SOUL CITY SERIES 1
MESSAGE BRIEF

The following document provides a written brief to the script writers on the crucial messages with in each eight mothers and child health topics. This document was discussed extensively with the scriptwriters to ensure absolute clarity. In these discussions it was pointed out that the first message identified is the most important and must be carried in both radio and TV dramas. The other messages should be carried by the radio drama which has more time. If the television script allows, other messages should be included in descending order. The page on prosocial and general themes should run as a thread throughout the episodes in both media

Prosocial Messages and General Themes

1. ***Concept of Ubuntu***–"nation" hood, helping one another, "no person is an island"

2. ***Reinforce family values*** - committed relationships, family unit, extended family, respect for elders.

3. ***Patient rights*** - treat patients as human beings, with respect and dignity.

4. ***Gender issues*** - create strong female role models, encourage men's involvement in child care. Debate the issues around single parenthood; working mother etc. reinforces family values.

5. ***Impact of environment on health*** - avoid victim blaming, as individuals are not solely responsible for their health. Other issues such as lack of sanitation, housing, clean water and access to health care also impact on an individual and community health.

6. ***Alcohol and Smoking*** - do not encourage in drama

7. ***Individual and community empowerment, action*** - health care begins outside the clinic individuals can take step to safeguard their health and these will be identified as they relate to MCH. However wider socio-economic issues are involved in the spread of diseases and these should be highlighted. Community action is crucial in this regard and should thus be woven into the narrative.

8. ***Non racism***

9. ***Traditional Vs Western medicine*** – examine the misunderstanding between the two; the aim is to promote dialogue, co-operation and tolerance.

1. ***Victim Blaming*** - in dealing with all the health messages, the drama should avoid victim blaming at all costs. While the individual can make a difference they exist within larger issues which impact on their lives and their health.

Immunisation:
The three main messages for immunisation are –

1. Immunise your child within the first year

2. Must have full course of Immunization: "five for Health"

3. Can continue if you break off

1. Immunisation protect against several dangerous diseases, a child who is not immunised is more likely to become undernourished, to become disabled and to die, these include measles, polio, whooping cough. If for any reason the child has not been immunised during the first year of life it is vital to immunise as soon as possible there after. The younger the child is the worse the disease; therefore immunise in the first year of life.

2. There are usually five immunisations during the first year.

3. You can continue if you break off the Immunisation pattern. I.e. if a child has two injections in the first year and then presents two years later it is still possible to complete the immunisations.
You cannot over Immunise a child – Maximum protection is only offered by the full course of Immunisation.

4. The sick child; it is safe to Immunise a sick child – let the clinic decide. I.e. Mothers should not make the decision themselves not to Immunise the child.

5. Sometimes for the day after the Immunisation the child might have a mild illness including; a low fever, irritability, not feeding well, develop a rush or a small sore. This is normal in some child, but should not last longer than three days.

6. Mother should demand Immunisation for her child, on every contact with health workers.

***Other*:**
Breast feeding is kind of natural 'Immunisation', and this is why the first milk, or colostrum is so important.

Diarrhoea:

1. all children get diarrhoea, but severe diarrhoea can kill the child, and so it is essential to give the child plenty of liquid to drink

2. Continue breastfeeding and feeding the child small amount frequently.

3. Trained help is needed if diarrhoea is more serious than usual.

4. A child who is recovering from diarrhoea needs an extra meal everyday for at least a week. Also breast feed more frequently during this period.

5. Avoid medicines to stop the diarrhoea. (Certain enemas are harmful)

1. Dehydration (do something creative about dehydration) can kill, so any fluids must be given in small amounts, as often as possible, and as soon as possible. Ask your clinic sister what the best fluids are, but any fluids will do, these would include; samp or rice water, sugar, salt, water solution taught by clinics. Although it may be difficult to give fluids initially, persist.

2. This is very important, as many people believe that one should not give any food or drink while the diarrhoea needs more energy not less.

3. To recognize signs that the diarroea is getting worse is important. Frequent vomiting, signs of dehydration; sunken eyes, sunken fontanelle (soft spot) no tears when the child cries, fever, blood in the stool

4. Diarrhoea perpetuates a cycle of malnutrition.

Other:

A commonly held belief is that the child with diarrhoea is bewitched (inyoni) or dirty, and that an enema is needed to clean this out. We need to get across the concept that the bodies' natural way of dealing with the problem is to make the stomach run – to flush out whatever is causing the problem. There for is necessary not to stop the process with medicines or anything else, but to augment it by giving plenty of fluids.

Perhaps turn it around by showing "the enema from above" Flush form above – use fluids from above to clean out the body. Like a grain of dust in the eye causes tears to flush it out, so drinking fluids cleans and flushes the body. We need to show that diarrhoea spreads through poor hygiene but place this in the broader context of lack of access to water, sanitation, adequate housing etc. it is an environment disease and the drama should be careful not to victim blame

Breast feeding:

3. Breastfeeding, alone for at least four to six months of a child's life.

4. Breast feeding should start as soon as possible after birth.

5. Bottle feeding should be avoided at all costs and can seriously endanger the child's life

6. Breast feeding should continue well into a child's second year of life, and longer if possible.

7. Correct latching technique is important.

8. Don't stop for any reason without getting advice.

1. Many mothers stars solids earlier believing their breast milk is not 'strong' enough for a variety of reasons, such as lack of confidence, crying baby (this is most often a cry for attention rather than for food) perception that commercially available formulas such as Nestum are more nutritious. It is vitally **important to instill confidence** in the breastfeeding mother. The drama should portray breastfeeding as the modern and trendy thing to do. Encourage breastfeeding mothers to support each other. The potential exists for some sort of community support. Need to emphasise the positive factors of breastfeeding i.e. bonding, less illness, grows better.

