



CHILDREN WITH LEARNING DIFFICULTIES*

THE IDEA

Most children will notice that a few people in their community appear slow to learn things and find simple, daily tasks difficult. These people may have learning difficulties and may be laughed at, hidden, abused, or ignored. All children with learning difficulties can improve their abilities and have a better life, if they are given help and support. Other children can provide this help and support, especially family members, such as sisters and brothers. Teachers can help.

Some children, individually or in groups, can become the friends of those with learning difficulties. To do this they need to understand about learning difficulties, to develop good attitudes, and to learn simple skills for helping.

ZAKI AND NASIR

Zaki and Nasir were brothers. Their father kept a shop. Zaki, who was 9, went to school. Nasir who was 7, did not. There was something different about him. Nasir had learning difficulties. His brain did not work very well. He could only say a few words. He did not dress himself. At meal times he spilt food over the floor. Sometimes he would get very angry and shout and throw things. Zaki helped Nasir and tried to play with him, but it wasn't easy. Children living in the street would tease Nasir and push him about. Sometimes Zaki felt ashamed to have a brother like this. "It is unfair," he said to himself. "I always have to stay in the house and look after Nasir instead of going out to play with my friends."

One day an important visitor came to their house. Dr Daud was a cousin of Zaki's father. After he had talked to Zaki's parents, Dr Daud came and talked to Zaki. "You know, Zaki," he said, "there is no medicine that can help your brother. Only you can help him."

"Help him!" said Zaki. "He's stupid, he'll never learn anything."

"He can learn," said Dr Daud, 'but that depends on how clever you are. If you are clever enough, you can really help Nasir to change for the better. Then you will both be happier and you will get more time to go out and play. Let me tell you how ..."

So Dr Daud talked to Zaki and to Zaki's parents,

Where and how these activities have been used

This sheet will seldom be identified as a priority by schools and children, as it deals with a difficult and sensitive problem. Few recognise this is an area where children could help each other. In fact, it is a topic of the greatest importance **particularly in raising attitudes and awareness of the children who help others with learning difficulties**. Health Education is about promoting social and emotional development, as well as merely helping to prevent and treat disease. This sheet is ideal for developing attitudes of caring and understanding.

Often schools take the initiative in identifying children who need help, and encouraging 'special friends' to help them. Teachers and health workers need to give such helpers support and guidance. In some countries, such as the U.K. or India, there are schools for children with learning difficulties. These schools have been twinned with neighbouring schools, whose pupils are involved on a regular basis in activities such as art and drama.

* This Activity Sheet was formerly called '**Mental Handicap and Children**' but the title has been changed because 'mental handicap' is a dated term and people now widely use the term 'learning difficulties'.

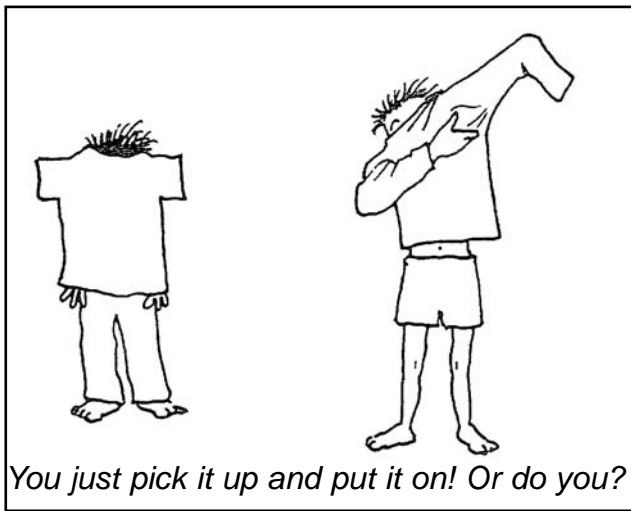
ACTIVITY SHEET 5.3

CHILD-TO-CHILD TRUST

and Zaki agreed (just for a month or two) to become Nasir's teacher and a special friend.

