaboratively work as a team for the healthy growth and development of school children. The team of these personnel includes:

**Health education teachers** are responsible for the teaching of health education as a subject in schools. They educate the children on desirable health attitudes and practices. Carry out first aid activities and health education and counselling activities in the school.

**Physical educators** contribute much to the school health services component. A physical educator is in the position to impress on the children the importance of physical activity in the development of their physical fitness. *Carry out first aid activities on the field of play.*

**Nurses** provide liaison with medical personnel on the one hand and with the children, teachers, and parents on the other. They stimulate support for and give direction to all phases of the school health program.

**Physicians** play a key role in the conduct of medical examinations, correction of remediable defects. They are also responsible for the administration of first aid treatment in schools.

**Nutritionists** serve as consultants who plan eating programs which are geared towards the needs of individual students. They assist individual children who need special nutritional counseling.

**Physical therapists** are concerned with the rehabilitation of the functions of the injured parts of the body. During play, children are bound to sustain one injury or the other.

**Speech therapists** help to correct speech defects in children. They meet with individual children that have speech defects and give them exercises and drills for their individual problems.

**Dentists** conduct dental examinations, give or supervise oral prophylaxis, and advise the school on curriculum in dental hygiene. They serve as dental consultants and are also responsible for first aid and emergency care.

**Psychologists** help in detecting deviant behaviours from the normal ones in the school children.

**Podiatrists** help in the study and care of the foot. They serve as consultants on matters relating to foot problems.

**Pediatricists** are concerned with the practice of caring for or treating injuries and illnesses that occur in the young physically active children and adolescents.

**Teachers** play vital role in the observation and detection of health problems faced by school children. Teachers' observations in the school health services are as important as the role of any other school health service personnel.

**Orthopedists** are responsible for treating injuries and disorders of the musculoskeletal systems.

**Neurologists** are concerned with the treatment of the disorder of and injuries to the nervous system. They serve as consultants on matters relating to head injuries or peripheral nerve injury.

**Internists** are physicians who specialised in the practice of internal medicine. They treat diseases of the internal organs by using measures other than surgery.

**Ophthalmologists** are those physicians who manage and treat injuries to the eye. They evaluate and fit patients with glasses or contact lens.

**Psychiatrists** are responsible for diagnosis, treatment and prevention of mental illness. They serve as consultants on matters relating to mental health problems.

### **3.3.9 School Health Records/Health History**

The school must have health records of staff and learners which must be kept secret. Simple ones like demographic data, past and present health related behaviour, health problems, immunization status, family health history especially to detect diseases that “run” in families i.e hereditary diseases. Standard health history may be self-prepared by school health services personnel or obtained from the Ministry of Health.

Parents and guardians may be invited to attest to health history of each learner while spouses may (when essential) complement information given by staff. Information collected during health history taken must be used with caution to guide the health personnel during medical/health

examination especially where there is a functional clinic or health facility. Also weight and height records must be kept..



### 3.4 Summary

In this unit, you have learnt that a comprehensive school health services programme is of paramount importance to the lives of the school children. This programme is tailored towards promoting, maintenance, preventing and protecting the health of school children.



### 3.5 References/Further Reading/Web Resources

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### 3.6 Possible answers to Self-Assessment Exercise(s)

#### Self-Assessment Exercise 1

##### Answers

##### The Importance of School Health Services

- Appraisal of the health status of school children and personnel
- Counseling pupils, teachers and parents
- Preventing and controlling communicable diseases
- Providing emergency care for injury or sudden sickness
- Protecting and promoting health of the pupils and personnel
- Identification and education of the handicapped children
- Adjusting the individual school programme to meet the needs of children with health problems
- Encouraging the correct or remedial defects
- Providing learning opportunities conducive for maintenance and promotion of individual and community health.

## UNIT 4 WORLD DECLARATION ON THE RIGHTS OF CHILDREN

### Unit Structure

- 4.1 Introduction
- 4.2 Intended Learning Outcomes
  - 4.3.1 Concepts of “Rights” and “Child Rights”
  - 4.3.2 Basic Principles of Children’s Rights
  - 4.3.3 Specific Child Rights in Brief
  - 4.3.4 Roles of Government and Parents in Promoting Child Rights
- 4.4 Summary
- 4.5 References/Further Reading/Web Resources
- 4.6 Possible answers to Self-Assessment Exercise(s) within the Contents



### 4.1 Introduction

In every nation all over the world, there are laws that grant each child rights to freedom, survival or life, health, health care, education, housing, citizenship and protection from harm. You need now and take necessary action because these laws are meant to ensure the survival, protection and guarantee health promotion, healthy growth and development, education as well as deserved parental and societal care of each child. These laws are referred to as “The child’s rights”.



### 4.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the meaning and concepts of “rights” and “child’s rights”
- mention and explain the child’s rights
- enumerate how each child’s right affects his life
- explain the importance of the child’s right
- list the roles of government and parents in the enforcement of the children’s rights.



### 4.3 Concepts of “Rights” and “Child Rights”

A child is any human being who is below the age of 18 years. A right is a natural due, a moral claim or a legal entitlement. A child rights are his survival, development and participation (Federal Ministry of Women Affairs and Social Development, Abuja, 1995 and Abas, 2000).

