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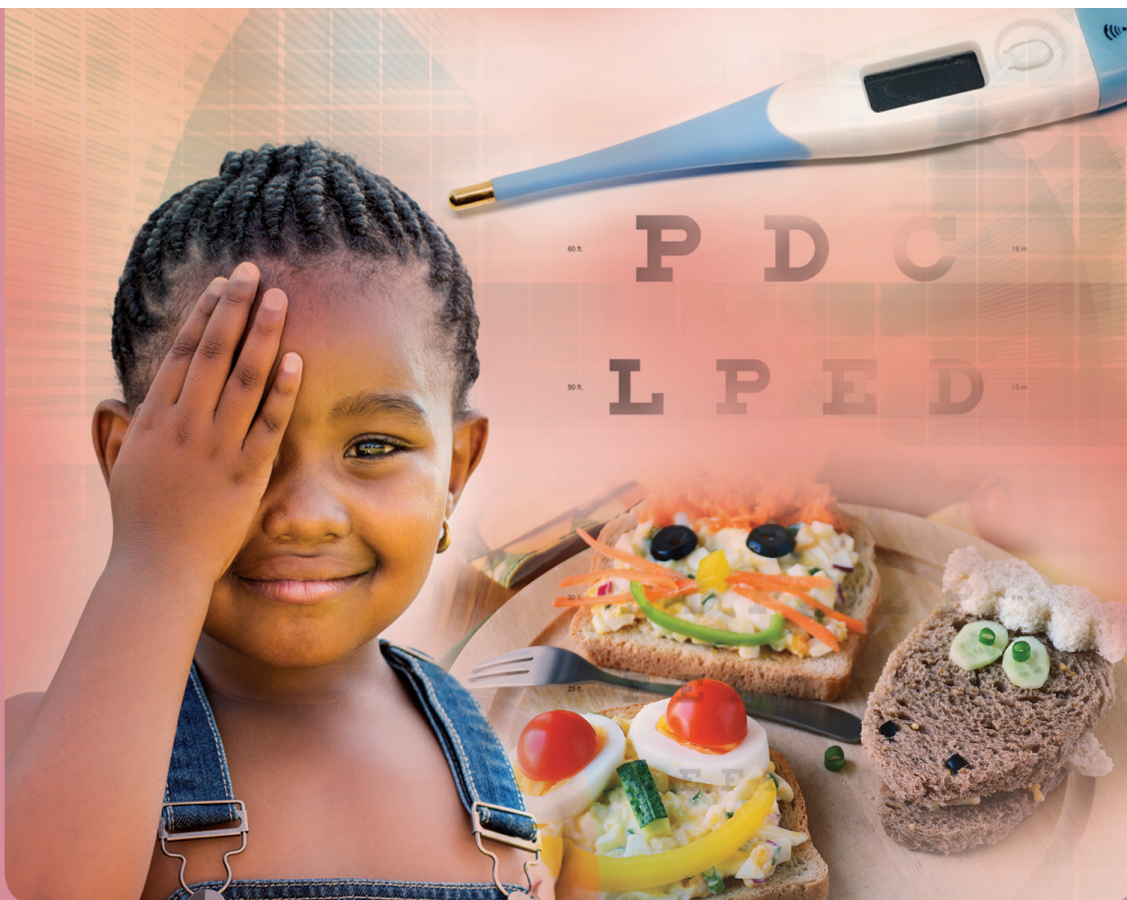
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Student's Book**
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Health of the young child (birth to 6 years)

MODULE

1

Think about it

1. Where were you raised?
2. Who raised you?
3. Is there something that the person who raised you did or said that still influences you today?
4. Who or what inspired you to study this course?

Overview

At the end of this module, you should be able to:

- Unit 1.1: Explain the concept of health as stated by the World Health Organization.
- Unit 1.2: List the characteristics of a healthy child (birth to 6 years).
- Unit 1.3: Explain the factors that may affect the child's health from conception.
- Unit 1.4: Briefly explain the influence of health on the development of the whole child.
- Unit 1.5: Name and describe the roles and functions of the members of the multidisciplinary health team.
- Unit 1.6: Describe community health and its influence on daycare centres.
- Unit 1.6: Discuss environmental health and the different types of pollution.
- Unit 1.7: Explain and employ correct terminology related to contagious diseases.
- Unit 1.7: Describe and cite examples of the seven different ways diseases spread.
- Unit 1.7: Briefly explain how disease-carrying organisms enter the body.
- Unit 1.7: Describe and explain measures for the prevention and control of the spreading of contagious diseases in the daycare centre.
- Unit 1.7: Tabulate the immunisation timetable from birth to 12 years.
- Unit 1.7: Describe the different thermometers and methods of temperature measurement.
- Unit 1.8: Describe the symptoms and treatment of various general health problems found in children.
- Unit 1.8: Describe the cause and identification of common contagious childhood diseases, listing the symptoms and quarantine period for each.
- Unit 1.8: Summarise the role of the **educarer** in the handling of infections and diseases, and understand measures of protection.