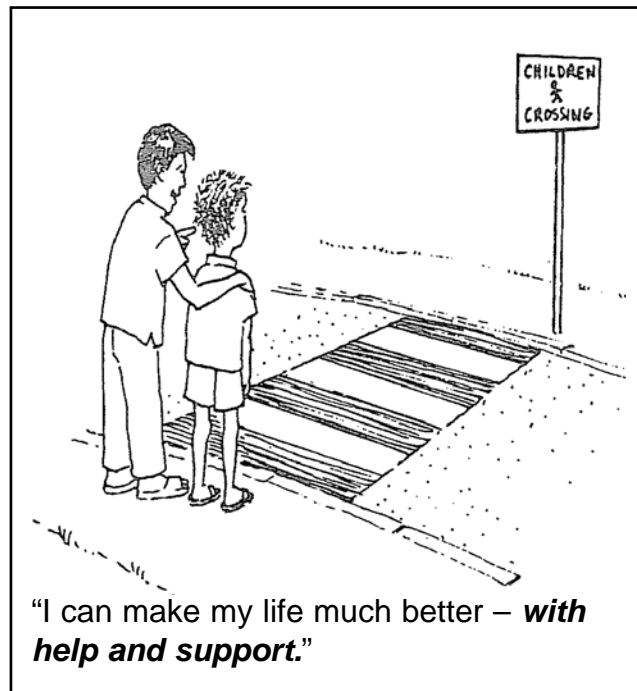
But Zaki also learned a lot of things himself. He started teaching Nasir to dress himself. Of course, Zaki knew how to put on a t-shirt. You just pick it up and put it on! But he soon realised that there was more to it than that, when teaching Nasir. First you had to find which was the back and which the front of the t-shirt. Then you had to find the main hole and get the head through it. Then one arm went into the right sleeve.

Then the other arm into the other sleeve. Then you had to pull the whole thing down over yourself.



Then there was teaching Nasir to feed himself. You would think how to eat was obvious! But Nasir had to find out step by step how to pick up a piece of bread, get some food on it, put it into his mouth and then remember to chew and swallow. It took dozens of repetitions and lots of encouragement and rewards before Nasir learned each step. Zaki began to see what Dr Daud meant. He needed to be clever enough to puzzle out how to teach Nasir. But when Nasir succeeded in learning some small steps, they were both so delighted it made all the effort worthwhile.

A few months later, Dr Daud was passing Zaki's house. Zaki came running out. "Quick, Dr Daud, you must come in!" Dr Daud hurried in, thinking he would find someone at the point of death. But all he saw was Nasir, grinning broadly in his chair. "What is it? What's the matter?" demanded the doctor. Zaki was so excited he could hardly speak. "He said a whole sentence, a whole sentence, Nasir did. He's never said more than two words together before now. He just said, 'Zaki give sweets to Nasir'. I've been trying



for months to get him talking. He did it. He did it! It's worth being a special friend!"

Dr Daud smiled. "I think you like your brother better than you used to," he said. "Give him the sweets he's asking for."

REMEMBER

All children need stimulation and play to help them develop.

Understanding learning difficulties

Children should know that:

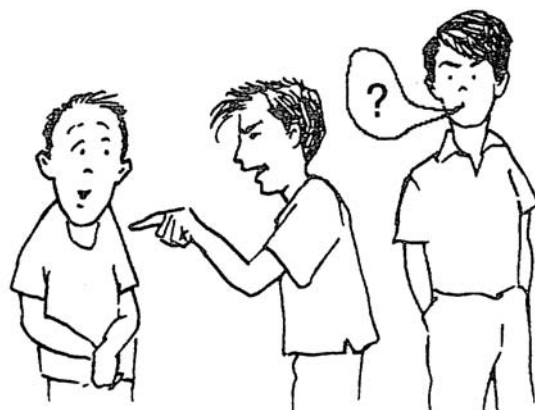
- **Children with learning difficulties live in all communities everywhere in the world.** About three out of every hundred children, anywhere in the world, will have learning difficulties. They may appear not to know or understand what is going on around them; a few may have no speech or control over their bodies, and most will seem slow to do simple tasks. It happens because some of the brain is not working very well, which makes learning difficult. This can be helped but not cured.
- **Some people have physical difficulties which may look like learning difficulties.** A person may have hearing impairment or be blind and as a result seem not to understand very well. Some people suffer from epileptic fits, but this does not affect their ability to learn.

- **Some people can have both physical disabilities and learning difficulties.** Sometimes it is difficult to know whether it is a physical disability or learning difficulties are the cause of a problem. A task, such as cleaning, may be difficult because someone is not able to control their hands well, or because they have not yet learnt how to do this task, or both (see Activity Sheet 5.1 **Children with Disabilities**).
- Learning difficulties are not infectious like a disease. You cannot catch them by being near to someone with learning difficulties.
- Some people have more learning difficulties than others. Some people will need more help than others, but all can improve. Most people with learning difficulties can learn many things with help, and can lead a happy life.
- Learning difficulties cannot be cured but sometimes can be prevented. A baby can be born with learning difficulties or develop them when young. Sometimes this can be prevented.
 - A baby's body and brain can be damaged before birth. Women need special care at home and at the clinic during pregnancy. They need good food to eat. Smoking and alcohol can damage an unborn baby's brain.
 - Women should have skilled help when the baby is born. Without care, a baby's brain can be damaged during birth or immediately afterwards.
 - Some illnesses in young children can damage their brains as well as their bodies. Young children need clean water, good food (see Activity Sheets 2.1 **Feeding young Children 1** and 2.2 **Feeding young Children 2**), and should be taken regularly to the health clinic for check-ups and immunisation.
- Women under 18 years of age, and particularly those under 16, are more likely to have problems during childbirth. For this reason, it is particularly important that they have skilled help.