### 4.3.1 Basic Principles of Children's Rights

1. Every child has the right to life and be allowed to survive and develop
2. Every child has the right to express his opinions and freely communicates them on any issues subject to restriction under law
3. Every child is entitled to a name, family and nationality
4. Every child has freedom to any association or assembly as permitted by the law
5. Every child is entitled to protection from any act that interferes with his or her privacy, honour and reputation
6. Every child is entitled to adequate rest, recreation (leisure and play) according to his/her age and culture
7. Every child (male or female) is entitled to receive compulsory basic education and equal opportunity for higher education depending on individual ability
8. Every child must be protected from indecent and inhuman treatment through sexual exploitation, drug abuse, child labour, torture maltreatment and neglect
9. Every child is entitled to good health, protection from illness and proper medical attention for survival, personal growth and development
10. Every child has the right not to suffer any discrimination irrespective of ethnic, origin, birth, colour, sex, language, religion, political and social beliefs, status or disability.

### 4.3.2 Specific Child Rights in Brief

#### 1. Right to Life

- A child has the right to life
- A child has the right to survive
- A child has the right to develop
- A child has the right to participate actively in the promotion of his/her right.

#### 2. Freedom of Association

- A child has the freedom of joining any association, be in relationship with other people or belong to any assembly as permitted by the law
- No child should be separated from his/her family or parents, except on the authority of a competent court that such separation is in the best interest of the child.

**3. Right to Identity**

- Every child has the right to a name
- Every child has the right to a family
- Every child has the right to a nationality
- Every child has the right to know his or her parents and be catered for.

**4. Right to Freedom of Communication**

- Every child has the right to express his or her ideas, opinions and thoughts on any issue concerning his/her interest subject to restrictions under the law.
- Every child has the right to seek, receive and impart information and relate to other children under the law.

**5. Right to Privacy**

Every child has the right to be protected from any act that interferes with his/her privacy, honour and reputation in the homes, family and school. The parents or legal guardians have the right to exercise reasonable supervision over the conduct of their children.

**6. Right to Leisure and Recreation**

Every child is entitled to adequate rest, recreation (leisure and play) appropriate to his/her age and culture.

**7. Right to Education**

Every child (male or female) is entitled to receive free and compulsory basic education and equal opportunity for higher education based on individual ability.

**8. Right to Good Health**

Every child is entitled to enjoy good health, protection from diseases, and proper medical care for survival, personal growth and development. No child should be deprived of his/her rights to health care services.

**9. Right to Freedom from Discrimination**

Every child has the right not to be discriminated. No child should suffer discrimination irrespective of his/her ethnic, origin, birth colour, sex, language, religion, or social beliefs, status or disability.

**10. Right to Protection Against Exploitation and Inhuman Treatment**

Every child must be protected against all forms of exploitation, indecent or degrading treatment including child labour, abuse and torture, sexual exploitation, trafficking, abduction and drug abuse.

**Self-Assessment Exercises 1**

1. Explain the Concepts of “Rights” and “Child Rights”
2. List five principles of child rights in Nigeria.

**4.3.3 Roles of Government and Parents in Promoting Child Rights****1. Right to Life****Role of Government**

- Recognise the inherent right of the child to life
- Develop policies and programmes for child survival, protection and development
- Protect, by law, the right and dignity of children from harmful traditional, social and religious practices that affect the life and growth of a child.

**Role of the Parents**

- Giving the child good parental care e.g. love, affection, feeding, clothing and proper upbringing
- Provision of necessary protection through provision of medical attention and security from exploitation
- Provision of good living conditions necessary for the physical, moral, emotional, social and mental growth of the child
- Provision of adequate food, health education, housing and other necessities of life.

**2. Freedom of Association****Role of Government**

- Respect the freedom of children to belong to any lawful and peaceful association or assembly
- Protect any child separated from his or her parents under the law.

**Role of Parents**

- Create a conducive atmosphere for children to freely associate and relate with others in the society.
- Encourage unified family structures that will sustain integration of children into individual and extended family units.
- Monitor the company of friends being kept by children to prevent negative influences.

**3. Right to Identity****Role of Government**

- Enforcement of registration of all births
- Preservation and protection of the identity of each child as required by the law.

**Role of Parents**

- Registration of every child immediately after birth
- Ensuring respect for the child by giving him/her a name and identity.

**4. Right to Freedom of Communication Role of Government**

- Ensure that children are given the opportunity to form their ideas and opinions on issues of interest as approved by law and tradition
- Giving children the opportunity to be heard either directly or through a representative in any judicial or administrative procedure.

**Role of Parents**

- Assist children in obtaining relevant information to their mental growth and development
- Protect children from exposure to indecent films, pictures, books etc.
- Provide guidance for children in the exercise of this right in their best interest and that of the society
- Give necessary direction for the enjoyment of these rights according to national laws
- Encourage constant communication with children in all spheres of life.

**5. Right to Privacy****Role of Government**

- Enforcement of the law that protects children from arbitrary or unlawful interference or attacks
- Investigate cases of unlawful invasion of privacy and arrange for redress according to the law.

**Role of Parents**

- Respect the Rights of the child to privacy while exercising supervision over his/her conduct in general and monitoring the child to prevent anti-social behaviour.

**6. Right to Leisure and****Recreation Role of Government**

- Recognise the right of every child to engage in recreational activities appropriate to the age and culture of the child
- Promote policies and programs that encourage the free and full participation of children in recreational activities.