Note

The word 'baby' refers to an infant from birth to 12 months. The word 'toddler' refers to a young child of 12 months to 3 years old, and 'young child' refers to infants from birth to 6 years old.

educarer: someone who educates and cares for children

caregiver: someone who cares for children on a daily basis

Introduction

Babies depend on the adults around them to create a safe and nurturing environment in which they can grow up to become caring adults. Every relationship a baby will have, with parents, siblings, **caregivers** or teachers, prepares them to contribute to their

physical: of the body

cognitive: processes involved with thinking, reasoning, remembering and learning

psychosocial: in psychology, the development of the person (psychological) through interaction with, and influenced by, society

holistic: considering the complete person, physically and mentally

attention deficit hyperactivity disorder (ADHD): a condition characterised by difficulty in paying attention to tasks, extreme activity and impulsivity

attention deficit disorder (ADD): a condition characterised by difficulty in paying attention to tasks for long periods of time and losing focus easily (for example, daydreaming when one should be paying attention to something)

autism spectrum disorder (ASD): a condition characterised by problems with social communication and interaction, repetitive speech/behaviours and intense focus on specific objects

infirmary: illness

community. It is our responsibility as caregivers to prepare children for this world. Everything you do or say will influence the development of the children in your care.

Caring for children means caring for their **physical**, **cognitive** and **psychosocial** health. It is a **holistic** approach. This means that each part of a child's development, whether physical, psychological or social, influences the others, and ultimately, the community and society in which we live.

The physical health of a child affects every other aspect of a child's development, and vice versa. For example, a child with recurrent untreated ear infections is at risk of developing speech problems, which in turn will affect their social interaction with peers or caregivers. This relatively simple and manageable health problem might, in extreme cases, give rise to behavioural problems at the daycare centre and at home.

The earlier health issues are detected, the more likely it is that a child's physical, emotional and cognitive development will be healthy. Quite often a child who is diagnosed with disorders such as **attention deficit hyperactivity disorder (ADHD)**, **attention deficit disorder (ADD)** or even **autism spectrum disorder (ASD)** has an underlying physical illness, the symptoms of which resemble a disorder. This means that a child who is hyperactive or cannot pay attention may be diagnosed with the above disorders when in fact they are simply hungry or not being fed properly. Looking after the physical health of babies and young children is of utmost importance to ensure the holistic development of the child.



Figure 1.1: A child's health influences every other part of their development

Theme 1: General importance of health

Unit 1.1: Concept of health

The World Health Organization (WHO) explains the term 'health' as follows:

*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or **infirmary**."*

This also encompasses the possibility of inclusion of the human being in the community. The WHO's statement on health has not changed since 1948. It means that children's bodies should be cared for with nutritious food, clean water and medical care when necessary. Additionally, their days should be characterised by a stimulating environment and loving attention in social interactions. This will ensure that both their minds and bodies are healthy.

The period from **conception** to 8 years old is the most critical period of development in children. During this time, rapid growth, **neurological** development and learning takes place. Children need adequate physical and emotional care for **optimal** development and healthy functioning to take place. Babies and small children are uniquely **vulnerable** to illness and disease. Their vulnerability is **exacerbated** because babies have incomplete bodily defences, they develop rapidly, and they engage in activities such as thumb sucking and crawling, which expose them to germs.



Figure 1.2: Children need adequate physical, as well as emotional, care in order to develop and function healthily

conception: union of ovum (female sex cell) and sperm (male sex cell) to produce a single cell

neurological: relating to the brain

optimal: make the most of, optimise

vulnerable: unable to defend oneself

exacerbate: make worse

Since children are unable to make choices regarding appropriate standards of hygiene, it is up to their caregivers to ensure that exposure to bacteria and viruses is reduced to prevent illness.

Assessment activity 1.1: Visit to a daycare centre (Group discussion)

1. Contact your local daycare centre and arrange a visit from approximately 7.30 a.m. to 12.30 p.m.
2. Observe the caregivers and children. Pay special attention to the structure, routine and atmosphere during eating and playing times.
3. Take notes and discuss your answers to the following questions during the next class:
 - 3.1 Was food offered to the babies and other children? If so, what food?
 - 3.2 What were the different age groups?
 - 3.3 Did they have different eating times? What were these times?
 - 3.4 Where were the babies and children fed?

- 3.5 What happened before and after the meal?
- 3.6 How and where was the food prepared?
- 3.7 How were the babies and toddlers fed?
- 3.8 Were the babies or children offered snacks later that morning? If so, when?
- 3.9 Were the children offered water, juice, tea or some other liquid?
- 3.10 Where were the children playing?
- 3.11 What activities were the children engaged in?
- 3.12 What type of interaction (talking, affection, playing) did you observe between the children and caregivers?

Unit 1.2: Characteristics of a healthy child (birth to 6 years)

Healthy babies and children generally reach their **developmental milestones** at the appropriate age. However, while there is a standard against which all children are measured, there is room for individual differences. The first test to measure a baby's health is the **APGAR test**. This test is done at the hospital immediately after birth. It assesses the five vital signs in a newborn baby, namely:

- Heart rate.
- Respiratory effort (whether the baby is breathing easily).
- Muscle tone.
- Reflex activity.
- Colour.

Before the mother and baby leave the hospital, examinations of the **spine, genitals, ears, heart, lungs, hands and feet**, and more are done to ensure that the baby is normal and healthy.