2. The yellow milk or colostrum, which may last three days is essential as it provides the child with immunity. Some mothers how ever will not feed their child this milk, believing that it is dirty. Remember the illustration of the calf discussed at the message design workshops. Frequent suckling is important as it stimulates milk production

3. The working mothers needs alternatives, she should be encouraged to express her breast milk in store it. It does not need a fridge, just cool place. Breast milk can last between 8 to 12 hours in a cool place, without going sour. Cup and spoon should be used instead of a bottle. This method provides bonding, and is more hygienic. Show someone feeding with a cup and spoon if possible in the programme. Be ware of the potential taboos in this area around expressed milk.

Infant Nutrition:

1. ***A child needs to be fed frequently i.e. five or six times a day until about three years. With what ever is in the house.***

2. ***Breast milk alone until four to six months is best. There after add solids, and continue breast feeding for at least two years.***

3. ***A child should be weighed everytime it goes for immunisation. Thereafter it should be weighed every two months until it is two years old.***

4. ***Give an extra meal per day for at least a week after any illness***

1. Variety is important. Give the child as wide a variety of foods as possible. Add oil or fat to the food if possible in every meal.

3. It is important to emphasise that children's weight should increase, although most mothers know this. This recorded on the *Road To Health Card*, which is not just a passport to school entry, but an important record of weight gain.

RESPIRATORY ILLNESS:

1. ***If your child is breathing faster than normal take it to a health professional.***
2. ***Breast feeding and immunisation help to prevent respiratory illness.***
3. ***A child with a cough or cold should be encouraged to eat and drink plenty of liquids.***
4. ***A smoky environment such as smokers in the house is very bad for any child.***
5. ***A child with a fever should be cooled down.***

1. The first sign of serious respiratory illness is usually an Increase in the respiratory rate.

2. Many people believe that a child with a fever needs to sweat it Out, and therefore wrap it up. This is incorrect, high temperatures can result in convulsions, which can have long term Side effects. Cool a child down with a damp cloth and temperature reducing medicines such as paracetamol or panado if necessary.

Other:
Steam inhalations are beneficial to most children with chest problems. It is important to warn against burns.

Safe Motherhood:

1. ***Early booking is essential. A woman should visit an Ante-natal Clinic as soon as she knows she is pregnant***

2. A trained person should assist at every birth.

3. All women need more food and rest during pregnancy.

4. Pregnancies should be at least two years apart, and should be avoided under the age of 18.

1. Women have mixed feelings about ANC. They are often treated badly by clinic staff, but they do see the ANC as a way of booking in to have their baby at the clinic. They are often not aware of the potential advantages of attending ANC. These include; early diagnosis and treatment of conditions that can threaten mother and child, advice and nutritional supplements eg. Iron tablets and on going monitoring of the condition of the unborn child. It is therefore essential to not only emphasise early booking but to stress that repeat visits must be made so that test that were conducted at the first visit can be followed up and acted upon. This includes tests for STD's, anemia and blood type. The mother can also be given an idea of when the baby is due, so that she can plan for the birth. This is also a time when health information around the new born baby can be given. Treatments such as tetnus injections can be given to prevent complications. Women need to pressurise the clinic for both information concerning their pregnancy and control over their records.

2. It is important for mothers to plan for the delivery; this includes where they are going to deliver and how they are going to get there. In the case of a home delivery to make sure that someone with experience is there to assist.

3. Extra food, especially during the first three months of pregnancy, including a good variety is essential. Tobacco and alcohol must be avoided at all costs, as well as any unprescribed medicines. The resting mother-to-be is not lazy, her body needs that time.

4. It is important to emphasise the positive here. These factors promote a healthier happier mother and child.

Child Abuse:

1. Physical punishment, both at home and at school.

2. Sexual abuse

1. The thrust of this message should be that physical violence as a means of problem solving perpetuates violence in our society. We need to illustrate this and provide alternatives. The theme of peace in South Africa should be explored as part of the broader picture.

2. It was felt that people need to organise around sexual abuse in their communities. To bring it out into the open, and to support each other – acknowledging that the professional facilities available are unlikely to tackle the extent of the problem in the near future. The concept of community organisation around an issue will be an ongoing powerful theme which can be initiated here. Further indepth discussion may need to take place with SASPACAN and other community organistions around a model for the concept of community action to be built around the community action – a model.

Accidents

1. Paraffin

2. Correct storage of poisons

3. Burns

4. Traffic accidents

5. First Aid

1. When a child drinks paraffin never give milk or induce vomiting. Take him or her immediately to a clinic or hospital.

2. Poisons should be stored out of reach of children, or locked away.

3. The correct treatments for burns should be shown, and myths around treatment should be dispelled.

4. Children should never be allowed in the front of cars, parents should teach their children not to play in the road and to look before crossing a road.