**Roles of Parents**

- Encourage children to participate in recreational and cultural activities
- Support recreational artistic and leisure activities for children
- Provide facilities for children to enjoy these rights.

**7. Right to Education****Role of Government**

- Make basic education compulsory and free for all children
- Encourage the development of different forms of secondary education both general and vocational
- Take measures to encourage regular school attendance
- Provide educational and vocational information to guide children in school
- Make higher education accessible to all children, etc.

**Role of Parents**

- Send children to approved schools at the appropriate ages and ensure they complete their education
- Complement school education with proper up-bringing, moral training and positive traditional values
- Ensure that girls who unfortunately become pregnant before completing their education have another opportunity to continue their education after delivery
- Encourage children to continue their education towards career objective.

**8. Right to Good****Health Role of Government**

- Improve existing curative and rehabilitative health care delivery system
- Provide more facilities for treatment and medical rehabilitation in health care delivery
- Implement measures to:
  - (a) reduce infant and child death
  - (b) provide primary health care to all children
  - (c) provide regular medical checking for school children
  - (d) promote family life education and provide family planning services
  - (e) provide necessary health care services
  - (f) provide necessary health care services for the expectant and nursing mothers
  - (g) combat diseases and malnutrition
  - (h) ensure provision of adequate nutrition and safe drinking

- water
- (i) abolish harmful traditional practices
- (j) provide day- care centres
- (k) integrate basic health services into national health development plan
- (l) promote and encourage exclusive breast feeding
- (m) promote collaboration with international agencies and donor countries for assistance in support of child health – care services.

### **Role of Parents**

- Ensure that the child is given all necessary immunisation
- Ensure adequate medical check-up and medical attention to children to prevent disability and death
- Giving children nutritious food and clean water
- Practice family planning for the health of children and mothers
- Avoid traditional practices which are harmful to the health of the child e.g. tribal marks, female circumcision, etc.
- Ensure that the child is educated on health issues
- Discourage abortion, prostitution and sexual promiscuity, etc.

## **9. Right to Freedom from**

### **Discrimination Role of Government**

- Monitor the national environment to identify areas of discrimination concerning children
- Develop policies to eliminate all forms of discrimination relating to children
- Legislate against custom and practices that are discriminatory to the child on the basics of sex e.g. depriving female children education, early marriage and female circumcision
- provide educational, sport, recreational and medical facilities for both handicapped and normal children, etc.

### **Role of Parents**

- Promote equality and fair play in the treatment of male and female children
- Be responsive to the peculiar needs of female children and educate both sexes on the danger of unwanted pregnancy
- Adequate attention to the physically and mentally challenged children as much as to other children.

## 10. The Right to Protection against Exploitation and Inhuman Treatment

### Role of Government

- On the child labour, government should enforce legislative and administrative measures regulating terms and conditions for admission into the labour markets
- Mobilise public opinion against economic exploitation and child labour which interferes with the child's physical, mental, moral and social development
- On child abuse and torture, government should legislate against all forms of torture and human degrading treatment like physical or mental injury, neglect or maltreatment
- Prohibit the use of children for rituals
- Establishing the mechanism to monitor, investigate and report cases of violation of this right in society
- On sexual exploitation, government should take legislative and administrative measures to:
  - (a) protect children from sexual abuse and exploitation
  - (b) prohibit their use for prostitution
  - (c) prevent their use in pornographic publication and trafficking, etc.
- On drug abuse, government should protect children from the use and exposure to the illicit drugs
- Legislate against the use of children in the production and trafficking of drugs and other dangerous chemical substances
- On the sale and abduction of children, government should prevent the sale and abduction of children in any form.
- Prohibit the use of children for all forms of begging, etc.

### Role of Parents

- On child labour, parents should:
  - (a) understand their civic and social responsibilities regarding working children
  - (b) protect children and wards from child labour abuse especially hawking or street trading, etc.
- On child abuse and torture, parents should:
  - (a) ensure adequate protection of children from torture, inhuman treatment e.g. physical or mental abuse, neglect, abandonment or maltreatment
  - (b) respect human dignity and child care in administering discipline.
- On sales, trafficking and abduction, parents should:
  - (a) avoid trafficking children for cheap labour
  - (b) desist from using children for alms begging
  - (c) prevent all forms of trading in children and abduction

- (d) monitor and protect children from the abuses (Federal

Ministry of Women Affairs & Social Development, Abuja, 1995).



#### 4.4 Summary

In this unit, you have learnt about the world declaration on the rights of a child, the meaning and concepts of “right”, “child” and “child rights”. In addition to the above, you have learnt about the roles of the government and parents in the enforcement of child rights.

Finally, you have been made to know that the child rights cut across the following:

- Right to life
- Freedom of association
- Human dignity
- Communication
- Privacy
- Leisure and recreation
- Education
- Good health
- Freedom from discrimination
- Inhuman treatment and exploitation
- Identity.



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## 4.6 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

#### 1. Concepts of “Rights” and “Child Rights”

A child is any human being who is below the age of 18 years. A right is a natural due, a moral claim or a legal entitlement. A child rights are his survival, development and participation (Federal Ministry of Women Affairs and Social Development, Abuja, 1995 and Abas, 2000).