The baby's **reflexes** are also checked. Table 1.1 gives an explanation of some of these important reflexes.

Table 1.1: Important reflexes that should be present at birth

Reflex	Description
Moro (or startle) reflex	Seen when babies throw out their arms when they hear a loud noise or are put down suddenly. This is an important indicator of the baby's nervous system.
Rooting reflex	Seen when a finger is placed near the baby's mouth. He or she will turn their head toward the finger, open their mouth and attempt to suck.
Tonic neck reflex	Present until the baby is around 7 months old. Seen when babies turn their head to one side, and the arm and leg on that side straighten. The arm and leg on the other side flex. If this reflex does not disappear by 7 months, it may indicate developmental delays.
Grasp reflex	Seen when one puts a finger in the newborn's hand and the baby grasps the finger tightly.

developmental milestones:

physical skills and behaviours in infants and toddlers that measure their development and progress

APGAR test:

a standard measurement to assess a newborn baby's condition; points are given for each measurement

spine: backbone

genitals: sexual organs

reflexes: involuntary and automatic responses which cannot be controlled

There are other important reflexes that should be displayed by the baby. A qualified health practitioner will examine the newborn. The parents or primary caregiver should inform you, as the caregiver, of any problems.

As with certain indicators and the reflexes that should be present at birth, children should meet certain developmental milestones as they grow older.

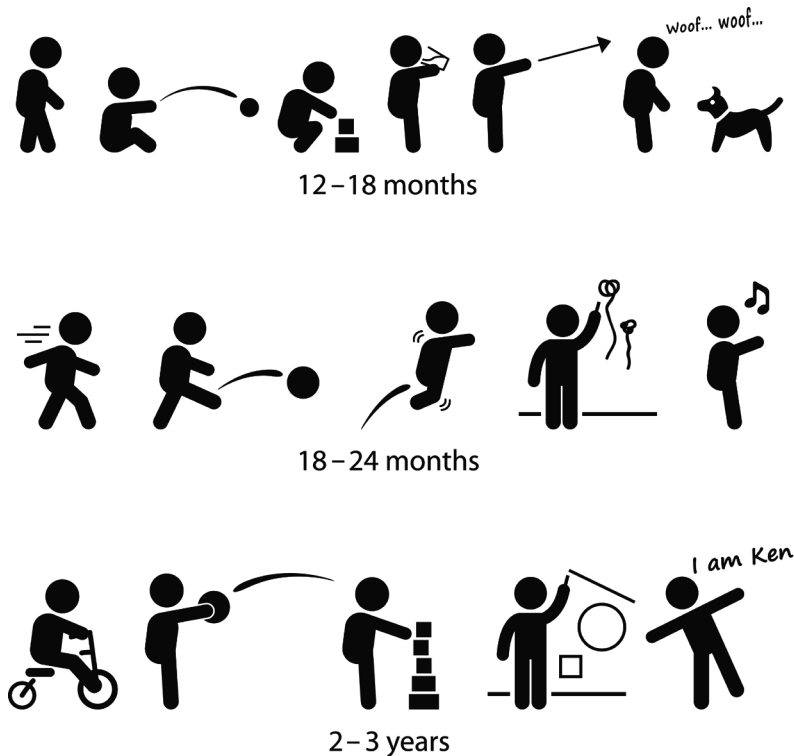


Figure 1.3: Healthy babies and children are able to reach developmental milestones at the appropriate age

What is most important for you to know, as the caregiver in a daycare situation, is how to know when a baby or a child is ill. A small child will normally point to a body part that is hurting or not feeling right. If they are able to talk, they will tell you what is wrong.

Babies cry. This is their only way of communicating with you in the early months, and while some have fully developed and often strong vocal chords at birth, others may cry softly or whimper. However, if babies cry, it is important that you respond to them. A baby always cries for a reason. Babies are not born naughty and **manipulative**. They are born innocently expecting their needs to be met, and they trust their caregivers to respond to them and give them what they need to survive. Ignoring a crying baby can have negative effects on the baby's emotional development because they learn that they cannot trust the people who are meant to love and care for them.

There are normally five reasons that babies cry:

- Thirst or hunger.
- Discomfort (for example, a wet/soiled nappy or feeling too hot/too cold).



Figure 1.4: A small child will normally point to a body part if they experience pain or discomfort

manipulative:
purposely attempting to control someone (for example, older children may throw tantrums as a manipulative tactic to force a caregiver to give them what they want)

- Tiredness (overstimulation).
- Boredom or loneliness.
- Illness.



Figure 1.5: Babies usually cry due to one of five reasons: thirst or hunger, discomfort, tiredness, loneliness or illness

Work through the first four reasons to figure out why the baby is crying. If the baby is not hungry, thirsty or uncomfortable, it is usually easy to calm him or her by cuddling, gently rocking the baby or singing to the baby. If there does not seem to be a reason for the crying, there may be a physical ailment, for example, wind, colic, cold or flu, or some other illness.