Good attitudes

In some countries people with learning difficulties are considered to be holy or saints, or to have chosen to be born like this. Some people believe that learning difficulties are a punishment, or that people with learning difficulties have evil spirits inside them. Community and religious leaders and teachers can help to teach better attitudes towards people with learning difficulties. These can allow them to lead a more normal life. Children should be taught not to fear those who have learning difficulties. Being close or touching them will not cause any harm.

Never bully or make fun of people with learning difficulties. They may not seem to understand what people are saying, but they can be very upset by unpleasant comments or gestures. Jokes about people with learning difficulties encourage bad attitudes.



How would you like to be treated if you had learning difficulties?

Children with learning difficulties within the family

Children with learning difficulties need to lead as normal a life as possible.

- They should get up in the morning and dress, not be left in bed.
- They can take part in all activities – play, school, work, sitting together and talking, festivals, funerals, religious meetings, visits.
- They should eat with the family and sit with everyone, not be left in a corner or another room.

ACTIVITY SHEET 5.3

CHILD-TO-CHILD TRUST

- They should be allowed to make choices about what they eat, wear, and do.
- They should not be given left-over food, old clothes, or nasty jobs, just because they have learning difficulties.
- They may like a special toy or a pet animal, like other children.
- They should be helped to understand death and be told when someone dies.

Families who look after a child with learning difficulties sometimes find this very tiring. It may mean that they can never leave the house. Older children can help by arranging to look after children with learning difficulties, perhaps by taking them out or to their homes for a few hours each week, or by sitting with them.

Some families feel ashamed to have a child with learning difficulties. Other children can help by becoming their friends (remember how Zaki helped Nasir in the story!).

Children with learning difficulties should have the same rights as others, and, as far as possible, should have the same opportunities as other children. We need to ask: Can they go to school? Can they attend health clinics? Are they able to hear music and watch television? How can they complain if they do not like something?

Activities

All children can develop their understanding and improve their attitudes. Play is very important as this makes it fun for them.

Finding out

What do children think about learning difficulties?

The children can discuss their views on the causes of learning difficulties, their own fears about learning difficulties, how they feel the lives of people with learning difficulties and their families can be improved, and what they would like to learn about learning difficulties.

Making contact with someone with learning difficulties

Does anyone have a brother, sister, family member or friend who has learning

difficulties? Does anyone know of children who are kept indoors all the time? Is there a local project, special school, hospital or centre? Does the local health worker, teacher, or priest know of any children with learning difficulties whom the children can contact?

If the children know of any children with learning difficulties who are kept indoors, they might ask the parents if they can play with them.

Learning how children with learning difficulties feel and what they might like or want

Read the story of Zaki and Nasir again. Tell it from Nasir's point of view. Write some stories of your own a bit like this one. Draw pictures to illustrate the story and mime it. Make a story book for the rest of the school.

Imagine that you cannot talk. How could you communicate that you are thirsty, or that your tooth aches?

Think of a child with learning difficulties. Make lists of the things that they may like and dislike, especially things people say.

Children can imagine that they can only sit in a chair all day and cannot talk. What would they like to do? What would they want other people to do?

Skills for helping

If children learn a few simple skills, they can help those with learning difficulties by becoming special friends (even if they are related). Sometimes one special friend can help one person with a mental handicap, sometimes two special friends can help one person with learning difficulties, and in some cases it is better for a group of special friends to help a group of people with learning difficulties. Special friends should also plan how they can help best, and practise their skills. This means:

Learning to communicate

Some children with learning difficulties cannot talk very well. Special friends can learn to communicate. Ask their parents how they communicate with them. Watch carefully and find out what different

gestures and facial expressions mean. Even if they cannot tell you what they want, they may be able to show you by pointing or gesturing. Try to work out a simple sign language. Start with easy ideas like 'Yes' and 'No'. Keep the signs the same each time, and keep your questions simple. The best questions to start with only require 'yes' or 'no' as an answer, and can be the first step in finding out what they need or want.