5. First aid particularly for fractures and cuts should be demonstrated.

Background Information: Eight Mother and Child Health Issues

Respiratory Infections and Asthma:

Diarrhoea, pneumonia and malnutrition are the major killers in early childhood in South Africa and developing countries. Yet, compared with other major preventable childhood diseases, such as diarrhoea. Acute respiratory infections have received comparatively little attention as an important cause of death among children. About 50% of all deaths in developing countries are in children under 5 years of age and Acute respiratory infections, or ARI's are estimated to cause 25-35% of these. In Africa, ARI's are the leading cause of morbidity and use of health services by children. Globally it is estimated that at least 6 million children die annually from ARI's. Many more suffer acute and chronic morbidity and ARI's in early life may contribute to the development of lung disease in adulthood. Unlike oral rehydration therapy for diarrhoea, there is no rapid and simple intervention for ARI.

Pneumonia:
Almost 90% of acute respiratory infections are attributable to pneumonia, which is the second most common cause of childhood mortality in South Africa. Thus urgent attention needs to be paid to the primary and secondary prevention of ARI's in South Africa.
The factors to be considered in primary prevention are malnutrition, over-crowding, low birth-weight, and indoor air pollution from tobacco smoke and domestic fuel combustion. An appropriate method of identifying children with ARI's needs to be determined so that they can be given early treatment, ie. Secondary prevention – to prevent deterioration and death. The increased death rate in winter months suggests that a seasonally targeted primary health care approach may be appropriate.[3] it is clear that a great deal more information is needed before specific interventions can be devised to control the extremely high death rates from ARI in South African children.[4]

Asthma:
Asthma is a common condition in childhood, leading to much discomfort, concern, hospitalization and frequent absence from school. However, if diagnosed its management is simple in most affected children, allowing them to live normal lives. Failure to make the diagnosis and institute appropriate treatment should be rare today, however, it is still all to common.
Thus the most important step in good management of childhood asthma is diagnosis. As asthma is often an intermittent disease, the child may be quite well presented to the doctor, making diagnosis difficult. Only in the most sever cases are there obvious physical

features, these children will also usually suffer from stunted growth and delayed puberty.[5]

Recent studies have shown that asthma is grossly under diagnosed, and under treated even in highly developed countries.[6] a careful history, especially if accompanied by a positive family history is helpful in the diagnosis of asthma.[7]

Although it is generally agreed that asthma is a condition in which there is reversible airways obstruction, it remains impossible to reach agreement on a precise definition which can be applied to all. A definition which would be acceptable to many experts in the field of childhood asthma is as follows.

Asthma is a condition characterised by recurrent episodes of breathlessness, coughing or wheezing caused by variable or intermittent narrowing of the intro-pulmonary airways.

Clinically asthma is characterised by wheezing, a high pitched expiratory sound generated from partially obstructed airways and by coughing. Although asthma may occur without obvious wheezing, making diagnosis difficult. It is also important to note that not all children wheeze because of asthma, there are a wide range of other causes of wheezing.[8]

Exercise, house dust mites, pollens, food allergies and emotional stress are all precipitating factors of asthma.[9]

In industrial countries 5 – 15 percent of all children are affected by asthma. Boys are more often affected than girls. The majority of children who are going to develop asthma do so before they are five years of age. Prevalence is considerably lower in rural areas of developing countries. Asthma is therefore associated with urbanisation. With increasing urbanisation in South Africa the prevalence of childhood asthma is increasing rapidly.[10]

It is important to tailor treatment of asthma to the individual, and to allay anxiety about the disease. Thus it is always important to carefully explain the disease, what to do if an attack occurs, why medicines are used and how they work, especially emphasizing the importance of their regular use. Although it may be practically difficult, it is also important to try and avoid the trigger factors.

Diarrhoea

Diarrhoea is major killer in South Africa. It is cause of death in quarter of all deaths, between birth and 4 years among black children in South Africa. [11]

Although diarrhea has many causes and can occur at any age, 80 percent of deaths due to diarrhoea and gastroenteritis occur in the birth to two years age group.

The relationship between diarrhoea and malnutrition is well established. Diarrhoea causes deterioration in nutritional state, which in turn leads to further recurrences and prolongation of individual episodes

The majority of cases of gastroenteritis are of mild to moderate severity; however the high prevalence imposes an enormous morbidity burden and exerts a significant negative impact on child growth and development. In addition successive episodes of diarrhoea are likely to have cumulative effects. The average Africa child will have 4.9 attacks of diarrhoea annually. As each attack lasts between five or six days, every child will be having diarrhoea and losing weight for a month each year.

The incidence of diarrhoea is strong related to socio-economic conditions and poverty. Of the relevant factors that operate in a poor socio-economic environment, the most pertinent can be summarized under the following heading:

- Contamination of the environment

  Contamination of the environment is mainly associated with inadequate or unhygienic water supplies, inadequate or non-existent sanitary facilities and over-crowded housing.

- Transmission of contamination to the individual

  Transmission of contamination is facilitated by poor domestic and personal hygienic, lack of water and living conditions often make personal hygienic difficult.. Bottle rather than breast-feeding, and improper preparation and storage of weaning foods all play a part. [12]

Climate does have an effect on the incident of gastroenteritis. In southern Africa, as in most parts of the developing world, there is summer peak and a winter trough of diarrhoea. In industrialized countries, diarrhoea is more prevalent in winter. [13]

The clinical features of gastroenteritis are diarrhoea and vomiting. Diarrhoea is a state of fluid loss, and dehydration accounts for some 60 to 70 percent of the deaths due to gastroenteritis. Young and small infants have high percentage of body water and a relatively larger fluid turnover than older children and are particularly liable to this complication

It is vitally important that parents know to take a child to a doctor or health workers as soon as it shows signs of dehydration, or has had diarrhoea for more than two days.
Signs of dehydration include sunken eyes, dry mouth and tongue and depressed fontanelle.