When it comes to the general health of a baby, the following guidelines of steps to follow are helpful:

- Try to keep the baby calm and give fluid if he or she will take it.
- Phone the baby's primary caregiver.
- Explain the symptoms to the baby's primary caregiver, and ask if he or she knows what it could be.
- Ask the caregiver what they want you to do.
- If the child is vomiting, has runny **stools** (diarrhoea) or a high fever, ask the caregiver to collect the baby.
- Make a note of the conversation with the caregiver, and what you did at what time.
- Watch the baby closely for other symptoms like rashes, bruises and/or skin colour changes.
- When the caregiver arrives, give them an exact account of the baby's symptoms and suggest that they seek medical attention.

stool: discharge of faecal matter/faeces

Daycare centres have clear and specific guidelines on how to deal with medical problems, and there should be a notebook for each child in which concerns are noted. Remember that a parent relies on your information regarding their sick child, and you will have to note down signs and symptoms. Written permission is required from the child's guardian when medication is to be given to a child in daycare. On the child's first day at daycare, the caregiver should be asked if the child has any medical or food allergies and these should be noted at the front of the notebook.

Sadly, it is also sometimes necessary to document suspected cases of abuse or neglect. In these cases, the information should be recorded in a separate, confidential notebook which stays the property of the school and which should be read or completed only by persons authorised to do so. Cases of suspected abuse are highly sensitive and should only be handled by trained members of the staff to avoid false accusations, or further harm coming to the baby or child. This will be discussed further in Unit 1.5.

A baby who is healthy should have the following physical characteristics:

- A clear complexion, or good skin tone.
- Hair that is shiny and in good condition.
- Bright and clear eyes with no swelling or redness.
- Clear nasal passages, as well as no discharge from the ears.
- Strong, white teeth.
- Pink and healthy gums.

- A good appetite.
- Appropriate weight gain and overall growth.
- A normal layer of fat under the skin.
- Good blood circulation with no numbness in the limbs.
- A normal body temperature ($\pm 37^{\circ}\text{C}$).
- A healthy **digestive** system (no constipation or diarrhoea), with at least six wet nappies per day.

Healthy behavioural characteristics include:

- Normal responses to movement and sound when alert.
- Good activity levels.
- Good reflexes.
- Good sleep habits.
- A good appetite.
- Contentment after feeding (doesn't continue to cry after being fed).
- Interacting well with peers (appropriately for developmental stage).
- Being interested in and wanting to explore the environment.



Figure 1.6: A healthy and happy baby is easy to spot

As you get to know the individual children in your care, you will start to notice differences in **temperament**. This is also helpful in recognising illness. If a baby is normally very active, it would be cause for concern if he or she suddenly became **lethargic** or excessively sleepy. A normally calm and relaxed baby who suddenly becomes overly active is also cause for concern.

For healthy toddlers and young children, the above list of physical and behavioural characteristics also applies, but the following can be added:

- A positive outlook.
- Gets along well with classmates and teachers.
- Is happy and pleasant.
- Has age-appropriate **fine** and **gross motor skills**.
- Is curious and active.
- Has good **posture** and bone structure.
- Language usage and **comprehension**.

digestion: process in which the body breaks down and absorbs food

temperament: the child's personality and general demeanour

lethargic: lacking energy

fine motor skills: physical skills that involve the smaller muscles such as those used for picking up something with your fingers, drawing, cutting and buttoning

gross motor skills: physical skills that involve the large muscles such as those used for standing up, walking, running and using one's arms; in babies: lifting their heads, rolling over and crawling

posture: the position in which someone stands or walks

comprehension: the way a person understands the meaning of words, and their ability to follow simple instructions, for example, 'Put your bag in the locker.'



Figure 1.7: A healthy toddler demonstrates both fine and gross motor skills

intervention:

strategy to prevent something; in childhood development it refers to obtaining help from specialists for children with developmental difficulties or delays

In a daycare centre with ten or more children in an age group, one can often see when there are clear differences in behaviour or physical development. This makes it possible for a child that has physical, behavioural or cognitive difficulties to be identified earlier. Appropriate **intervention** should be taken to get the best help as early as possible.

In some cases, developmental delays in babies and children can be related to poor nourishment. Signs that a child may not be getting the correct nourishment include:

- Hair and skin discolouration due to insufficient protein in the diet.
- Brittle and malformed bones and teeth due to a shortage of necessary vitamins.
- Constipation due to too little water throughout the day, and a lack of roughage/fibre in the diet.
- Small stools that are sometimes green in colour.
- Restricted movement and activity because they are underweight or overweight.

If you suspect that a child is not being properly nourished, you may decide to approach the caregivers to help them make appropriate changes to the child's diet. Be careful not to come across as judgemental in any way if you do this, as you may accidentally offend the caregivers and lose their trust.

Assessment activity 1.2: Characteristics of a healthy child (Individual activity)

1. Create a mind map with the topic: Characteristics of a healthy child.
2. Divide the mind map into three areas:
 - 2.1 Physical
 - 2.2 Behavioural
 - 2.3 Cognitive.
3. List the characteristics of each area.

Unit 1.3: Factors that may affect the health of the child (from the time of conception)

The health of a child starts in the womb from the moment of conception. The quality of the **ovum** and sperm is influenced by the age, health and lifestyle of the mother and father. After conception, the development of the **fetus** is influenced by the mother's physical and mental health. This means that nutrition, adequate support (health and social services), physical activity, adequate rest and stress management are important factors that influence the healthy development of the fetus.

