



ERASMUS + VET STRATEGIC PARTNERSHIP IENE 8 - EMPOWERING MIGRANT AND REFUGEE FAMILIES WITH PARENTING SKILLS

Bite sized Learning Tool no. 2.1.

TITLE OF THE TOOL - NUTRITION & HYGIENE

(AGES 0-24 MONTHS OLD)

AUTHORS:

SAMARTZI CHRISTINA / SAKELLARAKI OURANIA

MDM GREECE / DOCTORS OF THE WORLD – GREEK DELEGATION

NUTRITIONAL ISSUES IN REFUGEE CONTEXT

UNDER NUTRITION & CHRONIC UNDERNUTRITION



- Undernutrition contributes to more than 50% of all deaths in children under the age of five. It does this by impacting on children's strength and making illness more dangerous. An undernourished child struggles to withstand an attack of pneumonia, diarrhoea or other illness — and illness often prevails. Undernutrition is caused by poor feeding and care, aggravated by illness. The children who survive may become locked in a cycle of recurring illness and slow growth, diminishing their physical health, irreversibly damaging their development and their cognitive abilities, and impairing their capacities as adults. If a child suffers from diarrhoea — due to a lack of clean water or adequate sanitation, or because of poor hygiene practices — it will drain nutrients from his or her body.



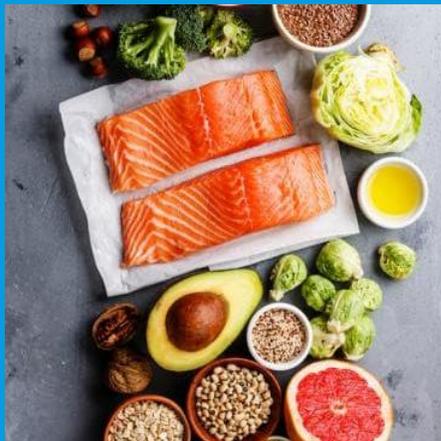
- Chronic undernutrition (meaning low height for age, also known as stunting) in early childhood also results in diminished mental and physical development, which puts children at a disadvantage for the rest of their lives. They may perform poorly in school, and as adults they may be less productive, earn less and face a higher risk of disease than adults who were not undernourished as children. For girls, chronic undernutrition in early life, either before birth or during early childhood, can later lead to their babies being born with low birth weight, which can again lead to undernutrition as these babies grow older. Thus a vicious cycle of undernutrition repeats itself, generation after generation.

IMPORTANCE OF GOOD NUTRITION

BASIC ELEMENTS



- Food gives us a feeling of comfort and satisfaction. Eating certain foods establishes our identity. What we eat and how we eat makes up our food habit. Most of our food habits are learned in the home from our parents. As we grow up, our experience and learning help us to change some of these food habits. You are learning about food and nutrition in order to be able to teach and help mothers to change their food habits for the better.
- Nutrition is the interaction between food and the body. It is about the nutrients contained in food, and their action, interaction and balance in relation to health and disease. It is the process by which people can ingest, digest, absorb, transport, utilise and excrete food substances. In addition, nutrition is concerned with social, cultural and physiological implications of food and eating. In general, the science of nutrition is the science of showing how food nourishes the body.
- A nutrient is an active chemical component in food that plays a specific structural or functional role in the body's activity. Sugars, starches and fibre are often grouped together as they are all carbohydrates. Vitamins and minerals are needed in very small amounts and they are called micronutrients.



NEWBORN & INFANT BREASTFEEDING

THE MOST BASIC ELEMENT



- The mother initiates breastfeeding within one hour of birth
- Initiating breastfeeding within one hour protects the infant from disease by providing the thick, yellowish first milk (colostrum) which is the equivalent to the infant's first vaccine. It also helps to expel the placenta more rapidly and reduces blood loss by the mother. It also helps expel meconium (the infant's first stool), stimulates further breastmilk production and keeps the newborn warm through skin-to-skin contact.
- The mother breastfeeds frequently, day and night
- The mother should allow the infant to breastfeed on demand (as often as the infant wants). This means feeding every two to three hours (8–12 times per 24 hours) or more frequently if needed, especially in the early months. The mother needs to breastfeed frequently to stimulate milk production. Breastmilk is perfectly adapted to the infant's small stomach size because it is quickly and easily digested.

