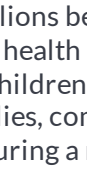


Newsletter



Renewing the Gospel's call to heal the sick by supporting Anglicans working across the world in health care, whether in clinical settings or in the community.



Bringing Up Children to be "Healthy and Smart"

Guest Editorial: Emeritus Professor of International Child Health, Professor Andrew Tomkins

Globally, 200 million children fail to achieve their developmental potential and many millions become infected, disabled or die – needlessly. Poor nutrition and health in childhood predispose to adulthood disease. Bringing up children to be "Healthy and Smart" needs dedicated care by parents, families, communities, healthcare workers, teachers and faith leaders – ensuring a nurturing environment with access to knowledge, preventive healthcare and treatment. We need to ensure that interventions are provided at each stage of a child's life.

1) "Life in the womb". Mothers need a nourishing diet, including adequate amounts of iron, folic acid and iodine and their workload and mental stress need reducing. Mothers need protection from infections, including malaria and HIV, and support for them to attend antenatal clinics regularly. Childbirth should be supervised by a trained health worker and support provided for referral for specialised treatment, when necessary.

2) "Pre-School Years". Babies need loving care in a safe, clean, environment; they are especially vulnerable if born early or small. During infancy and young childhood, they need breast feeding, a nourishing diet and micronutrient supplements (including Vitamin A). Young children should attend "under 5s clinics" for growth monitoring and, if necessary, treatment of infection and malnutrition. All children need immunisations as recommended by the national Ministry of Health; we need to ensure that 'false information' does not prevent access. Parents need to develop skills in preventing and recognising infections such as diarrhoea, pneumonia and malaria and ensure their children access health facilities when they are ill. Young children need Early Learning Activities in families and groups – ideally with facilitators - if they are to grow up to be "Smart".

3) "Primary School Age". Children need adequate nutrition, including school meals, anaemia prevention (including malaria prevention and deworming) and immunisation. They need support in developing skills in injury prevention (including by swimming and accident prevention) and knowledge about preventing infection in themselves through WASH activities. We need to ensure recognition of and support for disability, eye health and mental health. We need to promote "Nurturing Parenting" and care, especially for children exposed to violence. All children need support by teachers in developing the knowledge and skills required for "growing up healthy".

4) "Youth". They need adequate nutrition, including awareness that both overweight and underweight increase risk of diseases in adulthood, and physical fitness. We need to provide support for disability, poor eyesight or hearing problems and support access to immunisations for youth – including new vaccines for prevention of HPV-related cancer and malaria, as they become available. Youth need to become aware of the risks of adolescent pregnancy and substance abuse, including tobacco, vaping, alcohol and drugs. They need provision of care for poor mental health including support to reduce the impact of violence within family or community. All adolescents need help from teachers as they learn how to make healthy choices in their personal lifestyles.

Who needs to support "Child Health"? - The 3 "F"s - Family (Fathers as well as Mothers), **Friends** and **Faith Leaders**. **What do they need to ensure?**

The 3 "A"s. Awareness – of what a child needs to grow up "Healthy and Smart". Most countries have Ministries of Health which have produced basic information for parents. **UNICEF** and **WHO** have helpful guidelines on-line. **Access** - to Maternal and Child Healthcare, Youth Friendly Facilities and School based Interventions. **Anticipation** - that supportive nurture, healthcare and learning activities are often needed by children living in difficult family, social and economic environments.

Bible Study: Promoting Child's Health and Development

By Rt Revd Luke Pato - AHCN Co-Convenor (Former Bishop of Namibia, Anglican Church of Southern Africa)

We live in a world where parents and families agonize over the health of their children. Many watch helplessly as their children die because they lack the most basic necessities – prenatal care, adequate food, clean water, vaccinations, medicine, health care facilities, and more. Having a sick child is troubling enough, but seeing your child on her deathbed is another matter. We all have dreams of good health for our children.