Work out a simple sign language!

Try to find out what friends with learning difficulties feel about things. What clothes do they want to wear? What places do they like? What annoys or upsets them? Who do they like and dislike? Why? (see Activity Sheet 1.3 **Understanding Children's Feelings**). Special friends may be able to help them make their feelings and needs known to others.

Special friends can help their friends with learning difficulties to stand up for their rights and complain if things are wrong. But make sure that it really is their views that are being put forward, not just what the friend thinks they should want.

Knowing what to do if someone becomes aggressive or uncontrolled

Sometimes a child with learning difficulties will behave in an aggressive or uncontrolled way. Perhaps the child is in pain – a headache or toothache. Perhaps they are frustrated at not being able to say what they want. Perhaps they want to be included in some activity.

If someone becomes aggressive or uncontrolled, it is necessary to stop them hurting themselves or anyone else, or causing damage.

If there is no danger, do nothing!

If necessary, get adult help. With young children, it may be enough to hold and cuddle them. Just holding hands might help. Try to find out the cause of the problem, and help.

Very occasionally a person who seems completely out of control may be having an epileptic fit. If a person ends up unconscious, lay them on their side and get adult help.

NEVER

- tie a person up
- hit him
- use too much force
- be angry with them
- punish them.

Teaching simple things

When you want to help a child with learning difficulties, it is very easy to do everything for them – but it is much better in the end to teach them to do things for themselves. They will feel proud, and so will you, just like Zaki did in the story.

Children with learning difficulties find it difficult to learn things just by watching other people. They sometimes need help to learn simple tasks like washing themselves. It may take a long time. Patience and practice are important. But it does not need someone with qualifications. Special friends can help teach new skills.

Planning things to teach children with learning difficulties

Special friends can plan with a teacher, health worker, or other adult, a progressive list of skills that a child may need to learn. See what the child can do already, and then plan what might be learned next. What are the parents trying to teach the child? What is the child trying to do but not succeeding in? If the child can wave goodbye, perhaps the next lesson is to say 'Hello' when someone new arrives. Some children may need help to learn how to drink from a cup, others may need help with simple school work or road safety (see Activity Sheets 1.4 **Helping Children Who Do Not Go To School**, and 4.2 **Road Safety**).

ACTIVITY SHEET 5.3

CHILD-TO-CHILD TRUST

Often children with learning difficulties do not know how to look after their health very well. Show them how to care for their eyes and teeth, and prevent accidents. Teach about hygiene, for example how to wash hands after using the latrine or toilet. Help them to eat the right kinds and quantities of foods (see Activity Sheets 3.3, 3.1, 4.1, 2.1, 2.2).

Children with learning difficulties often cannot learn to do a whole task all in one go, but you can make it easier for them by breaking it up into little steps that they can manage. The following example will help the children understand how to do this.

In groups of three, let the children find out how many steps there are in putting on a t-shirt:

- One child can say each movement to make.
- One child can put on the t-shirt, but only do exactly what he or she is told.
- The last child can watch to check that each necessary step is mentioned. Count how many steps are needed.

Doing it

Children with learning difficulties often do not understand if you teach with words alone, but they may understand if you use your hands to help with the actions. But you must always allow them to do as much as they can. Suppose you have been helping another child learn step-by-step how to put on a t-shirt, at the last step (e.g. pulling the

shirt down to the waist) helping, or give only as much help as is needed for success. The child will feel good at finishing a task, even if they have not done the whole task by themselves. Say 'Well done!' to show how pleased you are; that will encourage the child to get it right again next time.

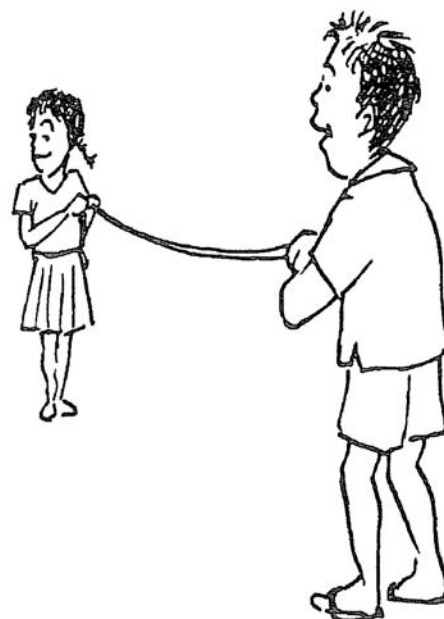
Doing it again

When the child can easily do the last step without help, teach the next-to-last step (e.g. pushing the hand through the second sleeve). Keep practising to get it right. Gradually the child will be able to do more and more by him or herself. This will make everyone feel good, and save parents valuable time.