During pregnancy, a well-balanced lifestyle and nutritious diet (including supplements), combined with regular health checks, will ensure a healthy pregnancy. Factors that influence the health of the fetus include: **maternal** weight and nutrition; maternal illness; maternal and paternal age, physical activity and drug usage; maternal stress and anxiety; and environmental toxins.

ovum: female sex cells which combines with the sperm (male sex cells) to ultimately form the embryo

fetus: an unborn human after approximately two months in the womb; the embryo has eyes, ears, arms, hands, fingers, legs, knees, ankles and toes

maternal: relating to the mother

Human embryonic and fetal development

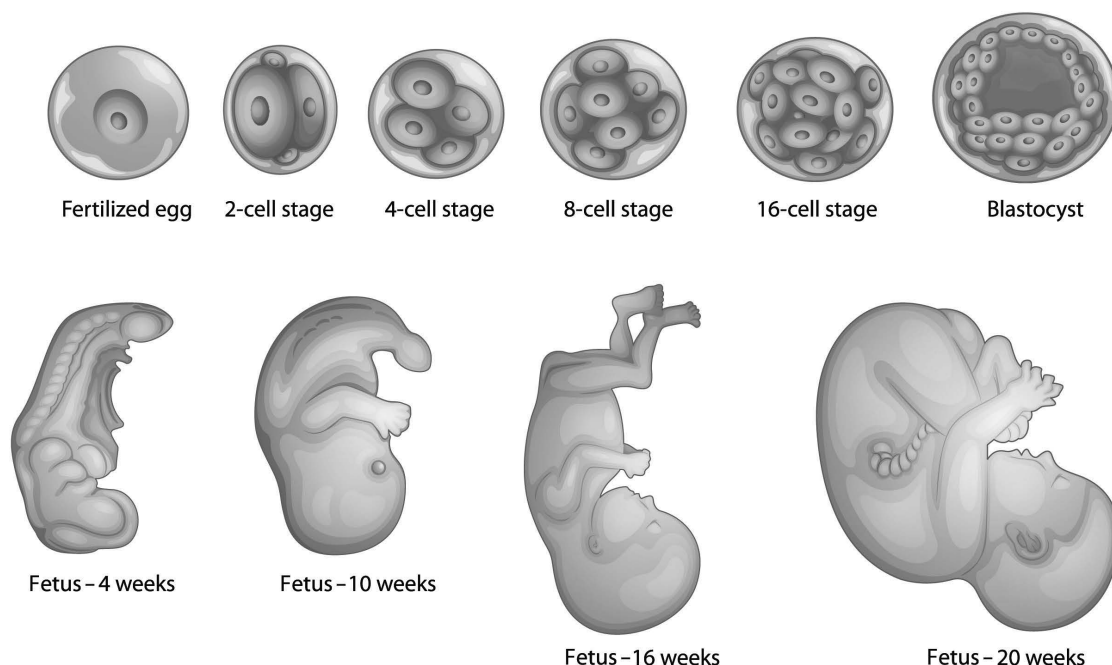


Figure 1.8: Child health begins in the womb

Maternal weight and nutrition

An expectant mother needs extra calories to provide adequate nutrition for herself and the growing baby. However, too much weight gain might actually cause the baby to grow too large, so it is important that pregnant women eat a carefully considered and healthy diet. Pregnant women typically need 300 to 500 additional calories per day, including extra protein. (Papalia et al 2011:94).

consent: permission

HIV and AIDS: Human Immunodeficiency

Virus is highly contagious; if not properly treated, it can cause Acquired Immunodeficiency Syndrome (a collection of symptoms that destroys the body's ability to fight infection)

stigmatization:

rejection and avoidance of a person

discrimination:

negative behaviour towards someone, based on their health status, race, gender or beliefs

A healthy diet should include healthy proteins, such as fish; lots of fruit and vegetables; and grains, such as brown rice. Stimulants, such as caffeine, should be used sparingly. Researchers are divided on how much caffeine is safe for the unborn child, but a good rule of thumb is to limit consumption to less than two cups of coffee or tea. The same applies to cool drink.



Figure 1.9: Pregnant women need to provide adequate nutrition both for themselves and the developing baby

It has been shown that omega-3 fatty acids, found in oily fish like salmon and tuna, and folic acid, found in fresh fruit and vegetables, are essential to maternal and fetal health. It is suggested that supplements containing these important vitamins and minerals be consumed before and during pregnancy.

Physical activity during pregnancy

Unless a doctor or specialist has recommended bed rest, there is no reason an expectant mother cannot continue her normal physical activity during pregnancy. In the case of normal pregnancies that are progressing well, it is advisable that expectant mothers exercise and enjoy physical activities as usual until it becomes uncomfortable. Overly-strenuous activities, such as bungee jumping and skydiving, are obviously not appropriate for pregnant women, but going to the gym and running as usual are actually beneficial (with the **consent** of the doctor).