No medicines should be given to a child with diarrhoea, as in most instances these will be either harmful or useless. In addition, diarrhoea will usually cure itself within a few days. The public needs to be educated about the harmful and useless drugs which are aggressively and inappropriately marketed to treat diarrhoea. This is a particularly important message for parents and caregivers.

How to help:

- Diarrhea can kill children by draining too much liquid from their bodies. It is therefore essential to give a child with diarrhoea a plenty of liquid to drink. Suitable drinking includes, breast milk, gruels, soup, rice water, tea or plain water.
- It is very important to keep giving liquids to a child with diarrhoea.
- Continue feeding a child or a baby with diarrhoea. Food can help to stop the diarrhoea. In addition, diarrhoea can lead to serious malnutrition especially is parents stop feeding their child. These children should be fed as frequently as possible
- Do not give a child or baby any medicine to stop the diarrhoea
- Take a child to a clinic or to a hospital as soon as you see the following signs; sunken eyes, sunken fontanelle, blood or muscous in the diarrhoea, if the child has had diarrhoea for more than three days, if the child passes very little urine, and if the child has vomited for more than three days.

Breast Feeding

There is no doubt that breast feeding is the best and safest way of feed infants. It provides the only perfect food for babies, it protects them against infections and it lays the foundation of healthy psychological development. [14]

However, mothers frequently need help with breast feeding. About half of all women needs some help at the beginning, especially with their first babies, and if they are very young. A major problem is that many woman lack the confidence that their milk by itself is enough for their babies.

These problems occur mainly because woman today do not have the close network of support which they had in the past. The lack of support of close female relatives, delivering their babies in the hospital and the pressure of modern, particular urban, life have all contributed to lack of enthusiasm and confidence to breast feed. [15]

Working mothers are often forced to stop breastfeeding early because of lack of facilities or support at work. Employers should support mothers and provide facilities for mothers and their children.

Women need practical advice on how to suckle their babies, on what type of food to eat and how to cope with sore nipples, sore breasts, leaking breasts and not enough milk. [16]

It is very important that mothers understand that the baby must take the nipple and part of the areola into the mouth. If the baby latches onto the end of the nipple, it will not get enough milk, and it will damage and hurt the mother's nipple.

Mothers also need psychological support, as to breast feed successfully a woman must feel confident. This means that she must believe that she can do it, she must know that her milk is all that her baby needs, and she must want to try. [17]

Breast feeding has many advantages:

- Breast milk protects against infection
- Breast fed babies have less diarrhoea. And few respiratory and middle ear infections than artificially fed babies. Breast fed babies have fewer infections because: Breast milk is clean and free of bacteria.
- It contains antibodies to many common infections
- It contains living white blood cells which help to fight infection
- It contains a substance called bifidus factor, which helps bacteria grow in the baby's intestine. This prevents other harmful bacteria from growing and causing diarrhoea.

Other advantages are:

- Breast milk contains a special enzyme which digests fat. The breast milk is quickly and easily digested
- Breast milk is always ready to give to the baby and it needs no preparation.
- Breast milk helps to stop bleeding after delivery.
- Breast feeding on demand helps to protect against another pregnancy
- Breast feeding is good psychologically for the mother and baby. [19]

Breast feeding should start as soon as possible after birth. Frequent sucking is needed to produce enough breast milk for the baby's needs. Breast feeding should continue well into the second year of a child's life and for longer if possible.

Some woman face circumstances which make breast feeding of their babies impossible. For working woman this is a major problem. However there are alternatives. A mother should be encouraged and taught how to express her milk, which can then be given to the baby later. It should also be stressed that if breast feeding is impossible a cup and spoon rather than a bottle should always be used.

Using a cup and a spoon reduces the chances of infections; as they are easier too keep clean. In addition to use cup and spoon method results in close physical contact between the mother and child. This a distinct advantage over a bottle, as many people simply prop the baby up, and leave it to feed its self from a bottle.

Breast milk contains all the nutrients that a baby needs for the first four to six months of life. It contains

- The most suitable protein and fat for a baby, in the right quantities.
- More lactose than most other milks
- Enough vitamins for the baby.
- Enough iron for the baby.
- Enough water for a baby, even in a hot climate.
- The correct amounts of salt, calcium and phosphate

Growth monitoring and infant Nutrition

Published information on the growth and nutrition status of South African children is fragmented, incomplete and mostly outdated. Yet enough information exists to show that severe problem of undernutrition exist among children in this country

Malnutrition holds back the physical and mental development of many South African children. Estimate indicates that there are 2.3 million South African in need of nutritional assistance. Of this number 36% are children between 6 months and 5 years, 55.8 percent are children aged 6 to 12 and 8.3 percent are pregnant and lactating woman.
Childhood under nutrition is therefore a major problem in South Africa, and commonly manifests itself as stunting, has been estimated to be 25 to 35 percentage in children under 5 years of age. [20]

Malnutrition is highest among rural children; those in deep rural areas are the most seriously affected

Maternal and children health and nutrition are inexorably linked. Birth weight is help to be the single most important factors in determining nutritional status at one year of age. Adequate nutrition during pregnancy and lactation, both to protect maternal nutrition and health, as well as to prevent nutrition deficiencies in the foetus and nursing infant are of paramount importance.