- Plan what skill to teach.
- Break it down into small, manageable steps.
- Teach the skill, using your hands to guide each step along the way.
- Make sure the child always finishes the last step and feels good about succeeding.
- Give lots of praise and encouragement.
- Keep practising – patience pays off!

Having fun together

Children with learning difficulties, like all children, need to laugh and play. Other children can plan activities together with children with learning difficulties. This will



make them feel part of a group and make their lives happier. When children are playing, they can include children with learning difficulties in their games and songs. Can they do the same things as everyone else? If not, what would they like to do?

Some activities for special friends

There are a number of activities which children (in pairs or groups) can plan for their friends with learning difficulties:

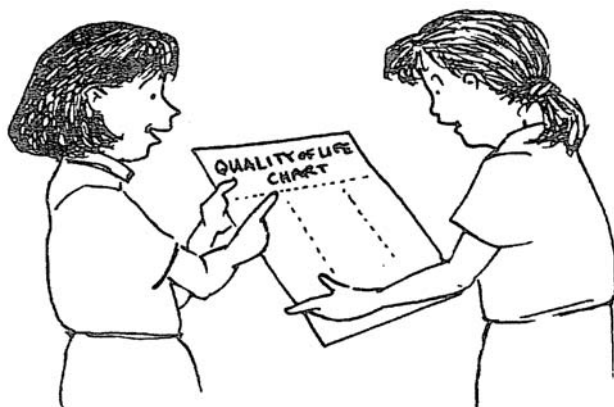
Collecting and arranging, e.g. collect flowers, leaves, stones. Arrange them in groups or in a pattern.

Drawing and modelling

- Draw on paper or in the sand.
- Make models with clay.
- Make pictures with seeds, leaves, pieces of cloth, either stuck on paper or on a background of clay (this is called a collage). Ask special friends to talk about the pictures.

Drama and pretending games

- Ask children to mime animals, people, even trees or clouds. Guess what they are doing. Children with learning difficulties and their friends can take turns to guess what is being mimed.
- Write plays which include a number of children. Give children with learning difficulties simple parts in these plays.



Making a 'Quality of Life Chart'

Together with the children with learning difficulties, special friends can make a 'Quality of Life Sheet' for each child with learning difficulties. This can be done in a book, or on a separate sheet of paper or card. It can be made attractive with pictures and drawings, and the name of the child

and his special friends should be written clearly on it.

The children can make a list of the good and bad things in the child's life. Can they change the bad things and make the good things even better? For example, if the child likes playing sports and games, can these be arranged more often? If the child does not go to school, can he or she be taken one afternoon a week? If this becomes a good part of their life, could they go more often?

Follow-up

There is one simple rule about becoming a special friend – it is not a game. Children must not stop being a special friend just because they are bored or want to do something else.

Make a 'Quality of Life Chart'. List what has got better for an individual, and what can be improved in the future.

The children can discuss how children with learning difficulties will manage as adults. Will it be possible for them to find employment? Where might they live when older?

A doctor, teacher or health worker may have the address of an organisation that can provide more information about learning difficulties. If not, write to: The International League of Societies of Persons with Mental Handicap (ILSMH), Avenue Louise 248, bte 17, B - 1050, Brussels, Belgium.

USING THIS SHEET

Teachers, health workers and other **adults** can help to improve the lives of children with learning difficulties through other children.

Understanding about learning difficulties and the development of good attitudes is important for all children. Others who become special friends of children with learning difficulties can also learn simple skills to extend the work of professionals and parents.

An important adult role is to ensure that help continues. They should regularly meet and support children who are *special friends*.



CARING FOR CHILDREN WITH DIARRHOEA

THE IDEA

Diarrhoea can be dangerous because it causes dehydration and malnutrition. It can be prevented by keeping clean, using clean water and by eating properly. Children who get diarrhoea may die because they become dehydrated, that is, their bodies lose too much fluid (water and salt). The liquid they lose must be put back into their bodies. An oral rehydration drink can be made by children to help replace the lost water when a child has diarrhoea, and prevent dehydration.

What is diarrhoea?

Diarrhoea kills over three million children each year. Diarrhoea means frequent, watery faeces. Often children with diarrhoea also vomit and have severe pains in the abdomen or tummy. The faeces may smell strongly and also pass noisily. Diarrhoea is caused by swallowing germs which can live in dirty food and water and human or animal faeces. The body tries to get rid of the bad germs from the body through the diarrhoea. If a child has diarrhoea almost continuously, this probably means something is wrong and needs attention.