MARK 5

In Mark 5 we are exposed to several desperate situations, which to the parents, the crowds, community and religious leaders, would have appeared almost, if not completely, hopeless.

There is a man under the demonic control (Mk 5: 1-20), a child and an adolescent woman (Mark 5: 21-43). They each lacked access to basic health care, facilities and good nutrition. They were poor and Jesus focused on them.

One of the women is dislocated from social relationships and connections because of her physical illness. Her illness was a physically, socially and religiously debilitating condition. She was isolated and ostracised from family, friends, the larger community, and the temple. She was treated as an outcast. She was determined that such isolation come to an end. In these seemingly hopeless situation, Jesus intervened. He heals the sick and raises to life those who have died. He dismisses those who scoffed at him for exceeding their local expectations of healing and focuses on his ministry of restoring life and health.

Having been rejected by the short-sighted, materialistic crowds on one side of Galilee, Jesus departed and went back to the shores near Capernaum. Once he arrived, he was surrounded again and yet went to heal Jarius' daughter - a 12-year-old 'little girl'. When she has got up, he said to the people in the house: "give her something to eat". A call to witness to good nutrition for the promotion of child health and development.

Mark told these stories about healing and raising of the dead to affirm resurrection not only of Jesus but also the dead. Mark used children, one of the most vulnerable group in the world we live in, as a case in point.

Could this story be a parable that calls us towards life in a community that promotes child health and development; a story that challenges us to advocate for health and development of the most vulnerable especially children in our places today?

The invitation to us in this story is: when we participate in promoting children's health and development, we are telling a story of Jesus in ways that subvert power hierarchies. In telling this story, Mark subverted the storyline of those who were opposed to the story of Jesus's life, death and resurrection.

Questions to consider in your church

1. Do you think child health is the responsibility of church congregations or only specialists and families? What are the limits of what churches can do?
2. What are the issues in child health in your area?
3. What do you think churches and senior leaders could be doing to improve child health?
4. How could children and youth themselves be involved in improving health?
5. What role do you see Schools playing in promoting "Child and Adolescent Health"? How can church leaders help school teachers and children through their work as church leaders in school assemblies etc.?
6. What opportunities are church leaders missing out on at present in promoting "Child and Adolescent Health"?

Child Nutrition

By Christiana Naa Kwarley Quartey

Principal Community Health Nurse, Dansoman Polyclinic, Accra, Ghana

Christiana is an Anglican working in Accra as a nurse for 8 years and 8 months, involved in immunization against COVID and a range of other important infections. She is passionate about engaging with families, encouraging good child nutrition as this is vital for good health, growth and child development. This short article is a snapshot of some of the key principles she uses in her work.

There are Three Food Groups

Energy-giving foods – examples include grains and cereals, roots, tubers and plantains, vegetable oil, butter, margarine; they provide energy.

Body Building Foods – examples include meat, fish, eggs, milk, legumes (beans, groundnut, melon seeds); they provide protein and minerals .

Protective foods – examples include fruits and vegetables (oranges, pawpaw, mangoes, carrots, tomatoes, and green leafy vegetables); they provide vitamins

Nutritional Needs During Childhood

During the first year of life (Infancy) there are very high nutritional needs if the infant is to grow well and remain free from infection. Breast Feeding is crucial.

Complementary Feeding -when breast milk is no longer enough to meet the nutritional needs of the infant, complementary food should be added to the diet of the child. The transition from exclusive breastfeeding to family foods, typically occurs from 4-6 months onwards. Use a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding. Provide nutritious food, safely prepared, with a range of textures, offering to the child frequently throughout the day, especially encouraging the child to eat when he/she is feeling unwell.

Ensure the child is growing well by regular checking on weight gain on their "Road to Health Record Chart"; by visiting your local child health clinic regularly, as advised by your health workers. Learn from health workers about the different nutritional needs of children as they move into "Young Childhood", School Age Childhood" and "Adolescence".