Growth has a definite pattern. Through childhood, an infant grows in size and the different physiological systems of the body mature in function. At the same time, social and emotional development occurs and the individual acquires several different skills of which the most important is language function.

Milestones such as the age a child cuts its first tooth provide guides to determine whether the child is developing satisfactorily.

Growth
Various factors, both inborn as well as environmental affect growth. These are:

- Genetic factors, the size and shape of the parents will influence that of their child

- Nutrition is most developing countries; inadequate nutrition is by far the most common cause of growth retardation and as such constitutes a major public health problem. In addition to sufficient calories, the diet should consist of proteins, vitamins and minerals for optimum growth.
- Infective illness, illness such as measles, whooping cough, and diarrhoea are important cause of slow growth.
- This is due too three reasons:
  - There is usually loss of appetite accompanying such illness and food intake is diminished
  - It is very common practice to starve a child who has diarrhoea or fever
  - during illness there is breakdown of body tissue and loss of Nutrients. [22]

Method of assessing growth

Measurements of height and weight are used to assess growth. These measurements are however only of use if carried out with meticulous care. Serial measurements are an important means of detecting any deviation from the normal. Weight charts, also called **Road to Health** charts are now used in most countries of the world. These health charts are for the use and benefit of mothers and children, as well as for all who provide their health care.

Infants should be weighed every month or two routinely. A healthy baby should gain between half and kilo per month. A child's growth curve should follow the two printed curves on the chart. The space between those lines is called the road to health. The shape of the growth curve is more important than the actual place on the chart where the child's weight falls. In other words, a child's curve may be on, above or below the road to health, but it should go in the same direction making steady rather than faltering progress. [23]

Weaning

Weaning is the process by which the baby slowly gets used to eating family or adult foods, and relies less and less on breast milk. The process often makes the child more vulnerable to disease, as they come into greater contact with germs in their environment. The weaning stage is therefore one of the dangerous for the child. As he/she is vulnerable to many new disease and infections. It is at this stage that many children develop gastroenteritis.

- A baby needs small amounts of food at first
- Slowly increase the amount of food the baby is given, making sure that the intake matches the baby's growing appetite.
- Feed often, and according to the baby's ability to chew and digest.

- Prepare nutritious mixes, using foods of good quality. These can protect the baby from illness and help them to gain weight.
- Feed foods that are high in energy and concentrated in nutrients
- Make sure all food and utensils to prepare them are clean
- Breast feed for as long as possible
- Feed more during and after illness. Give more liquids, especially if the baby has diarrhoea. [24]

Immunization

Vaccine offer the greatest prospect for achieving rapid improvements in health, and the immunisation of children is one of the most simple, cost effective steps towards health for all. [25]

Without immunisation, an average of three out of every hundred children born will die from measles. Another two will die from whooping cough. One more will die from tetanus. And out of every two hundred children, one will be disable by polio. Immunisation is undoubtedly the most effect measure against infectious disease, particularly if we consider the cost of treating the clinical cases.

A high incidence of mortality and morbidity in infants and children is caused by diseases which are preventable through immunisation. A UNICEF goal for the year 2000 is to achieve and maintain at least 90 percent immunisation coverage of one year old child against the major six childhood diseases which are the cause of infant and child mortality and morbidity, namely tuberculosis, tetanus, diphtheria, measles, poliomyelitis and pertussis.

In South Africa the estimated vaccine coverage for the health regions excluding the homelands in 1991 was; BCG 57%, polio 73%, DTP 72% and measles 76%. These figures exclude the homelands as immunisation statistics are not available for this area

Lack of health care facilities and/or the vast distance which people have to travel have resulted in lower rates of coverage in the homelands and rural areas of South Africa.

Although data is not complete or systematically collected for South African immunisation, the overall immunisation policy for the country is considered to be sound. [26]

- Immunisation is urgent
- All immunisation should be completed in the first year of the child’s life.
- It is safe to immunise a sick child
- Every woman between the ages of 15 and 44 should be fully immunised against tetanus. Although neonatal tetanus has not emerged as a major national problem, it is nevertheless still a cause of significant mortality in young babies.[27]

It is essential that all parents know why, when, where, and how many times their infants should be immunised. Immunisation protects against several dangerous diseases. A child who is not immunised is more likely to become undernourished, to become disabled, and to die.

Child Abuse

The major cause of death among children under the age of 14 years assault, which is an indication of the high incidence of child abuse.

Child abuse is the form of physical abuse, neglect or sexual abuse is common in South Africa. Over the past few years there has been a rapid increase in the rate of child abuse. Part of this increase may be due to a heightened awareness of child abuse and part due to socio-economic and socio-cultural change and conflict.

Many factors lead to increased conflict between parents and their children and the thus promote conditions conducive to abuse. Parents recently separated from traditional family networks, are especially vulnerable, as they are confronted with many new problems and stresses. Lack of resources, time and the effects of the physical environment further add to intra-family stress. Disabled and handicapped children, children from broken homes or casual unions and step children are more likely to be malnourished and neglected.[28]

The incidence of sexual abuse in South Africa is high, with the highest incidence occurring inn the 4-6 year age group. Studies have shown that In a many instances a child is sexually abused by a member of the family.

The prevention of child abuse requires the interaction of the community and health professionals. The abused child must be recognised and referred through established channels as soon as possible so that the necessary interventions can be initiated both for the family and child. Many children who endure the most severe forms of abuse remain totally unnoticed as physical abuse or non-accidental injury is often difficult to diagnose.