Diarrhoea is dangerous

Children who have diarrhoea lose a lot of water and salt, especially if they are vomiting and have a fever. Children may die of diarrhoea, usually because they lose too much water and salts from their bodies, and nobody helps them to drink. This loss of water and salts is called dehydration. The family should understand that the water lost in diarrhoea needs to be quickly replaced.

What to do when a child has diarrhoea

Act immediately! Do not wait for signs of severe dehydration. We can prevent serious dehydration occurring by doing the following:

- Give the child plenty to drink to replace the water that is lost, as soon as the diarrhoea starts.
- Give the child enough food to keep him/her strong.
- Food that contains salt is particularly important.



Where and how these activities have been used

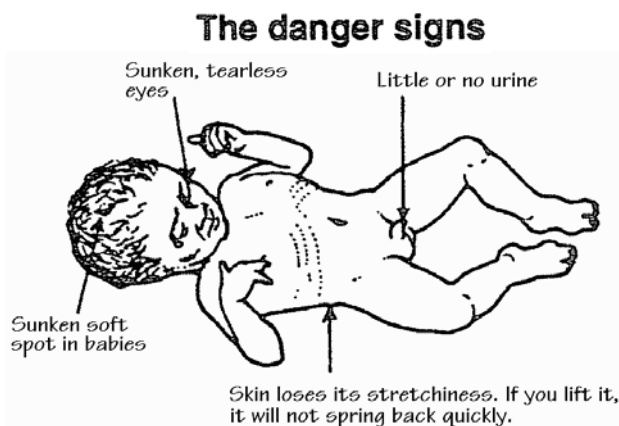
Diarrhoea and dehydration are still widespread causes of infant and child mortality, and this information which can save lives is therefore of crucial importance. It not only saves lives, but helps the children and the community realise how much the children can do to promote health. Programmes all over the world use the activities in different ways. The Activity Sheet and the Child-to-Child reader **A Simple Cure** are used widely. Often before we can act we need to find out:

- how local communities treat diarrhoea in children, e.g. Do they continue to breastfeed?
- what rehydration drinks are locally available (e.g. rice water and tea) and which can be used
- what local medical advice is given.

When these are known it is easier for children to take action. For this reason, many programmes encourage surveys by children to find out, not only how serious the problem is, but also how messages can be spread.

What are the signs of dehydration?

The child is thirsty, or may appear irritable, restless or half-asleep. The mouth and tongue become dry, and there are few tears when the child cries. Eyes appear sunken, and when the skin is pinched it returns to normal slowly.



These signs only appear if the child becomes **very dehydrated** from diarrhoea. **A child with these signs is in great danger.**

Take the child to a health worker if any of these danger signs of dehydration begin, or if the diarrhoea lasts more than two days. Keep giving the child liquids (the oral rehydration drink is best) while going to the health centre.

How can diarrhoea be prevented?

Diarrhoea can be prevented by:

- keeping ourselves and our surroundings clean.
- eating properly, so the child grows well.
- using clean water.
- breastfeeding.

**BY KEEPING CLEAN,
WE CAN PREVENT DIARRHOEA.**

Keeping clean (see also Activity Sheet 3.3)

Faeces, dirt and rubbish contain germs which can cause diarrhoea. These germs can be carried by flies as well as on dirty hands. Keep these germs away from food and drinking water.

Wash your hands:

- after using the latrine.
- after cleaning children who have defecated.
- before cooking or eating.
- before feeding children.

Remember to wash the children's hands too. The children can discuss why this is necessary.

Use a latrine. If there is none, make sure that the whole family passes faeces far from the house and far from any water. Faeces passed near the house should be taken away and buried.

REMEMBER

Small children's faeces are more dangerous than adults' faeces.

Healthy food (see also Activity Sheet 2.1)

Breast milk is the best food for babies and helps to prevent infections, including diarrhoea. Breastfeed babies for as long as possible. Dirty feeding bottles cause diarrhoea.

When they are about four to six months old, all babies should begin to take other foods, as well as breast milk. Soft mashed foods like porridge and fruits, given frequently, are best.

The food we eat should be fresh and prepared in a clean place, using clean pots and utensils. Cooked food should be eaten while hot. If it needs reheating, it should be well heated before it is eaten.

Always wash your hands carefully before handling and eating food. Wash food in clean water before cooking or eating it. Keep flies away from food.

Clean water (see also Activity Sheet 3.4)

Make sure water for drinking is clean. Take it from the cleanest possible source. Keep it in a clean, covered container, and use this water for drinking and cooking only.