Regular exercise prevents constipation and improves respiration, circulation, muscle tone and skin elasticity, all of which contribute to a more comfortable pregnancy and an easier, safer delivery. (Committee on Obstetric Practice, 2002 cited in Papalia et al 2011:95)



Figure 1.10: Women can continue with physical exercise while pregnant, unless advised otherwise by a doctor

Maternal illness

Any type of infection contracted by the mother during her pregnancy should be treated immediately. Cold and flu-like symptoms may actually be evidence of more serious illnesses like Rubella (German measles) or toxoplasmosis (a parasite found in sheep, pigs or the common household cat). These illnesses can cause birth defects, brain damage or death of the fetus (which will result in a miscarriage). The expectant mother should take care when handling raw meat or household pets' faeces; ideally they should not handle it at all.

HIV and AIDS are a worldwide problem, and special attention should be given to this in the daycare centre. An HIV-positive expectant mother, who was treated with anti-retroviral drugs and given the proper medical support during pregnancy, can have a healthy baby. Educators and caregivers should educate themselves about possible risks and effects of the disease. If a baby or child is on antiretroviral medication, a strict timetable of the medication given should be kept, as the medication is only effective if given exactly as prescribed by healthcare professionals. Be sure to treat these situations with care and sensitivity to minimise the risk of **stigmatization** and **discrimination** against the mother and child.

HIV is commonly transmitted in the following ways:

- Unprotected sexual intercourse.
- Through contact with HIV-contaminated blood and fluids through wounds and from open sores.

The symptoms of HIV include: headaches, tiredness, body pains, loss of appetite, skin irritations, burning and watery eyes, muscle pains, sore throat, fever, running nose, joint irritation and a lack of concentration. Experiencing one or some of these symptoms for a short period of time does not necessarily point to HIV infection. However, experiencing some or all of these symptoms after knowingly engaging in unprotected sex, or experiencing them over a long period of time, may point to a serious health problem. The sufferer should seek medical advice.

It is essential to practise good hygiene in the daycare centre. For example, wearing gloves when treating all wounds that involve blood will prevent transmission to carers who work with infected children or adults. Babies and children who are HIV positive should eat nutritious food, and get adequate sleep and regular exercise. When their **immune systems** are compromised, they should avoid contact with sick or ill persons, as this will further compromise their health.



Figure 1.11: If a pregnant woman contracts any type of illness, she should see her doctor immediately

Tuberculosis (TB)

Tuberculosis (TB) is an infectious bacterial disease that usually affects the lungs. It is contagious (spread by coughing). This means it is very important that the mother sees a doctor if she has the following symptoms: a persistent coughing that lasts for more than two weeks, night sweats, or had previous contact with a TB sufferer. However, immune changes often suppress TB during pregnancy, so it can be difficult to diagnose. Treatment must be started as soon as possible to reduce the chances of the baby developing health problems. TB can be cured if the mother follows the TB treatment exactly as prescribed by the doctor.

SANTA (the South African National Tuberculosis Association) is an organisation that takes care of people suffering from tuberculosis.

Tuberculosis is dangerous to other people and babies under the following conditions:

- If the infected person does not know that they are infected and/or is not yet diagnosed.
- If there is a break in treatment (for example, if the infected person skips a pill or does not complete the TB treatment (antibiotic course).
- If there is resistance build up (if the patient's body is resistant to treatment, and the antibiotics no longer work as they should). This is known as **multi drug-resistant tuberculosis (MDR-TB)**.
- In the beginning of treatment (before the treatment has taken effect).

Gonorrhoea

Gonorrhoea is a **sexually transmitted infection (STI)**. It is a bacterial infection that affects the genital tract in both males and females. A doctor, who will prescribe

immune system:

the body's natural defence against infection and disease

multi drug-resistant

TB (MDR-TB): *when the bacteria that causes TB has become resistant to the drugs used to cure the disease*

sexually transmitted infection (STI):

disease or infection passed from one person to another through body fluids during sexual contact; also known as a sexually transmitted disease (STD)

herpes: a virus that has two types; type 1 causes cold sores and is characterised by small blisters in the mouth or on the lips of an infected person; type 2 causes blisters on the genitals and is a sexually transmitted disease (genital herpes)

antibiotics, will need to treat both the mother and her sexual partner. The doctor may advise the couple to avoid sex or use condoms until the antibiotic treatment is completed and they both test negative. Both partners should also be tested for other STIs, including **herpes**, HIV and chlamydia.

Not everyone develops symptoms of gonorrhoea, but symptoms can include discharge from the genitals, discomfort during urination, conjunctivitis (inflammation of the lining of the eyelids and eyes), and joint pain. If not treated, gonorrhoea can spread from partner to partner, and may result in death. During birth, the baby can become infected when it passes through the birth canal. In such cases, the baby will need to be treated and given special eye ointment to prevent blindness.

The effects of medication and drugs

Pregnant women should not take any medication, unless her health or that of her unborn child is in danger. In these cases, the pregnant woman should follow the advice of her healthcare practitioner. Similarly, breastfeeding mothers should also not take any medication, as even low levels may present in her breast milk and can have an effect on her baby.