During 1992, 15 333 cases of child abuse were reported to the Child Protection Unit of the South Africa Police, a figure which is more than double that reported in 1988. Of this number, about a third consisted of physical abuse, a third rape, and the rest involved sexual abuse; sodomy, incest and other forms of sexual assault. (4135 cases involved sexual abuse, 3 639 involved rape and 3571 physical abuse)

The South African Police believe that the real incidence of child abuse is ‘ten times higher than the reported figure’.

In addition more than 7000 neglected children are encountered annually by welfare organisations nationally.[29]

Accidents

In South Africa nine children die every day as a result of injury. Thousands of other children are injured every year and many more left with permanent disabilities.[30]
Accidents are a major cause of death among children of all ages, and race groups older than 5 years old. Most accidents occur in and around the child's own home, and most could have been prevented.

The major causes of accident related deaths are road accidents, poisoning- especially paraffin, burns and drowning. Among children below one year of age the major causes of injury death choking, suffocating and burns, suffocating and burns. Children between 1 and 4 years suffer most from injury caused by burns, road accidents and drowning. In the 5 to 14 age group, road accidents and drowning are the major causes of death.[31]

So much is written about the untimely death of children from disease, yet we often forget that trauma kills more children over 4 years of age than all diseases combined. Society has been curiously slow to respond to this, one of the most important public health issues in our country. Trauma crosses sociological and psychological boundaries and encompasses all aspects of child health care and extracts an enormous toll on society as a whole.

Childhood injuries cannot be dismissed as random, unpredictable events, they occur when a vulnerable to injury.

Both in turn are influenced by the environment, physical, emotional, social, economic, cultural and political. All these factors determine the stresses on the child, the quality of supervision, the type and quantity of hazards and the access to health care and emergency treatment.

In South Africa as urbanisation progresses, childhood injury becomes an increasingly sinister force. More and more children are exposed to technological hazards, especially motor vehicles, in an overcrowded, stressful and violent environment, with inadequate safety awareness or precautions.[32]

Effective injury control means changing both the environment and people's behaviour. The first and most important step is to increase awareness both of the fact that there is a problem, and that people can and should control their own lives and environment.[33]

Paraffin, an oily and highly toxic substance, is the most common cause of accidental childhood poisoning in South Africa, especially among black children. When consumed and inhaled, paraffin causes chemical pneumonia. The mortality rate for paraffin poisoning is fairly low, but the extent of non-fatal poisoning is believed to be vastly underestimated. Most poisonings occur in the summer months; this has been attributed to thirst, and the fact that paraffin is often stored in cooldrink containers. The ultimate solution could be a child proof, returnable paraffin container.[34]

Traffic accidents cause many fatal and near fatal injuries every year. Most of these injuries are sustained by child pedestrians. There is a strong correlation between pedestrian injury and children playing or running errands in residential areas, particularly in the late afternoon. Lack of adequate adult supervision is an important factor.

Although all pedestrians can be regarded as at risk, an inverse relationship between risk of injury and socio-economic status has clearly been shown in South Africa. Rapid urbanisation will result in such accidents increasing significantly with time.[35]

Most accidents occur outside or near the home. Studies on America and Britain have shown that 60-70 percent of road traffic injuries involving children as pedestrians occur within 2 km of the child’s own home. Usually when the child darts out of his own yard into the street without warning.

Broad issues in Pregnancy and Ante-natal Care

Women need the support of their husbands, their communities and their governments. Governments have a particular responsibility to train people to assist at child birth, to make available routine prenatal services and to provide special care women who have women die from problems related to bearing children.[36]

The promotion of women's health and well-being is a developmental priority. As there is a positive link between women's development and the development of children. Women by virtue of their family. If mothers of children are healthy, they are much more likely to have healthy children. It is also known that healthy women are more likely to have less complicated pregnancies and are better able better able to look after their children.

Maternal mortality in 1989 in South Africa, excluding the independent homelands which accommodates about 55 percent of the total female population was; 8 per 100 000 live births for whites, 58 for Africans, 22 for coloureds and 5 for Indians. Avoidable factors were the medical attendant was responsible, including delays in diagnosis and treatment or inadequate treatment, accounted for 64 percent of the avoidable maternal deaths. The most common causes of maternal death sepsis, hypertension and hemorrhage.

High risk includes factors such as malnutrition, lack of care and knowledge and pregnancies that are too many, too early, too frequent or too late. All of which relate to broader socio-economic and political factors.[37]

Thus, as safe and successful childbearing depends on the health of the mother, the mother needs to eat correctly, get enough rest and attend an ante-natal clinic.

Undernutrition even during non-reproductive times has a serious effect on the health of mothers and their babies. About 8.3 percent of pregnant women and lactating mothers are undernourished in South Africa. Iron in particular, is essential for women during pregnancy, and deficiency can lead to anaemia, leading to complications during pregnancy and childbirth. Accurate national statistics are not available on the extent of iron deficiency in pregnant and lactating women; however the problem is believed to be extensive, caused mainly by low iron content in maize meal.

The infant mortality rate has historically served as an indicator of the health status of a population. Deaths during the first month of life are strongly associated with the health of the mother, the quality of ante-natal services, delivering and immediate postnatal care. Post-neonatal deaths, from 1 month to 1 year are more strongly associated with social and environmental factors.