Keep the source of water clean. Keep animals away. People should not spit, throw rubbish or wash themselves or their clothes near the place where people get their drinking water. Never urinate or defecate in or near water.

Treating diarrhoea

1 Plenty of fluids

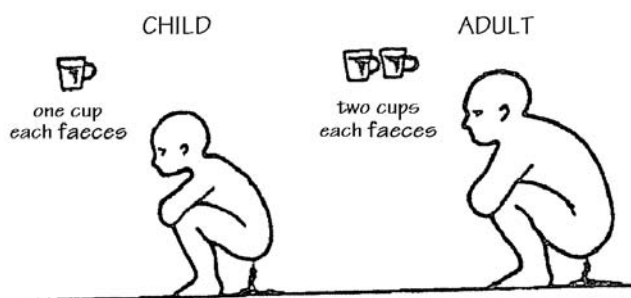
The most important thing is to be sure that the child drinks as much liquid as he loses, from the time the diarrhoea starts.

Rehydration is putting back into the child's body the water that has been lost because of the diarrhoea and vomiting.

Anything that puts water back into the child helps to fight dehydration, e.g.

- many of the herbal teas and soups that mothers give to children.
- mother's breast milk which gives the child both food and water. It is important to continue breastfeeding a baby with diarrhoea. (Milk in a bottle is never as good as breast milk.)
- rice water (the water in which rice has been boiled) or any other liquid in which food has been cooked, with a little salt, is an excellent liquid for preventing dehydration.
- any other liquid drink, e.g. coconut water, lime or lemon water, diluted fruit juice, weak tea or soups.

Do not give drinks that are very sweet, such as fizzy drinks and sweet tea, as this can make the diarrhoea worse. Giving lots of liquid to a child with diarrhoea may at first increase the amount of diarrhoea. This is all right. Most of the fluid will still be absorbed and the body is trying to get rid of the germs in the diarrhoea. A child with diarrhoea needs one cup/glass of liquid (small glass for a small child) each time he/she passes loose faeces.



2 Continue feeding

Sometimes mothers stop giving food to a child who has diarrhoea. This is a mistake. The sick child needs food so that they have enough strength to fight the illness. Breast milk is the safest and best food for babies. Encourage older children to take their usual food, several times each day. Be patient. Sick children need to be encouraged to eat (see Activity Sheets 6.2 **Caring for Children Who Are Sick** and 2.1 **Feeding Young Children 1 and 2**).

3 Medicines

Medicines are not important for most cases of children with diarrhoea, and in all cases are less important than fluids and food.

NEVER give medicine without the advice of a health worker.

The oral rehydration drink

Special drinks for children with diarrhoea are usually available in pharmacies, shops, or health centres. Usually, these come in the form of packets of oral rehydration salts (ORS) to be mixed with the recommended amount of clean water. Too little water could make the diarrhoea worse. Although ORS is especially made for the treatment of dehydration, it can also be used to prevent dehydration. Do not add ORS to liquids such as milk, soup, fruit juice or soft drinks. Do not add sugar. Feed it to the child in a clean cup and do not use a bottle.

How to give oral rehydration drinks

Oral rehydration drinks must be given as soon as the diarrhoea starts, that is, as soon as the faeces are watery. Give a little at a time in sips from the glass or from a spoon. Even if the child does not want it, or spits, gently insist, and persuade him to drink it all, a little at a time. Even if a child vomits, wait ten minutes, then try again. The amount he vomits will be less than you have given him. Let the child rest after every five sips if he wants to. This may take some time, day and night, and older children can help their mother by taking turns during the night.

How much?

The drink should be given each time faeces are passed. A child under the age of two needs at least a quarter to a half of a large cup of ORS drink after all watery faeces. A child aged two or older needs at least half to a whole large cup of the ORS drink. An adult needs two glasses each time. Continue giving the oral rehydration drink as long as the faeces are even a bit watery. Do not stop until both urine and faeces are normal. This may take one or two days or even longer. If the diarrhoea does not stop after one week, consult a trained health worker.

Activities

Children can collect information about diarrhoea and how common and dangerous it is. How many times have their younger brothers and sisters had diarrhoea in the last year (or during the last rainy season, or since some big festival)? They can find out at what ages it is most common by counting how many times children of different ages had diarrhoea.

How many children in the community have died of diarrhoea? This information can be used later to help decide if different health activities have made a difference to children's health.