NEWBORN & INFANT BREASTFEEDING

WHEN TO BREASTFEED



- **The mother gives infant only breastmilk for the first six months.** Breastmilk contains all the water and nutrients that an infant needs to satisfy its hunger and thirst. Exclusive breastfeeding helps to space births by delaying the return of fertility. Exclusively breastfed infants are likely to have fewer diarrhoea, respiratory, and ear infections. You should encourage and support the mother to exclusively breastfeed her baby, explaining how it will help both her and her infant.
- **The mother continues breastfeeding when either she or the infant is sick.** If the mother is sick with a cold, flu or diarrhoea, she can continue to breastfeed because breastmilk still protects the infant against illness. If the infant is sick, mother has to breastfeed *more frequently* (or express her milk if the infant cannot breastfeed) so that the infant recuperates faster. Breastmilk replaces water and nutrients lost through frequent loose stools, and is the most easily digestible food for the sick infant.
- **The mother positions and attaches infant correctly at the breast.** The mother has to position and attach the infant to the breast correctly to help prevent sore or cracked nipples, and to stimulate her milk supply. Signs that infant is properly positioned are: a) The infant's whole body is facing the mother and is close to her and b) The mother holds infant's entire body, not just the neck and shoulders.

NEWBORN & INFANT BREASTFEEDING

WHEN TO INTRODUCE COMPLEMENTARY FOOD



- **The mother offers the second breast after the infant releases the first.** The mother has to allow the infant to release the first breast before offering the second breast so that infant receives both 'fore milk' which has a high water content to quench the infant's thirst, and 'hind milk' which is rich in fat and nutrients. The mother should not give bottles and **pacifiers** (dummies) to her breastfed infant because they can interfere with breastfeeding and cause diarrhoea and other possibly serious infections as they are difficult to keep clean.
- **The mother should eat more than usual.** As breastfeeding increases the nutritional requirements of the mother, she needs to have two additional meals (about 500 kcal) every day. Her diet should also be varied (for example by adding vegetables and fruits).
- **By the age of six months the mother or caregiver must add complementary food.** The complementary food given to the child should be varied as much as possible, increasing the quantity, frequency and density of the food as the child gets older. This is in addition to the need for the mother to continue breastfeeding until the child is two years of age or older.

COMPONENTS OF PERSONAL HYGIENE

NAVEL CARE

- The stump, that is the part of the umbilical cord left on the baby's belly, remains in place for one to two weeks after birth and then falls off.
- Throughout this period and for a few days afterwards, the navel needs to be looked after in order to prevent infection.
- Clean the navel using cotton or gauze dipped in pure alcohol. Perform this procedure three to four times a day and continue for four to five days after the stump has fallen off.
- To avoid navel irritation and further issues related to infections, make sure that the area is kept dry at all times and is not covered by the diaper.
- During the first few weeks, you have to be particularly careful with the way you wash the baby. Carefully rest it against your arm and wash it in the bathroom sink without immersing it in water. There is no need to worry if running water drips on the navel.
- If redness, warmth, swelling or foul smell is observed, you must inform the paediatrician.

COMPONENTS OF PERSONAL HYGIENE

BODY HYGIENE – DIAPER CHANGE

- A clean baby is a happy baby. If it does not feel dry and clean, it will let us know through crying. Especially at first, when the baby's bowel movements are quite frequent (ranging from 1 to 7 bowel movements and 8 to 20 urinations per day for breastfed babies), diaper changes also have to be frequent to prevent diaper rash. A diaper change should take place before each meal.
- Frequent diaper changes may seem difficult at first, but you will soon realize how simple this process is.
- You can easily perform a diaper change on any surface on which you have previously spread out a soft and waterproof cover.
- You should always remain close to the baby throughout this process and make sure that you have everything you need within reach before you start.
- Always wash your hands before a diaper change. Unfasten the tapes of the soiled diaper and stick them to the back of the diaper so that they do not stick on the baby's skin. Before removing the diaper, hold the baby from the legs and lift it up.
- Fold the soiled diaper and make sure you hold the baby very carefully to wash it locally with running water.
- If you have a baby girl, make sure to wash the area from front to back to avoid vaginal infections.
- Gently wipe and apply cream only when needed. It is advisable to avoid using cream every time you change a diaper, to allow the baby's skin to breathe.