#### 2. Basic Principles of Children’s Rights

1. Every child has the right to life and be allowed to survive and develop
2. Every child has the right to express his opinions and freely communicates them on any issues subject to restriction under law
3. Every child is entitled to a name, family and nationality
4. Every child has freedom to any association or assembly as permitted by the law
5. Every child is entitled to protection from any act that interferes with his or her privacy, honour and reputation
6. Every child is entitled to adequate rest, recreation (leisure and play) according to his/her age and culture
7. Every child (male or female) is entitled to receive compulsory basic education and equal opportunity for higher education depending on individual ability
8. Every child must be protected from indecent and inhuman treatment through sexual exploitation, drug abuse, child labour, torture maltreatment and neglect
9. Every child is entitled to good health, protection from illness and proper medical attention for survival, personal growth and development
10. Every child has the right not to suffer any discrimination irrespective of ethnic, origin, birth, colour, sex, language, religion, political and social beliefs, status or disability.

## UNIT 5 WORLD DECLARATION ON CHILD ABUSE

### Unit Structure

- 5.1 Introduction
- 5.2 Intended Learning Outcomes
- 5.3 Main Content Definitions and Concepts of “Child Abuse”
  - 5.3.1 Forms of Child Abuse
  - 5.3.2 Causes of Child Abuse
  - 5.3.3 The Effects of Child Abuse on the Child and Society
  - 5.3.4 Intervention Measures on Child Abuse
- 5.4 Summary
- 5.5 References/Further Reading/Web Resources
- 5.6 Possible answers to Self-Assessment Exercise(s)



### 5.1 Introduction

In this unit, you will learn about the meaning, concepts and the treatments that constitute abuse to the children. You will also learn about the forms of child abuse, causes of child abuse and the effects of abuse on the children and society at large. In addition to the above, you will be introduced to the various intervention (control and preventive) measures of child abuse.



### 5.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the meaning and concepts of child abuse
- list and explain the forms of child abuse
- explain the causes of child abuse
- discuss the intervention measures of child abuse.



### 5.3 Definitions and Concepts of “Child Abuse”

Child abuse refers to a violation of any child right. This could be in a form of administering inhuman treatment of a child, inflicting physical injury on a child, neglecting certain aspects of the child life. Any maltreatment of a child that is detrimental or harmful to his/her physical, mental, social and moral health. Any maltreatment that produces negative effects on the child life (survival), health, education, physical and mental growth and development constitutes child abuse .It is a crime against childhood in terms of physical or emotional maltreatment of a child. Worldwide,

Children are the most frequently abused despite conventions and laws promulgated against child abuse *Yakubu, Moronkola and Sokoya(2007)*.

### **5.3.1 Forms of Child Abuse**

The following constitute child abuse as provided by Yakubu, Moronkola and Sokoya (2007)

1. Child labour and child misuse
2. Child sale or trafficking
3. Sexual exploitation of the child. This includes sexual harassment, rape, etc.
4. Child marriage
5. Discrimination against children
6. Neglecting children
7. Abortion
8. Depriving children the freedom of association with others
9. Depriving the child from his/her right to life
10. Depriving the child the right to identity
11. Depriving the child from the right to education
12. Denial of the child the right to good health
13. Depriving the child from the right to leisure and recreation
14. Exposing the child to conditions that are harmful to his physical and mental growth and development
15. Denial of a child good feeding
16. Depriving child medical attention
17. Using a child for hawking, alms, begging, etc.

### **5.3.2 Causes of Child Abuse**

According to Yakubu, Moronkola and Sokoya(2007), causes of child abuse include the following:

- Poverty/Economic factors
- Religious factors
- Cultural factors
- Ignorance
- Greediness
- Psychological factors such as anger, depression, aggression, frustration, hatred, etc.
- Disrespect for human dignity.

## 5.4 The Effects of Child Abuse on the Child and Society

### 5.4.1 Effects on the Child

- Infant or child death
- Poor healthy growth and development
- Poor mental, social and physical development
- Exposure to all kinds of diseases
- School drop-outs
- Bad postural development
- Stealing/armed-robbery
- Juvenile-Delinquency
- Prostitution
- Child marriage
- Unwanted pregnancy
- Aggressive tendency
- Inferiority complex
- Substance abuse
- Social and emotional maladjustment, etc.

### 5.4.2 Effect on the Society

- High rate of crime
- Social and economic instability
- Political and religious crisis
- Insecurity
- High incidence of HIV/AIDS and other STI's diseases
- Increased rate of violence (Abas, 2000).

### Self-assessment Exercises 1

1. Discuss five forms of child abuse in Nigeria
2. Identify and explain five (5) causes of child abuse in Nigeria

## 5.5 Intervention Measures on Child Abuse

The intervention measures by government and parents as provided by the Federal Ministry of Women Affairs and Social Development, Abuja (1995) include the following:

### (a) By Government

- Development of policies and programmes for child survival, protection and development
- Protecting the right and dignity of children by law from harmful traditional, social and religious practices that negatively affect the life and healthy growth of the children

- Preservation and protection of the identity of each child as required by law
- Enforcement of the law that protects children from arbitrary or unlawful interference or attacks
- Promote policies and programs that encourage the free and full participation of children in leisure and recreational activities
- Recognise the right of children to engage in recreational activities
- Make basic education compulsory and free for all children
- Takes measures to encourage regular school attendance
- Improve existing curative and rehabilitative health care delivery system
- Provision of more facilities of treatment and medical rehabilitation in health care delivery
- Implement measures to reduce infant and child death
- Provision of necessary health services for children
- Provision of family life education and family planning services, etc.