The infant mortality rate in South Africa in 1990 was 52.8 percent per 1000 births for Africans, 28 for coloureds, 13.5 for Indians and 7.3 for whites. The figure for whites is similar to that in developed nations. The higher rate of perinatal causes of death indicates the need for material and child care service, and for ante-natal and postnatal care.

Anti-natal care is important to ensure that supervised pregnancy results in a healthy mother and child, and that complication are detected and dealt with promptly and effectively. The function of anti-natal care is to promote health during pregnancy through advice and education, to screen, to identify and refer woman at health risk, and to monitor health throughout pregnancy in order to detect and deal with problems when and if they occur.

Ideally, the pregnant woman should be seen once every month starting with the confirmation of pregnancy until the 28th week, and then fortnightly up to the 36th week, and then weekly until delivery. This ideal is often not possible, in which case at least six visits should be made to the Ante-natal clinic. Of these. Two should be in the last month.

The Ant-natal clinic will carry out the following:

- Supervise of the nutrition of the mother
- Ascertain the growth and well-being of the foetus
- Prevent and check for the infection in the mother
- Check for pre-existing medical disorders, such as diabetes
- Check for any disorders in the pregnancy
- Check the foetus
- Identify high risk mothers

An important advantage for the mother and her baby, of visiting an Anti-natal clinic is that any danger signs will be noted and she can then be referred for skilled care. This would reduce the risk of death to both the mother and/or her baby. The danger signs are as follows:

- Vaginal bleeding
- Persistent abdominal plain
- Severe and persistent morning sickness
- Chronic headache during the day and night
- Giddiness or blurred vision
- Swelling of ankles
- Leakage of water from the womb
- Stoppage of foetal movements

While the department of national health and population development reports that 95 percent of all mothers in South Africa attend ante-natal clinics, local studies indicate that women often only attend late in their pregnancies. Some only attend once during their pregnancy in other to book themselves in. this means that there is no follow up, and no benefits from the visit. The major factors determining ante-natal attendance are level of income, education and accessibility to services.38

	White	Indian	Coloured	African
Less than 1 year				
Perinatal	55.5%	52.4%	38.4%	35%
Gastroenteritie	1.3	9.8	24.2	25.2
Ill-defined	5.8	3.6	5.8	13.6
Respiration	7.8	8.3	15.8	11.5
Congenital	18.7	14.0	4.9	3.5
All other	10.9	10.2	10.2	11.2
1-4 years				
Gastroenteritis	3.9%	13.2%	29.25	26.3
Ill-defined	4.6	14.5	6.4	15.6
Respiratory	11.6	13.2	18.3	16.6
Trauma	49.4	22.4	14.5	8.6
Nutritional	0.8	0	8.9	10.8
All other	29.7	36.7	31.6	22.1
5-14 years				
Trauma	56.6%	59.4%	53.7%	37.85
Respiratory	7.3	7.3	11.5	8.6
Ill-defined	1.1	4.2	4.1	16.1
All other	35.0	29.1	30.7	37.5

Cause of death among children birth to 14 years

Newspaper Reach

Weekly *(based on percentage of total black population)*

* Male	25.3%
* Female	14.3%
* house wives	15.2%
* Urban	26.6%
* Rural	10%
* 16-24	20.4%
* 25-34	25.6%
* 35-49	21.1%
* 50+	8.1%
* R1-699	8.7%
* R700-1999	13.4%
* R2000-3999	25.3%
* R4000+	38%
* No schooling	0.3%
* Some Primary	8.6%
* Primary	21.4%
* Some High	28.2%
* High	49.3%

Daily *(based on percentage of total black adult population)*

* Male	17.2%
* Female	7.3%
* House	7.6%
* Urban	21.4
* Rural	3.2%
* 16-24	11.1%
* 25-34	16.4%
* 35-49	14.5%
* 50+	4.7%
* R1-699	4%
* R700-1999	5.9%
* R2000-3999	15.6%
* R4000+	27.7%
* No schooling	0.1%
* Some Primary	3.8%
* Primary	10.8%
* Some High	18.5%
* High	32.2%

Source: AMPS, 1992/3

Television Time Slots

1. CCV Monday 18hoo **percentage of total black adult population**

* Male	2.4%
* Female	3.6%
* House wives	3.0%
* Urban	40.8%
* Rural	13.8%
* 16-24	13.8%
* 25-34	14.4%
* 35-49	14.2%
* 50+	7.8%
* R1-699	6.7%
* R700-1999	18.3%
* R2000-3999	24.3%
* R4000+	21.2

2.CCV Saturday 13hoo

*Male	4.5%
*Female	3.3%
*House Wives	2.8%
*Urban	6.7%
*Rural	1.5%
*16-24	3.9%
*25-34	4.9%
*35-49	4.2%
*50+	2.4%
*R1-699	2.6%
*R700-1999	4.6%
*R2000-3999	7.1%
*R4000+	9.9%

Source: AMPS, 1992/3

Radio Time Slots

Most likely slots although we not get them.

Daily, Monday to Friday, 12hoo and 19h15 percentage of total black adult population

Radio Xhosa is used as an example; percentage for other radio stations will differ slightly.