Substances like alcohol and drugs such as nicotine, marijuana, cocaine, crack and methamphetamines (tik) are harmful, and often fatal, to the fetus. Besides spontaneous abortion (miscarriage) and low birth weight, the risks to the child after birth for **sudden infant death syndrome (SIDS)** or cognitive, physical and other developmental difficulties and abnormalities such as **fetal alcohol syndrome (FAS)** are increased. The child will suffer throughout his or her life.

You are likely to come across babies and children who were born to mothers addicted to some of these substances. The responsibility lies with our communities to educate and inform expectant parents of the terrible effects of substance abuse on our children and on society in general. Addiction in pregnant mothers can and should be treated as soon as

possible. Early treatment for alcohol, nicotine and other substance abuse can greatly improve health outcomes for the mother and baby (Papalia et al 2011:99). The South African National Council on Alcoholism and Drug Dependence (SANCA) has developed several prevention and treatment programmes.

sudden infant death syndrome (SIDS):
sudden and unexplained death of an apparently healthy infant

fetal alcohol syndrome (FAS):
combination of mental, motor and developmental abnormalities affecting the offspring of some women who drink alcohol during pregnancy



Figure 1.12: Medication should be taken by pregnant women only if their life, or that of their unborn baby, is in danger

Assessment activity 1.3: Class discussion

(Class activity)

Visit your local clinic and find out what substance abuse problems commonly exist in your community. During the next class, discuss substance abuse and the effects it has on children and communities in your area or region.

Maternal exposure to environmental hazards

Even common household chemicals, such as most oven cleaners and pesticides, can have an influence on the health of the fetus and children. In 2004, researchers analysed the umbilical cord blood of newborn babies and found 287 different chemicals. These chemicals are thought to cause cancer, brain and nervous system damage, and birth defects and abnormalities (Butkus & Kolmes 2011: 106). Expectant mothers should educate themselves regarding the existence of harmful chemicals or substances in and around their homes to lessen the impact on themselves, their offspring and the environment.

Simple measures, like using natural cleaning products and bio-degradable insecticides, will have less of an impact on one's health. It is also important when doing housework that the area is well ventilated (open the windows and doors) to lessen the amount of chemicals that are inhaled. Importantly, pregnant women should avoid cleaning up after pets (especially cleaning their cats' litter boxes) and should delegate this responsibility to someone else in the household for the duration of their pregnancy.



Figure 1.13: Many toxic substances can be found in household cleaning products

Did you know?

Natural cleaning and disinfecting agents, which can be found in the home, such as salt, vinegar, lemon and bicarbonate of soda, have been used successfully for centuries.

Unit 1.4: Influence of health on the total development of the child

The physical health of a child influences every other aspect of their development.

Example 1.1

A child with FAS might have difficulties concentrating, learning disabilities, mood disorders and hyperactivity, among other symptoms. This will have a marked effect on their cognitive performance and social relations. Quite often these children are at further risk for substance abuse later in life.

A neglected child who arrives at the daycare centre dirty, hungry and unhappy will have, among others:

- Low immune function (physical development).
- Difficulty concentrating in the classroom (cognitive development).
- Relationship problems (psychosocial development).

It is difficult for a child to develop physically, cognitively or socially when their basic needs are not met.

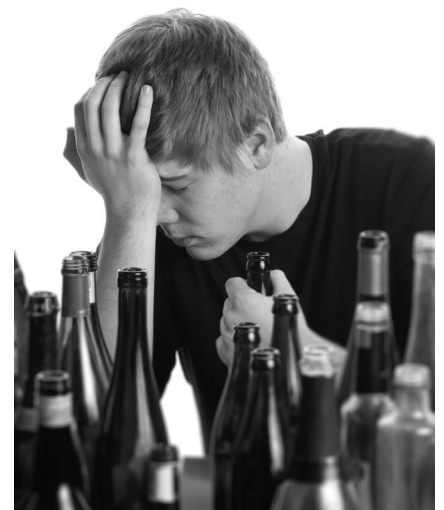


Figure 1.14: A child with fetal alcohol syndrome is often at risk of alcohol abuse later in life

prone: likely to experience

febrile convulsions: seizures or fits brought on by sudden high fever

epilepsy: condition characterised by sudden and uncontrolled seizures or fits

asthma: inflammatory disease of the airways in the lungs that makes breathing difficult

protocol: plan of action/how things are done

Unit 1.5: A team approach to the health of the young child (health team)

As an educator, you will spend a lot of time with the babies or children in your care. Much will happen during your eight-hour working day. Some things are accidental, for example, falling and breaking an arm, or running and bumping into something.

A unique feature of the daycare centre is the number of children and, with it, all the contagious diseases or infections that occur in one place. Disease and illness spread easily in daycare centres and, as an educator, you will also run the risk of contracting some of these illnesses. An adult's immune system is usually well developed and therefore more capable of fighting infection. Children are still developing, and so their immune systems are less able to cope with bacteria and viruses.

Every possible measure should be taken to ensure that the daycare centre is maintained and cleaned properly. It is your responsibility to notice and report unacceptable cleaning practices to the relevant supervisor or responsible person. A daycare centre that adheres to acceptable standards of hygiene will have a certificate, obtained from the Health Inspector, displayed onsite. However, there will always be illness and disease. You will learn to recognise, treat and contain these when necessary.