**(b) By Parents**

- Good parental care
- Necessary protection through provision of medical attention and security exploitation
- Provision of good living conditions
- Provision of adequate food, health education and other necessities of life
- Monitoring the company of friends being kept by the children
- Protect children from exposure to indecent films, pictures, books, etc.
- Respecting the rights of the child to privacy while exercising supervision over his/her conduct
- Encouraging children to participate in recreational and cultural activities
- Provide facilities and equipment for children to enjoy leisure and recreational activities
- Send children to approved schools at the appropriate ages and ensure the completion of their education
- Ensuring proper up-bringing, moral training and positive traditional values in the children
- Ensuring that children are given all necessary immunisation
- Ensuring adequate medical check-up
- Giving children medical attention
- Providing children with nutritious food and clean water
- Promote equality and fair play in the treatment of male and female children
- Responsive to the peculiar needs of the children, etc.



## 5.6 Summary

In this unit, you have learnt the:

- definitions and concepts of child abuse
- causes of child abuse in society
- forms of child abuse
- effects of abuse on the child and society at large
- intervention measures by government and parents.



## 5.7 References/Further Reading/Web Sources

Abas, A. (2000). An Appraisal of the Convention on the Rights of the Child. A paper presented at the advocacy/sensitisation meeting on the rights of the Handicapped and Destitute Children. Held at the Ministry of Women Affairs, Youth and Social Development, Kaduna State, Nigeria.

Federal Ministry of Women Affairs and Social Development, Abuja (1995). Nigeria and the Rights of the Child.

Jenna K. Gillett-Swan, Jonathon Sargeant. (2018) Unintentional power plays: interpersonal contextual impacts in child-centred participatory research. *Educational Research* 60:1, pages 1-16.

John, A.Y., Olawale, A.M. & Grace, O.S. (2007). *The Abused and the Society*. Ibadan: Published by Royal People (Nig.) Ltd.

Olakanmi, O. (2007). *Handbook on Human Rights*. (1st ed.). LawLords Publications.

Sharynne McLeod. (2018). Communication rights: Fundamental human rights for all. *International Journal of Speech-Language Pathology* 20:1, pages 3-11.

Tara, M. Collins and Gervais, C (2016). Children's Rights: Their Role, Significance and Potential' ,In: Gordon DiGiacomo [Ed.] *Current Issues and Controversies in Human Rights*, Toronto: University of Toronto Press.

Yakubu, J.A., Moronkola, O.A. & Sokoya, G.O[Eds.] (2007). *The Abused and the Society*. Ibadan: Royal People (Nig.) Ltd.



## 5.8 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

1. Discussion on any five (5) causes of child abuse in of the following:
  - i. Child labour and child misuse
  - ii. Child sale or trafficking
  - iii. Sexual exploitation of the child. This includes sexual harassment, rape, etc.
  - iv. Child marriage
  - v. Discrimination against children
  - vi. Neglecting children
  - vii. Abortion
  - viii. Depriving children the freedom of association with others
  - ix. Depriving the child from his/her right to life
  - x. Depriving the child the right to identity
  - xi. Depriving the child from the right to education
  - xii. Denial of the child the right to good health
  - xiii. Depriving the child from the right to leisure and recreation
  - xiv. Exposing the child to conditions that are harmful to his physical and mental growth and development
  - xv. Denial of a child good feeding
  - xvi. Depriving child medical attention
  - xvii. Using a child for hawking, alms, begging, etc.
  
2. Explanation on any five out of the following:
  - Poverty/Economic factors
  - Religious factors
  - Cultural factors
  - Ignorance
  - Greediness
  - Psychological factors such as anger, depression, aggression, frustration, hatred, etc.
  - Disrespect for human dignity.

## **MODULE 3      INTERVENTION MEASURES ON EARLY CHILDHOOD HEALTH PROBLEMS**

- Unit 1      Intervention Measures by the United Nations International Children’s Emergency Fund (UNICEF)
- Unit 2      Intervention Measures by the United States Agencies for International Development (USAID)
- Unit 3      Roles/Intervention Measures by the World Health Organisation (WHO) on Childhood Health Problems
- Unit 4      Roles/Intervention Measures by the Food and Agricultural Organisation (FAO)

### **UNIT 1      INTERVENTION MEASURES BY THE UNITED NATIONS INTERNATIONAL CHILDREN’S EMERGENCY FUND (UNICEF) ON EARLY CHILDHOOD HEALTH PROBLEMS**

#### **Unit structure**

- 1.1      Introduction
- 1.2      Intended Learning Outcomes
- 1.3      Supportive Intervention Measures to Combat Childhood Health Problems
  - 1.3.1      Protective Intervention Measures by UNICEF to Combat Childhood Health Problems in Developing Nations
  - 1.3.2      Control Intervention Measures
- 1.4      Summary
- 1.5      Reference/Further Reading/Web Resources
- 1.6      Possible answers to Self-Assessment Exercise(s)



#### **1.1      Introduction**

The United Nations International Children’s Emergency Fund (UNICEF) is one of the international organisations that has played, and is still playing many vital roles as intervention measures on the numerous early childhood health problems in the developing nations. These intervention measures could be either in the areas of management, control, protection, promotion, prevention or supportive roles.