COMPONENTS OF PERSONAL HYGIENE

FACIAL CARE

- After a bath, you should always dry your baby's ears externally with a towel. Never use cotton swabs to clean a baby's ears. The use of cotton swabs presents the risk of injuring the tympanic membrane (eardrum). In addition, the natural shield provided by earwax is destroyed, leaving the baby prone to infections.
- Most babies produce plenty of nasal mucus after birth, which has to be removed. You can tell there is mucus present if you hear the baby snuffling, especially when it is asleep or eating. Use saline ampoules to clear away the mucus: lay the baby on one side and squeeze the ampoule to release 2 to 2.5 ml of its content inside the nostril. Then turn the baby on the other side and repeat the procedure in the other nostril.
- It is important to clean the baby's nose before meals so that it can eat better and enjoy a calmer sleep afterwards. You do not have to do this before every meal, only if a blockage is detected. In this case, do not hesitate to repeat the procedure with the ampoule as many times as needed.
- Once the saline has been infused, hold the baby in a burping position to calm it down and help it expel the mucus that blocks its breathing. Avoid performing this procedure right after a meal as it may cause vomiting.

COMPONENTS OF PERSONAL HYGIENE

PROPER TEMPERATURE



- When our baby is dressed, room temperature should be around 20-22°C (68-71.6°F).
- When the baby is naked, the temperature should be around 30°C (86°F) for full-term babies and higher for premature ones.
- Make sure that the baby's room is often ventilated to renew the oxygen in the air.

COMPONENTS OF PERSONAL HYGIENE

HANDWASHING (HAND CARE)



1. Wash your hands and arms with soap and clean water.



2. Make sure to scrub in between your fingers.



3. If you have a brush, scrub your fingernails.



4. Rinse with clean running water.



5. Dry your hands in the air or use a clean towel. Do not touch anything until your hands are dry.

The following handwashing technique ensures that the hands are properly washed and it doesn't take long to complete: It is at the optimum temperature (37°C) and is often rich in food particles that support bacterial growth.

First wet your hands with clean water and lather with a bar of soap. Next rub your hands together vigorously and scrub all surfaces up to your wrists. Clean under your fingernails.

Continue for 15–30 seconds or about the length of a little tune (for example, the 'Happy Birthday' song). It is the soap combined with the scrubbing action that helps dislodge and remove germs.

Rinse your hands well with clean running water (pour from a jug or tap). Dry your hands in the air to avoid recontamination on a dirty towel – do not touch anything until your hands are dry.

COMPONENTS OF PERSONAL HYGIENE

FACE HYGIENE & NAIL CARE

- Our face reveals our daily practice of personal hygiene. Face hygiene includes all parts of the face. The most important area to keep clean is the eyes. The eye discharges protective fluids that could dry and accumulate around the eye. They are visible when a person gets up in the morning. The organic substance of the eye discharge can attract flies and this is dangerous because the fly is a carrier (vector) of trachoma and conjunctivitis.
- A person should wash their face every morning in order to remove all dirt that they have come in contact with during the course of the day. This will keep your face clean all day. Children are advised to wash their face frequently. Never share your face towel with others. Why is it inadvisable to share a face towel? Because some diseases, such as conjunctivitis and trachoma, can be transmitted easily from person to person in this way.
- A nail is hard tissue that constantly grows. Long fingernails tend to accumulate or trap dirt on the underside. The dirt could be as a result of defecation or touching infected and contaminated surfaces. Keeping nails trimmed and in good shape weekly is important in maintaining good health. Clip nails short along their shape but do not cut them so close that it damages the skin. Razor blades and fingernail cutters or scissors are used to cut nails. Nail cutters should not be shared with others. Why is it inadvisable to share nail cutters? Because some diseases, such as fungal infections, can be transmitted easily from person to person in this way.

COMPONENTS OF PERSONAL HYGIENE

ARMPIT AND BOTTOM HYGIENE & FOOT CARE

- These are body parts that easily get sweaty and where ventilation is very poor. After puberty, our sweat gains a specific and unpleasant odour which may be offensive to others. The armpits and the bottom should be washed daily.
- Anal cleansing is the hygienic practice of cleaning the anus after defecation. The anus and buttocks may be cleansed with clean toilet paper or similar paper products. Water may be used. Hands must be washed with soap afterwards. The use of rags, leaves, stones, corn cobs, or sticks must be discouraged as these materials can damage the skin.
- Our feet sweat as we walk day and night and the sweat accumulates on all foot surfaces and between the toes. The sweat may stain the shoes and can produce an awful odour. **What causes sweat on the skin to produce an unpleasant odour? The action of bacteria as they decompose the sweat.**
- As well as bacteria, sweat also encourages fungal growth between the toes. This is called athlete's foot. The symptoms of athlete's foot are scaly skin and sores or blisters, which start between the toes but can often spread to the soles of the feet. This is a minor irritation and often disappears by itself but sometimes these cracks and sores become the site for other infections. The feet should be washed daily, or at least twice weekly.