Contacting the caregivers of an ill child is your first responsibility. Unless the child is in need of emergency care, for example, a severed finger or not breathing, you will first need to contact the parent. In the case of emergencies like the above, you need to first contact emergency services or take the child to the hospital, and the phone call to parents may happen en route to the hospital. It is important to have all the relevant medical information of each child in your care on hand in case of emergencies. For example, if you know that a child is **prone to febrile convulsions**, you will know what to look out for and what to do. **Epilepsy**, **asthma** and other illnesses that will be discussed later are potentially fatal if not handled correctly, so it is important that you know about them, and how to handle them.



Figure 1.15: Contacting a sick child's parents is an educator's first responsibility

As an educator, sadly you will sometimes come across cases of abuse (physical beatings, sexual abuse) or neglect (hungry, dirty and often emotionally withdrawn children). You will have to discuss such cases with the relevant trained members of staff. This is your legal responsibility. This means that you, as the caregiver, can be held responsible in the South African courts if you fail to report the abuse. You are not allowed to discuss suspected cases of abuse with the parents or guardians. It often happens that these children are taken out of your care by a guilty parent or caregiver who has been confronted, and you are then unable to help the child. Welfare organisations or Social Services need written proof and evidence of abuse before they can deal efficiently with it. All registered daycare centres have a **protocol** on how to deal with these sad cases.

Table 1.2 provides a list of members of the **multidisciplinary** team responsible for the child's health, safety and well-being.

Table 1.2: The multidisciplinary team responsible for a child's health

Primary caregivers	Parents of the child (usually). Can also be grandparents, aunt or uncle, foster parents, older sibling, etc.
Healthcare practitioner	General practitioner (GP), paediatrician , psychologist, psychiatrist , dentist
Municipal and school services	Police service, fire department, waste disposal companies
Social workers	Qualified and registered workers working in communities to ensure social support, mental health support and substance abuse support
Welfare organisations	Often government-funded or private non-profit organisation that obtain financial and other support services for vulnerable adults and children, such as the Cancer Association of South Africa (CANSO) and ChildLine (specialising in child abuse)
Health inspectors	Qualified and registered inspectors who make sure that businesses, childcare facilities and restaurants adhere to acceptable standards of hygiene
The educator	The child's overall holistic development is dependent on your keen observation, care and responsible behaviour

multidisciplinary:

workers from different fields, for example, psychologists, teachers and doctors, who work together for the child's benefit

paediatrician: a doctor who specialises in child health

psychiatrist: a doctor who specialises in mental health and abnormal behaviour, and who prescribes medication

Together with all the relevant members of the multidisciplinary team, you, as the educator, will be in a position to ensure the development of a physically, cognitively and psychosocially healthy child who will one day come to play an important role in their community.



Figure 1.16: Healthcare practitioners make up an important part of your multidisciplinary team

Assessment activity 1.4: Find out about your community's team members (Individual activity)

1. Draw up your own list of the relevant team members in your community.
2. Find out their contact details (names of organisations and people, email addresses, physical addresses, telephone numbers, etc.) and create an easy-to-use reference table.

Keeping caregivers and the community informed and involved

It is not always practical or necessary to have caregivers or the community involved in the details of the daycare centre, particularly if the babies and children are mostly healthy and well-cared for, and things are running well. It is still important, however, to ensure that the caregivers are kept informed about the running of the daycare and their children's well-being.

Caregivers should be updated regularly. There are many ways to do this without disrupting the day-to-day running of the daycare. For example:

- **Parent evenings and meetings:** These could be held monthly, every three months or even once a year, depending on the needs of the daycare. These evenings give caregivers an opportunity to meet and get to know their child's educator, see the facilities and learn about the educational aspects of the daycare. These meetings also give caregivers an opportunity to give their opinion or advice about challenges that the daycare may be facing.
- **Posters:** Posters with information about upcoming outings and activities can be made and put up so that caregivers can see them easily when they drop off or pick up their children. These can also be used for informational purposes, for example, to advise parents of a lice outbreak or to remind them about proper sun protection for their children in the summer months.
- **Circulars:** Similarly to posters, circulars can be developed and distributed to parents to inform them of upcoming events or to give them information. Circulars are newsletters that do not follow a schedule, but go out as and when needed. These could take the form of a photocopied handout that is given to caregivers when they drop off or collect their children, an email, or even an SMS or message to a Whatsapp group administered by the educator or daycare centre.
- **School newsletters:** Unlike circulars, school newsletters usually follow a schedule and go out once a month, once a term or even once a year. These can be used to give caregivers information, such as achievements or upcoming changes to the daycare.

For the optimal development of children that enables them to be healthy, happy and well-adjusted members of society, the entire community needs to be involved. This can be achieved in a variety of ways, for example, you could ask a group of caregivers who have the time (perhaps a few of the mothers or older siblings) to come to the daycare once a week to read to the children to support the daily programme. The daycare should also seek the advice and expertise of the caregivers, for example, there may be parents who are medical professionals and can give advice when needed. Caregivers can also be involved in outings and excursions in a variety of ways, whether by joining the outing as chaperones or making sandwiches and snacks for the outing.

Involving the community means that the health of the community and the environment are of utmost importance. This will be discussed in detail in Theme 2: Health and the environment.