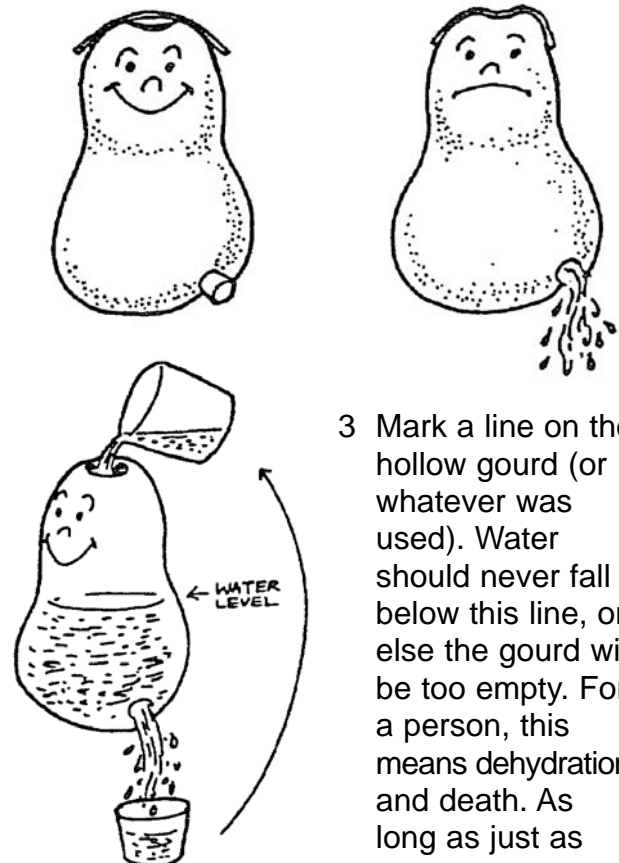
Children can find out from their teacher or the health worker which drinks are recommended and used in the community to rehydrate children with diarrhoea. They can also practise making their own rehydration drinks. They should taste them and make sure that they are not too sweet, and no more salty than tears.

Children can experiment

- 1 Carry out an experiment with two cut flowers or plants. Put one in a container of water and leave the other without water. Ask the children why the plant without water has died. Water is necessary for life, and plants – and people – cannot live without it.
- 2 The children can bring a small, hollow gourd to school. (If no gourd is available, an old ball, plastic bottle or anything

similar will do.) Draw a mouth and some eyes on the gourd (*see illustration*).

Make a hole in the top of the gourd, and a small hole with a plug in the bottom. Fill it with water and cover the opening at the top with a small, thin, damp cloth. Then pull the plug out and let the children notice how the cloth sags into the hole. Discuss how this compares with the head of a baby with diarrhoea.



- 3 Mark a line on the hollow gourd (or whatever was used). Water should never fall below this line, or else the gourd will be too empty. For a person, this means dehydration and death. As long as just as much water is put

back as that which is lost, the water level will not go down (so the child will not get dehydrated). A child with diarrhoea needs one glass of liquid each time he passes loose faeces.

Children can work in the community

The children can demonstrate their 'diarrhoea dolls'. They can make up plays and puppet dramas about diarrhoea and how to care for a child with diarrhoea. They can also invent songs and stories, and make posters showing how to prepare oral rehydration drinks. They can discuss where to show them to help others learn how to make and use an oral rehydration drink.

Follow-up

Discuss with the children how much they have learned.

- Do they think they have been able to help the community?
- Have other people in the community learned some of the same information?
- Have many of the children used what they know in the home and the community?
- Do fewer babies and children suffer and die from diarrhoea as a result of this activity?

Counts can be made each month, after six months and after a year to see, for example:

- how many children – or their mothers – have made the oral rehydration drink for those with diarrhoea.
- how many cases of diarrhoea there have been in the children's families.
- whether any children in the community have died of diarrhoea.

Is there a difference between babies who are bottle fed and those who are breastfed?

Ask children who have used the oral rehydration drink for another child with diarrhoea to tell the story to their friends, explaining how and when they (or their parents) made and used it. How long did they give it? Did it seem to help? Did they have any difficulties? What were the results?

USING THIS SHEET

Health workers can demonstrate the use of the oral rehydration drink, and talk about it to mothers at clinics. It is best if they themselves have rehydrated a child, so they can explain the process very clearly.

Teachers can teach about the oral rehydration drink in science or health lessons.

Scouts, Guides and **youth groups** can spread the knowledge about preventing dehydration, and, if it does occur, how to

treat it quickly.

Children can make the oral rehydration drink and help feed it to sick brothers and sisters.

This sheet should be read together
with Activity Sheets
3.3 **Children's Faeces and Hygiene**
and 3.4 **Clean, Safe Water**.