## 1.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- identify certain early childhood health problems which UNICEF has played vital roles in combating them in the affected nations of the world
- explain the intervention measures that were carried out by UNICEF in combating certain childhood health problems in particular nations of the world
- classify the intervention measures of UNICEF into control, protective, preventive and supportive roles.



## 1.3 Supportive Intervention Measures to Combat Childhood Health Problems

- Conducting up-to-date substantial research work on what will help to give children the best start in life, to survive and thrive, especially in emergency and to go to school
- Supporting the implementation of the Millennium Development Goals (MDGs) in developing countries
- Programmes to support child survival and development
- Programmes to support the realisation of the MDG 4 – reducing child mortality
- Programmes toward helping children to survive and have a healthy productive future
- Advocates for, and gives financial and technical support to national and community-based education for healthy growth and development of children
- Sharing advocacy, social mobilisation, and research work in a supporting role to help other agencies provide emergency obstetrics
- Providing vaccines for children in developing countries and providing technical support on the complicated process of delivering them
- Delivers other life – saving intervention measures like fresh water, food and basic medical supplies to children in an emergency declared situation
- Improving children's developmental readiness for school, especially for excluded children and among disadvantaged groups, via community-based childhood and health initiatives
- Creating child – friendly environment for learning through supporting water, sanitation, and hygiene improvement in schools
- UNICEF works in collaboration with many nations, non-profit

organisation and non-governmental organisations to organise gender – sensitive prevention education, skills and service campaigns to educate the general public on HIV/AIDS which brings poverty and social devastation along with death of the children

- UNICEF also works via advocacy and community outreach to help governments, communities and families support children who are orphaned by HIV/AIDS
- Embarking on supportive programmes that help prevent mother-to-child transmission of HIV/AIDS. Such programmes include the provision of antiretroviral drugs for women and children, etc.

### **1.3.1 Protective Intervention Measures by UNICEF to Combat Childhood Health Problems in Developing Nations**

- Advocacy of child’s rights to basic quality of life
- Comprehensive child health care programme, including antenatal period before birth
- Immunisation to protect children from malaria
- Provision of treated mosquito bed-nets to protect children from mosquito bites
- Health program which includes antenatal care of pregnant women and neonatal care in the first four (4) weeks after birth
- UNICEF provides vaccines for the protection of children from diseases such as measles, polio, diphtheria and tuberculosis
- Vaccination program which includes supplements of vitamin ‘A’ and micronutrients that further boost immunity and helps prevent malnutrition – related disorders
- UNICEF helps in protecting children’s right to basic education
- For the purpose of child protection, in support of the Millennium Summit Declaration, Section 6 – protecting the vulnerable, UNICEF advances protective environments to help prevent and respond to violence and exploitation.

#### **Self-Assessment exercises 1**

State any five intervention measures taken by the UNICEF to protect children in nations of the world.

### **1.3.2 Control Intervention Measures**

- UNICEF works in partnership with other international organisations such as WHO, FAO, USAID and IRCS in controlling health problems faced by children in some nations
- Contributing effectively to reducing poverty, through advocacy and partnerships that creates sustained investment in children’s survival, development and protection

- Embarks on malaria control programme
- Controlling and treating malaria and respiratory diseases affecting children
- Embarks on programmes for eradicating guinea worm and preventing anaemia
- Partnership along with WHO, UNICEF supports local programmes that improve access to basic water and sanitary, which are in turn, vital for health, development and education initiatives
- UNICEF, working through advocacy and its local offices worldwide, helps strengthen the resources of schools, communities and families to care for marginalised children.



#### **1.4 Summary**

In this unit, you have learnt that the role of UNICEF in combating childhood health problems in developing nations cannot be over-emphasised. Such roles include provision of drugs and vaccines, immunisation, controlling of diseases affecting children, embarking on programmes to support the lives of children, preventive protective programmes. Other roles include advocacy of child rights to life and survival, education, nutrition, freedom of self-expression and health, etc.



#### **1.5 References/Further Reading/Web Resources**

UNICEF Division of Communication, 3 UN Plaza, New York: NY 10017 USA.

Moronkola, O.A. [In Press 2020] (2007). *International Health and Health Careers* Ibadan: His Lineage Publishing House.



## 1.6 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

- i. Conducting up-to-date substantial research work on what will help to give children the best start in life, to survive and thrive, especially in emergency and to go to school.
- ii. Supporting the implementation of the Millennium Development Goals (MDGs) in developing countries.
- iii. Programmes to support child survival and development
- iv. Programmes to support the realisation of the MDG 4 – reducing child mortality.
- v. Programmes toward helping children to survive and have a healthy productive future.
- vi. Advocates for, and gives financial and technical support to national and community-based education for healthy growth and development of children.
- vii. Sharing advocacy, social mobilisation, and research work in a supporting role to help other agencies provide emergency obstetrics.
- viii. Providing vaccines for children in developing countries and providing technical support on the complicated process of delivering them.
- ix. Delivers other life – saving intervention measures like fresh water, food and basic medical supplies to children in an emergency declared situation.
- x. Improving children's developmental readiness for school, especially for excluded children and among disadvantaged groups, via community-based childhood and health initiatives.
- xi. Creating child – friendly environment for learning through supporting water, sanitation, and hygiene improvement in schools.