A Youth Perspective from the UK

by Rosanna Flowers (AHCN intern)

At fourteen years old when Covid-19 surfaced in the UK, I feel I, like many others my age, have experienced a great change in perspective of health generally but particularly mental health. Restricted activity and limited social interactions led to damaging mental health knock-ons for those around me, namely stress, anxiety and the feeling of isolation.

Conversations with friends have brought to light the impact this has had on faith. For those who have one, perseverance and encouragement have been found in the recognition of His plan, and on the contrary doubt and sadly loss of faith have resulted also. For those who don't yet know Christ, family and close friends were key sources of support. Reflecting on this time, it is clear that in either case, open and honest communication significantly improved the mental state of youths, and I believe that were this more prevalent, we would have seen less negative reverberations. We recognise that the pandemic considerably raised awareness of health, and I think that letting others express their needs freely allows us to care for them in a more personal and effective way. A focus encouraging listening to one another will benefit not only my generation, but people of all ages.

Greetings from Mama Nora (Mothers' Union in South Sudan)



Resources

Children for Health is an excellent website with free downloadable materials for children and their parents about health issues run by Clare Hanbury.

It is dedicated to the promotion of health education in developing countries, focused on developing children as agents of change and communicators of essential health messages in their families and communities.

UNICEF has a range of resources on their website for parents on parenting, child health and development and nutrition. <https://www.unicef.org/parenting/child-development>

We all want what's best for our children, but being a parent isn't always easy. That's why UNICEF Parenting brings together some of the world's leading experts to support you with helpful tips, insights and facts. These links contain science-backed information you can trust to help give your child the best start in life.

<https://www.unicef.org/parenting/child-care>
<https://www.unicef.org/parenting/health>
<https://www.unicef.org/parenting/food-nutrition>

Scripture Union's Mental Health and Wellbeing resources are intended to help you engage children and young people in supportive and helpful conversation around the challenges that a child or young person may be facing. This Mental Health Suite has been endorsed by the Mental Health Foundation.

<https://content.scriptureunion.org.uk/mentalhealth>

There is also a great deal of helpful links and research from The Centre for Maternal, Adolescent, Reproductive, & Child Health (MARCH) which brings together over 550 researchers at the London School of Hygiene & Tropical Medicine to improve the health of women, children & adolescents worldwide. They hold a range of expertise across 50 disciplines, from anthropology to zoonoses, clinical care, lab, and social sciences. Link here: [march-centre](https://march-centre.org)

Children for Health is an excellent website with free downloadable materials for children and their parents about health issues.

Hesperian offer a variety of valuable resources and guides which are in a range of languages. They include helpful books for parents https://hesperian.org/?blm_id=127729

With regard to immunisation, different countries have different immunisation regimes. If you are unsure please refer to your Ministry of Health guidelines or take a look at the UNICEF and WHO resources available for the tailored response to your national environment

Get in touch

We do hope you have enjoyed this newsletter that has intentionally taken a very wide sweep across issues of child and adolescent health by way of introduction. It has tried to highlight some of the ways parents and churches can engage in supporting families in raising healthy children and young people. We want to thank Prof Andrew Tomkins especially for his wisdom and insight as a guest editor to this edition.

Your feedback would be most welcome, as this is a huge subject area this introduction has just scratched the surface. Please do let us know if this newsletter, and the links are helpful and whether you would like to see future newsletters focus in more detail on one or more of these areas. Furthermore, if the questions in the bible study inform your conversations and guide discussions, then do get in touch to tell us what answers emerged in your churches.

In addition, please let us know, by sending an e-mail to ahcn@anglicancommunion.org:

1. if you are aware of additional useful resources on child and adolescent health for parents and churches that we can share with the AHCN network; and
2. if you are a health professional/or clergy working in this field and might be interested to join an AHCN community of practice to help develop future newsletters or webinars on this topic to build on this introduction.