12hoo		19h15	
* Male	5.7%	* Male	6.55%
* Female	6.9%	* Female	10.1%
* house wives	6%	* House Wives	9.5%
* Urban	14%.3	* Urban	20.1%
* 16-24	6.1%	* 16-24	7.9%
* 25-34	5.3%	* 25-34	6.9%
* 35-49	6.9%	* 35-49	9%
* 50+	7.2%	* 50+	9.%5
* R1-6999	8.9%	* R1-699	12.2%
* R700-1999	5.4%	* R700-1999	6.5%
* R2000-3999	2.9%	* R2000-3999	5.2%

Demographic variable of the target audience – 1990

		% Total	% Male	% Female
Location				
	PWV	18.9	22.2	15.7
	Rest of Transvaal	27.4	27.0	27.8
	OFS	10.0	11.3	8.7
	Natal	21.7	20.1	23.2
	E-Cape	8.1	7.8	8.4
	W-Cape	2.4	2.6	2.2
	N-Cape	1.8	1.9	1.7
	Transkei	9.7	7.0	12.3
Province				
	Cape	23.2	20.6	25.8
	Natal	21.7	20.1	23.2
	Transvaal	46.3	49.2	43.5
	OFS	8.7	10.0	7.5
Community				
	250 00 or more	24.1	25.5	22.8
	40 000 – 249 999	11.9	15.8	8.1
	500 – 39 999	8.6	9.4	7.8
	Less than 500	55.3	49.2	61.3
Sex		-	49.3	50.7
Housewife	Yes	43.7	-	-
Have baby/ies	Yes	10.6	-	-
Have children	Yes	22.9	-	-
Household income	R6000 +	0.2	0.2	0.2
	R4000 – R5999	0.8	1.0	0.6
	R2500 – R3999	1.2	1.3	1.1
	R2000 - R2499	1.8	2.1	1.5
	R1200 – R1999	6.8	7.4	6.2
	R700 – R1199	25.4	28.1	22.7
	R400 – R699	23.8	25.4	22.2
	R1 – R399	40.0	34.4	45.4
Age group				
	16-24	30.7	31.2	30.1
	25-34	26.7	27.3	26.1
	35-49	24.3	24.7	23.9
	50+	18.3	16.7	19.8
Level of education				
	No school	20.5	18.1	22.7
	Some primary school	32.6	31.9	33.2
	Some High School	9.9	10.6	9.3
	High school	28.5	30.1	26.9
	Some university	6.1	7.1	5.2
	University	0.4	0.5	0.3
	Other post matric	1.9	1.6	2.2

People most in need of health Education message

Communities with high infant and child mortality and morbidity rates

Although there has been little research into the precise demographic profile of those most affected by IMR And IMBR. Evidence suggests that IMR and IMBR rates are highest among the black (52.8 deaths per 1000 Lives birth)I population. Particularly in rural or peri-urban areas, and among low income, low education groups

Access of black South African to the mass media
.NB, Access is far higher than ownership

Television; (%of total population) ***TV in home:*** Total - 33.3% ***TV ownership/income per month*** < R500 -14.1% R500-R799 -24.8% R800-R1399 -43.6% ***TV Ownership/Education level*** No schooling - 11% Some primary - 22% Primary - 35% ***Rural access TV*** Total - 15% ***Most popular*** Station CCV Time slot 7.30 – 9 p.m.	**Radio:** ***Radio in home:*** Total - 82% ***Radio Ownership / income per Month*** <R500 - 74% R500-R1399 - 81% ***Radio ownership/Education level*** No schooling - 34.8% Some primary - 52.3% Primary - 58.3% ***Rural Access to Radio*** Total -+ 90% ***Most popular*** Time slot 12 – 2p.m. 6.30-930p.m.	**Newspaper** *Weekly* Total -19.7% <R500 -8.7% R500-R799 -13.4% R799-R1399 -25.3% Daily Total -12.2% <R500 -4% R500-R799 -6.9% R799-R1399 -15.6% Most popular Sowetan, ilanga, city press Sunday times

• **primary target audience:** urban or peri-urban females 16 + years, low income and low education • **Secondary audience:** Urban or peri-urba Males 16 + years, low income and low Education • **Tertiary audience:** rural women 16 +	• **Primary target Audience:** Urban, peri urban and rural women 16 + low Education • **Secondary Audience**: urban, peri-Urban and rural men, from 16, low income And low education	• **Primary target Audience**: Ueba and peri-urban adult men and woman • **Secondary Audience**: Agenda setter and opinion leader

Radio pre-testing
Focus groups and indepth interviews

Transvaal	Cape province	Natal	Orange free state

.Urban

1 group x 1o women, 16-24
1 group x 1o women, 25-45
1 group x 1o men, 16-24
1 group x 1o men, 25-45

.per-urban

1 group x 10 female, 16-24
1 group x 10 female, 50+

.Rural

1 group x 10 female, 45+
1 group x 10 female, 25-45
1 group x 1o men, 25-45
1 group x 1o men, 16-24

M E M O

TO: ALL STAFF

FROM ADMINISTRATOR

RE: PLEASE BE REMINDED WITH THE FOLLOWING ITEMS AND PEASE DON'T GO AND ENQUIRE FROM THANDI

1) ALL RADIOS AND CHARGES ARE NOW KEPT IN THE GREEN HOUSE IN THE GLASS HOUSE EG. TYPING SERVICES, PHOTOCOPY, STATIONERY ORDER AND ISSUES, VENUE BOOKINGS AND TRANPORT BOOK.

PLEASE CONTACT: SUSAN VENA OR BARBARA AT THE RECEPTION IN THE GREEN HOUSE.

YVONNE LEFAKANE
ADMINISTRATOR