## UNIT 2                    INTERVENTION MEASURES BY THE UNITED STATES AGENCIES FOR INTERNATIONAL DEVELOPMENT (USAID) ON CHILDHOOD HEALTH PROBLEMS

### Unit Structure

- 2.1 Introduction
- 2.2 Intended Learning Outcomes
- 2.3 Situations that Attract Humanitarian Assistance
  - 2.3.1 Roles of USAID
- 2.4 Summary
- 2.5 Reference/Further Reading/Web Resources
- 2.6 Possible answers to self-Assessment exercise(s)



### 2.1 Introduction

The role of the United States Agency for International Development (USAID) in combating the negative effects of the political, religious and economic crisis on the lives of children all over the world cannot be over-emphasised.

Political, religious and economic crisis produce negative impact on the health of the children in all nations of the world. Social conflicts between groups of people within and outside nations of the world are capable of leading to wars in which children are at the receiving ends. Conflicts and wars are threats to peace, security, freedom and opportunity. During wars, children in the affected groups or nations suffer serious hunger, psychological trauma, which in turn, affects their healthy growth and development.



### 2.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the effects of political, religious and economic crisis on the health of children
- explain the root causes of crisis in human society
- explain the intervention measures by the USAID in combating political, religious, economic, man-made and natural disasters that have negative effects on the child health
- list any 5 roles of USAID
- explain the roles of USAID in the promotion of peace and security in the nations of the world.



## 2.3 Situations that Attract Humanitarian Assistance

- During political and religious wars
- During economic crisis/economic meltdown
- During man-made or natural disasters e.g. earth-quakes, flood, fire-outbreak, plane crash, industrial accidents, etc.

### 2.3.1 Roles of USAID

- Humanitarian assistance to the victims of man-made and natural disasters
- Humanitarian assistance to the victims of political and religious wars
- Conflicts resolution
- Reinforcing democracy
- Encourages improvements in population and health
- Identifying the motives or root causes of conflicts in human society
- Mitigation and management of conflicts in human society
- Promoting economic growth
- Promoting freedom, security and opportunity for mankind
- Restores infrastructure and protects environment
- Responding to emergency situations
- Conducting conflicts – related researches
- Prevention of conflicts in human society
- Careful and creative integration of conflicts management agencies.

### Self-assessment exercises 1

Discuss the roles of USAID in mitigating and management of conflicts in society.



## 2.4 Summary

In this unit, you have learnt that the roles of USAID centre on humanitarian assistance to victims of political, religious and economic crisis. You have also learnt that political, religious and economic crisis have adverse negative effects on the health of children. You have also learnt about different situations that attract the intervention of the USAID in the human society.



## 2.5 Reference/Further Reading/Web Resources

The USAID Africa Region Humanitarian Response Website  
<http://iWWW.Usaid.gov/regions/afr/humresp.htm/>.

Moronkola, O.A. [In Press 2020] (2007). *International Health and Health Careers* Ibadan: His Lineage Publishing House



## 2.6 Possible answers to Self-Assessment Exercise(s)

### Self-Assessment Exercise 1

#### Answer

Discussion should be on the following:

- Humanitarian assistance to the victims of man-made and natural disasters
- Humanitarian assistance to the victims of political and religious wars
- Conflicts resolution
- Reinforcing democracy
- Encourages improvements in population and health
- Identifying the motives or root causes of conflicts in human society
- Mitigation and management of conflicts in human society
- Promoting economic growth
- Promoting freedom, security and opportunity for mankind
- Restores infrastructure and protects environment
- Responding to emergency situations
- Conducting conflicts – related researches
- Prevention of conflicts in human society
- Careful and creative integration of conflicts management agencies.

## UNIT 3 ROLES OF WORLD HEALTH ORGANISATION (WHO)

### Unit Structure

- 3.1 Introduction
- 3.2 Intended Learning Outcomes
- 3.3 General Roles of WHO
  - 3.3.1 Specific Roles of WHO
- 3.4 Summary
- 3.5 References/Further Reading/Web Resources
- 3.6 Possible answers to Self-Assessment Exercise(s)



### 3.1 Introduction

The World Health Organisation (WHO) is the highest organisation that coordinates health programmes all over the world. This international health organisation works in collaboration with other international health organization's such as the UNICEF, USAID, FAO and IRCS in combating health problems affecting people all over the world. The World Health Organisation plays vital preventive, promotive, control and supportive health roles in developing countries.



### 3.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the specific and general roles of WHO.



### 3.3 General Roles of WHO

The general roles of WHO as provided by Toynbee (1995) and Udoh (1999), include the following:

- Advocates for continued political support in all endemic countries to sustain and scale – up the programme
- Promotes the simple and cost-effective intervention methodology of deworming and assist in critical activities, such as, baseline assessment and purchase of deworming drugs
- Provides appropriate technical and operational guidelines
- Assists in development of training/advocacy materials and in capacity building
- Maintains and expands collaboration with donors and facilitates

- coordination and partnerships
- Working towards structural changes that are pre-requisites for meaningful and lasting improvements in the health of people all over the world
- Making important contributions to world health, especially for those in greatest need
- Promoting the idealistic goal of health for all
- Embarking on a comprehensive and effective primary health care system as an approach for meeting the health needs of all people, especially those with the greatest need through participatory and equity building action, etc.

### 3.3.1 Specific Roles of WHO

- ❖ Provision of health facilities and equipment
- ❖ Provision of drugs
- ❖ Health campaigns on certain health issues affecting people
- ❖ Training of health workers
- ❖ Conducting health-related researches
- ❖ Meeting the nutritional needs of children in the world
- ❖ Promoting health standards in developing countries
- ❖ Collaborates with other international health agencies in giving humanitarian assistance to the victims of disastrous circumstances
- ❖ Prevention and control of HIV/AIDS
- ❖ Provision of quality antenatal, neonatal and maternal health care services
- ❖ Supporting primary health care services in the world
- ❖ Providing vaccines and immunisation of children to protect them from certain health threats
- ❖ Assessment of health situations across nations etc (Toynbee in UNICEF, 1995 & Udoh, 1999).

#### Self-Assessment Exercises 1

Itemize any 5 specific roles of WHO.
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### 3.4 Summary

The intervention roles of WHO are comprehensive – curative, promotive, preventive, control, supportive and protective. These cut across provision of material and human resources, researches, assessing health programs, education of the public on health matters, etc.



### **3.5 References/Further Reading/Web Resources**

Arnold Toynbee, quoted in UNICEF's 1995. *The State of the World's Children Report* (p.54).

Udoh, C.O. (1999). *Fundamentals of Health Education*. Heinemann Semester Series Education. Heinemann Education Books (Nigeria) PLC.

Moronkola, O.A. [In Press 2020] (2007). *International Health and HealthCareers* Ibadan: His Lineage Publishing House



### 3.6 Possible answers to Self-Assessment Exercise(s)

#### Self-Assessment Exercise 1

##### Answer

- i. Provision of health facilities and equipment
- ii. Provision of drugs
- iii. Health campaigns on certain health issues affecting people
- iv. Training of health workers
- v. Conducting health-related researches
- vi. Meeting the nutritional needs of children in the world
- vii. Promoting health standards in developing countries
- viii. Collaborates with other international health agencies in giving humanitarian assistance to the victims of disastrous circumstances
- ix. Prevention and control of HIV/AIDS
- x. Provision of quality antenatal, neonatal and maternal health care services
- xi. Supporting primary health care services in the world
- xii. Providing vaccines and immunisation of children to protect them from certain health threats
- xiii. Assessment of health situations across nations etc



## UNIT 4 ROLES OF FOOD AND AGRICULTURAL ORGANISATION (FAO)

### Unit Structure

- 4.1 Introduction
- 4.2 Intended Learning Outcomes
- 4.3 The Roles of FAO
- 4.4 Summary
- 4.5 References/Further Reading/Web Re
- 4.6 Possible Answers to Self- Assessment exercises



### 1.1 Introduction

Food and Agricultural Organisation (FAO) is another international organisation that works collaboratively with other organisations such as WHO, USAID, UNICEF and IRCS in combating nutritional-related health problems affecting nations of the world. This organisation deals specifically with matters relating to agricultural and food problems.



### 4.2 Intended Learning Outcomes

By the end of this unit, you will be able to:

- explain the role of FAO in handling agricultural and food related problems all over the world
- list the contributions of FAO to the development of agriculture in different nations as well as in food production to meet the nutritional needs of people.



### 4.3 The Roles of FAO

1. Provision of technical assistance and policy advice to member Governments, as may be required, through providing the services of FAO technical officers and international and national consultants
2. Organising capacity building activities in all fields related to food security and to rural agricultural development, including forestry and fisheries
3. Organises technical meetings and experts consultations to review agricultural issues of importance to a given region
4. Works closely with UN system organisations to promote the attainment of the MDGs in member countries

5. Undertakes in-depth sector and sub-sector assessments to identify the main constraints hampering agricultural development in certain regions
6. Acts as executing agency for the implementation of rural and agricultural development projects funding by national governments or by bi-lateral and/or multilateral funding agencies
7. Acts as specialised advisory body to member Governments to advice on the feasibility of development projects and to assess their potential economic, social and environmental impacts
8. Assists member Governments in establishing regional networks for exchanging information and expertise and for strengthening technical co-operation
9. Produce technical publications providing up-to-date information on technology in agriculture, forestry and fisheries, for use by agricultural practitioners and by government and non-governmental organisations, etc.

### Self-Assessment Exercises 1

Explain the roles of FAO in relation to the nutritional requirement of nations.



#### 4.4 Summary

FAO makes great contributions towards meeting the nutritional needs of children in the developing nations for their healthy growth and development.



#### 4.5 References/Further Reading/Web Resources

[http:// WWW. Fao. Org/World/Regional/RNE/ aboutu/Functi/functi en. htm.](http://WWW.Fao.Org/World/Regional/RNE/aboutu/Functi/functi.en.htm)

[http:// WWW. Fao. Org/Sd/W pdirect/WPdoe 007.](http://WWW.Fao.Org/Sd/W pdirect/WPdoe 007)

Moronkola, O.A. [In Press 2020] (2007). *International Health and Health Careers* Ibadan: His Lineage Publishing House



#### 4.6 Possible answers to Self-Assessment Exercise(s)

##### Self-Assessment Exercise 1

##### Answer

- i. Provision of technical assistance and policy advice to member Governments, as may be required, through providing the services of FAO technical officers and international and national consultants.
- ii. Organising capacity building activities in all fields related to food security and to rural agricultural development, including forestry and fisheries.
- iii. Organises technical meetings and experts consultations to review agricultural issues of importance to a given region.
- iv. Works closely with UN system organisations to promote the attainment of the MDGs in member countries.